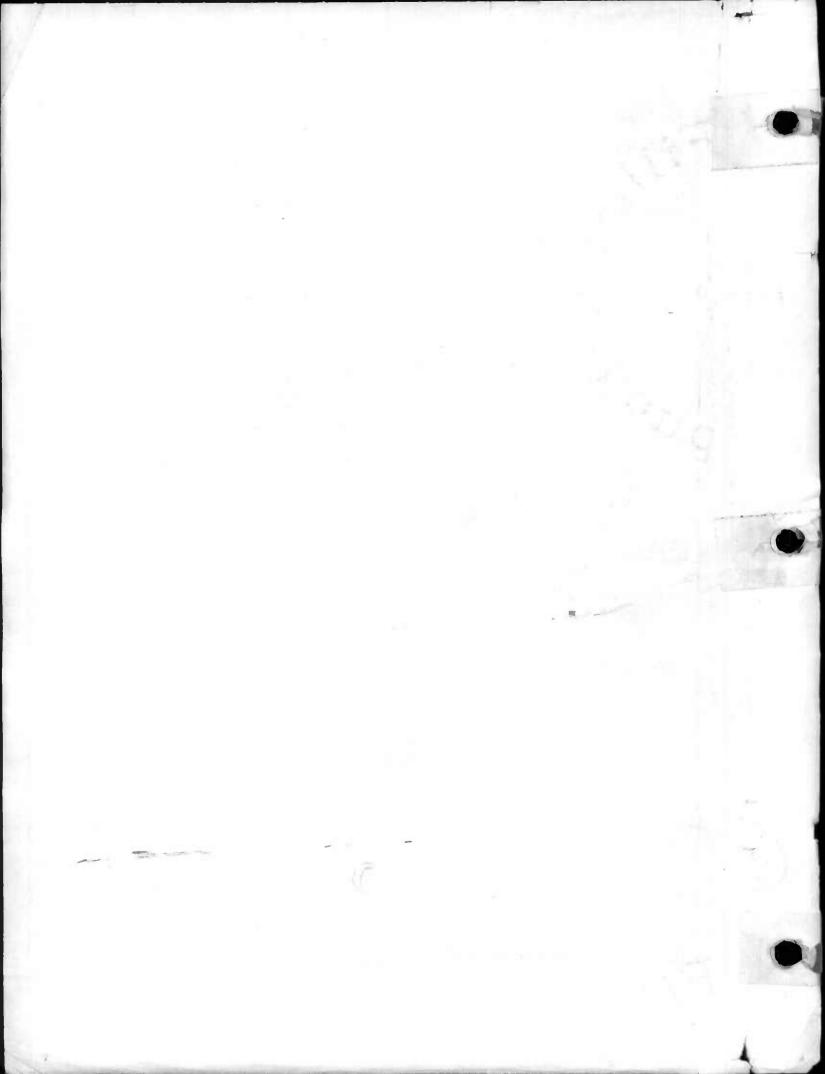
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	6	要是
	THE TATTEL DING PHYSICIAN: The law requires that the death certificate be executive writing to a safter death. Page 6	FUNE M. MRECTOR, wher this certificate has been signed by the attending physician and completely filled in by the funeral director and completely filled in by the funeral director in the state Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

- 1	REGISTRAR		CERTIF	ICATE OF	DEATH	REG. NO	D	0 3300				
		Ella MAE	Ta		CE)	11-28-	90	3. TIME OF DEATH 8:45PM				
	4. SOCIAL SECURITY NUMBER 237-14-8892		(In yrs. last birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. OATE OF BIRTH (Month, Day, Year) 5-12-10	8.	BIRTHPLACE (State or Foreign Country)				
	9a. FACILITY NAME (If not institution, give		0	9b. CITY, TOWN O	OR LOCATION OF OE		9c. COUNTY	S.C.				
5	1019 W. 43rd Str											
5	RESIDENCE OF DECEDENT				Baltimore City							
DIRECTOR	10e. STATE 10b. COUN	TY		Y, TOWN OR LOCAT			10d. INSIGE CITY LIMITS?					
196	MD 10e. STREET AND NUMBER		B	ALTIMOR				KIX YES 2 □ NO				
LONEDAL		4 CUDEDE			ZIP CODE			OF WHAT COUNTRY?				
	1019 WEST 43r	12. WAS DECEDENT EVER	IN II S ADMED		21211	IC ORIGIN? (Specify Y	US					
	1 Never Married 2 Married 3 Wildowed 4 Divorced	FORCES? 1 YES	2 - NO	If yes, sp	ecity Cuban, Maxican	, Puarto Rican, atc.)	14.	RACE — American Indian, Black, White, atc. Specify: Black				
	15. DECEDENT'S ED	UCATION	16a. DECEDENT'S	USUAL OCCUPATION	ON .	16b. KIND OF BI	IS/NESS//NOUS					
	(Specify only highest grad Elamentary/Secondary (0-12)	de completed) College (1-4 or 5+)	(Give kind of life. Do NOT u	work done during mo	st of working	35.00						
	7th Grade		Meat	House (orp.							
	17. FATHER'S NAME (First, Middle, Last)					NE (First, Middle, Maide	Sumame)					
	JAMES RI	CE			MENIE	LUS		PRATER				
	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street a	nd Number or Rural R	loute Number, City or To	wn, State, Zip Coo					
	JAMES RIC		833 W	. PRATI	ST. Ar	t. 403/	Balto.	,MD. 2120				
	20 METHOD OF DISPOSITION 1 Buriel 2 Cremation 3 Rec	moval from State	Ob. PLACE OF DISPO				OCATION — City					
	4 Donation 5 Other (Specify)	0	MOUNT Z				NSDOWN	NE. MD				
	21. SIGNATURE OF FUNERAL SERVICE L	/ RIO			MARCH		101 E.	NORTH AV				
	IMMEDIATE CAUSE (Final disease or condition resulting in death) Arteriosclerotic cardiovascular disease Due TO (OR AS A CONSEQUENCE OF): Onset and Death Onset and Death											
	Sequentially list conditions, If any, laading to immediats cause. Enter UNDERLYING											
	CAUSE (Disease or injury that initiated events resulting in death) LAST											
	resulting in death) LAST	d										
		d	but npt resulting	In the underlyin	g cause given in i	Part I. 24e. WAS A	Y29OTUA N	24b. WERE AUTOPSY FINDING				
	PART II. Other significant condition	-		In the underlyin	g ceuse given in l	PERFO	RMEO?	AVAILABLE PRIOR TO				
		-		In the underlyin	g cause given in i		RMEO?	AVAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH?				
	PART II. Other significant condition	-		In the underlyin	g ceuse given in l	1 YES	PRMEO? 2 ∑∑¶O	AVAILABLE PRIOR TO COMPLETION OF CAUS				
	PART II. Other significant conditions. Respiratory Tra	act Infection			g cause given in (PERFO 1 NES	RMEO?	AVAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH?				
	PART II. Other significant conditions Respiratory Tra	-	n	28. PI		PERFO	PRMEO? 2 ∑∑¶O	AVAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH?				
	PART II. Other significant conditions Respiratory Transcription 25. Was case referred to Medical Examiner? 25. Was case referred to Medical Examiner? 27. Manner of Death XII. Setural 5 Pending	HOSPITAL: 1 Inpatient 2 ER/Ox 28a. DATE OF INJURY (Month, Day, Year)	ntpetient 3 DOA	26. PI OTHER: 4 Nursing Hon IE OF 28c. IN. WX	LACE OF OEATH (Che	PERFO	PRMEO? 2 MMO ECTION	AMAILABLE PRIOR TO COMPLETION OF CAU- OF DEATH? 1 YES XX NO				
	PART II. Other significant conditions. Respiratory Transcription of the property of the prope	HOSPITAL: 1 Inpetient 2 ER/Os 28a. DATE OF INJURY (Month, Day, Year)	ripatient 3 DOA 29b. Tili	26. PI OTHER: 4 Nursing Hon BEOF 28c. IN, WY M 1	LACE OF CEATH (Che XX Rasidence IURY AT PRK? YES 2 NO	PERFO 1 YES INSP sck only one) 6 Other (Specify)	PRMEO? 2 MAO ECTION INJURY OCCUR and Number of	ANALABLE PRIOR TO COMPLETION OF CAUSO OF DEATH? 1 YES XX NO				
	PART II. Other significant conditions Respiratory Transcription 25. WAS CASE REFERRED TO MEDICAL EXAMINER? YES 2 NO 27. MANNER DEATH XIM stural 5 Pending investigation 3 Suicide 6 Could not be determined 29a. CERTIFIER (Check only 1 CERTIFYING PHY	HOSPITAL: 1 Inpetient 2 ER/Ox (Month, Day, Year) 28a. PLACE OF INJUR	ntpetient 3 DOA (28b. Tilk iN TY — At home, farm,	26. PI OTHER: 4 Nursing Hon BE OF 28c. IN. JURY M 1 street, fectory, office	LACE OF OEATH (Che XX Rasidence IVRY AT IVRY 2 YES 2 NO	PERFO 1 YES INSP 6 Other (Specify) 28d. DESCRIBE HOW 281. LOCATION (Stree City or Town, State to the cause(a) and m	ECTION INJURY OCCUR and Number or selected.	AWAILABLE PRIOR TO COMPLETION OF CAUSO OF DEATH? 1 YES XX NO PED Rural Route Number,				
	PART II. Other significant conditions Respiratory Transcription 25. WAS CASE REFERRED TO MEDICAL EXAMINER? YES 2 NO 27. MANNER DEATH XIM stural 5 Pending investigation 3 Suicide 6 Could not be determined 29a. CERTIFIER (Check only 1 CERTIFYING PHY	HOSPITAL: 1 Inpetient 2 ER/Ox 28a. DATE OF INJUR (Month, Day, Year, building, etc. (Sy SICIAN: To the best of my known of the basis of examinat	ntpetient 3 DOA (28b. Tilk iN TY — At home, farm,	26. PI OTHER: 4 Nursing Hon BE OF 28c. IN. JURY M 1 street, fectory, office	LACE OF OEATH (Che XX Rasidence IVRY AT IVRY 2 YES 2 NO No n and place, end due	PERFO 1 YES INSP 6 Other (Specify) 28d. DESCRIBE HOW 28f. LOCATION (Stree-City or Yown, State to the cause(a) and m time, data and place,	ECTION INJURY OCCUR and Number or any anner as stated, and dua to the c	COMPLETION OF CAUS OF DEATH? 1 YES X NO NO REPRESENTED THE PROPERTY OF THE				
	PART II. Other significant conditions. Respiratory Transcriptions. 25. WAS CASE REFERRED TO MEDICAL EXAMINER? FYAMINER? 10. YES 2 NO 27. MANNER OF DEATH XIM setural 5 Pending Investigation investigation determined. 2 Accident 6 Could not be determined. 29. CERTIFIER (Check only one) XXII MEDICAL EXAMIN	HOSPITAL: 1 Inpetient 2 ER/Ox 28a. DATE OF INJUR (Month, Day, Year, building, etc. (Sy SICIAN: To the best of my known of the basis of examinat	ntpetient 3 DOA (28b. Tilk iN TY — At home, farm,	26. PI OTHER: 4 Nursing Hon BE OF 28c. IN. JURY M 1 street, fectory, office	LACE OF OEATH (Che EXX Residence URRY AT PYES 2 NO e and place, end due leath occured at the	PERFO 1 YES INSP 6 Other (Specify) 28d. DESCRIBE HOW 28f. LOCATION (Stree-City or Yown, State to the cause(a) and m time, data and place,	ECTION INJURY OCCUR and Number or 19	AWAILABLE PRIOR TO COMPLETION OF CAUSO OF DEATH? 1 YES NO NO Rural Route Number, ause(a) and manner as state GNED (Month, Day, Year)				
	PART II. Other significant conditions. Respiratory Transcriptions. 25. WAS CASE REFERRED TO MEDICAL EXAMINER? YES 2 NO 27. MANNER OF DEATH XIII S Pending investigation investigation determined. 29. CERTIFIER 6 Could not be determined. 29a. CERTIFIER 1 CERTIFYING PHY (Check only one) XX MEDICAL EXAMINED.	HOSPITAL: 1 Inpetient 2 ER/Ox 28a. DATE OF INJUR (Month, Day, Year, building, etc. (Sy SICIAN: To the best of my known of the basis of examinat	ripatient 3 DOA 7 28b. Till iN RY — At home, farm, ecify) wiedge, death occun fon and/or investigati	26. PI OTHER: 4 Nursing Hon HE OF 28c. IN. JURY M 1 street, factory, office red at the time, date on, in my opinion, of	LACE OF OEATH (Che XX Rasidence IVERY AT IVERY 2 NO	PERFO 1 YES INSP 6 Other (Specify) 28d. DESCRIBE HOW 28f. LOCATION (Stree-City or Yown, State to the cause(a) and m time, data and place,	ECTION INJURY OCCUR and Number or 19	AWAILABLE PRIOR TO COMPLETION OF CAUSO OF DEATH? 1 YES NO NO Rural Route Number, ause(a) and manner as state				

OHMH-18 Rev 1/89



DHMH-16 Rev 1/89

SICIAN: The law requires that the death certificate be executed within 2 is after death. Page 6 may be retained by the hospital or attending physician. The Signe Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. The Signe Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. The Signe Dept. or Health and Mental Hygiene prior to burial, cremation, or removal.	TO BE COMPLETED BY FUNERAL DIRECTOR	
TO THE HOSPITAL OF APERCHIST. The law requires that the death certificate be executed within 2 cars after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNEMAL DIFFERING CONTINUED IN THE CONTIN	TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION	

	1 - STATE REGISTRAR	SIAIE UF MAR	YLAND / DEPAR Certif	ICATE OF			ENTAL HYGIENI REG. NO.							
		BERNARD	RAKUW				DATE OF DEATH MONTH	U 19	SAR 3. TIME OF DEATH					
	4. SOCIAL SECURITY NUMBER 212-34-2216	5. SEX 6. A	GE (in yrs. last birthday) 53 YRS.	MONTHS DAYS	HOURS	MIN.	Month Day, Veer)		BIRTHPLACE (State or Foreign Country)					
OR	9a. FACILITY NAME (II not institution, g Harbor Hospite	al		96. CITY, TOWN	OR LOCATIO		Н	9c. COUNTY						
DIRECTOR	10a, STATE 10b, COL		10c. CIT	y, TOWN OR LOCA					10d. INSIDE CITY LIMITS? 1 YES 2 NO					
FUNERAL	1902 Barry Re	oad		8 1	of. ZIP CODE			S.A.						
BY	11. MARITAL STATUS 1 Never Merried 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVE FORCES? 1 YES, GIVE WAR O	ES 2 NO	If yes, t	CENDENT OF Pecify Cuban S 2 1 NO	or No 14.	RACE — American Indian, Black, White, etc. Specify: White							
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elamentary/Secondary (0-12) College (1-4 or 5+) Sr. Technologist 168. DECEDENT'S USUAL OCCUPATION (Glive kind of work done during most of working life. Do NOT use retired.) For Technologist (hemical (SCM Cory													
BE CO	James K. Karousike Anna Novak													
10	19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 1902 Barry Road Dundalk, Md. 21222													
	20s. METHOD OF DISPOSITION 1 & Burlel 2 Cremetion 3 Removel from State 4 Donation 5 Other (Specify) 20b. PLACE OF DISPOSITION (Name of cemetery, cremetory or other place) 5t. Stanislaus Cemetery Balto. Md.													
	21. SIGNATURE OF FUNERAL SERVICE	6. Zerlen		Char	les S.	Zeil	er & Son.	Inc. E	224 astern Ave.					
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, abock, or heart feliure. Liet only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) a. BUE TO (OR AS A CONSTRUCTION):													
CERTIFICATION	Sequentially liet conditione, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury C.													
ERTIFI	that initiated events resulting in death) LAST	d.	AS A CONSEQUENCE C	PF):										
MEDICAL (PART II. Other significant cond	Itlons contributing to dea	th but not resulting	In the underly	ng ceuse g	lven in Pr	PERFOR 1 YES 2	MED?	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?					
AN: M									1 YES 2 NO					
SICI	25. WAS CASE REFERRED TO MEDICA EXAMINER? YES 2 NO	HOSPITAL:	Outpetlent 3 DOA	OTHER:	PLACE OF Di		Conty one)							
PHYSICIAN:	27. MANNER OF DEATH 1 Natural 5 Pending	26a. DATE OF INJU (Month, Day, Ye		ME OF 28c. I	JURY AT ORK?	:	28d. DESCRIBE HOW II	NJURY OCCUR	IED					
TED BY	2 Accident investigat 3 Suicide 6 Could no 4 Homicide datarmine	28e. PLACE OF IN. building, etc.	JURY — At homa, farm, (Specify)	atreet, factory, of	Ica	-	281. LOCATION (Street and Number or Rural Route Number, City or Town, State)							
COMPLETE		HYSICUAN: To the best of my I												
BE	29c. LICENSE NUMBER 29d. DATE SIGNED (Month 1/30													
5	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (TYPO, PYCH) CHARLES SKWART HONDON TO Spital Boltwire MI)													
31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE														

- 751-5-V estor indution in it 2 800 21 1 1000 CONT. A PRODUCT WE HAVE THE SHEET WAS A 4.69 (3) - 3 (4) 25 70 2277

TO THE HOSPITAL DRATENDING PHYSICIAN: The law requires that the death certificate be executed within A. Jours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FINERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72-hours, after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

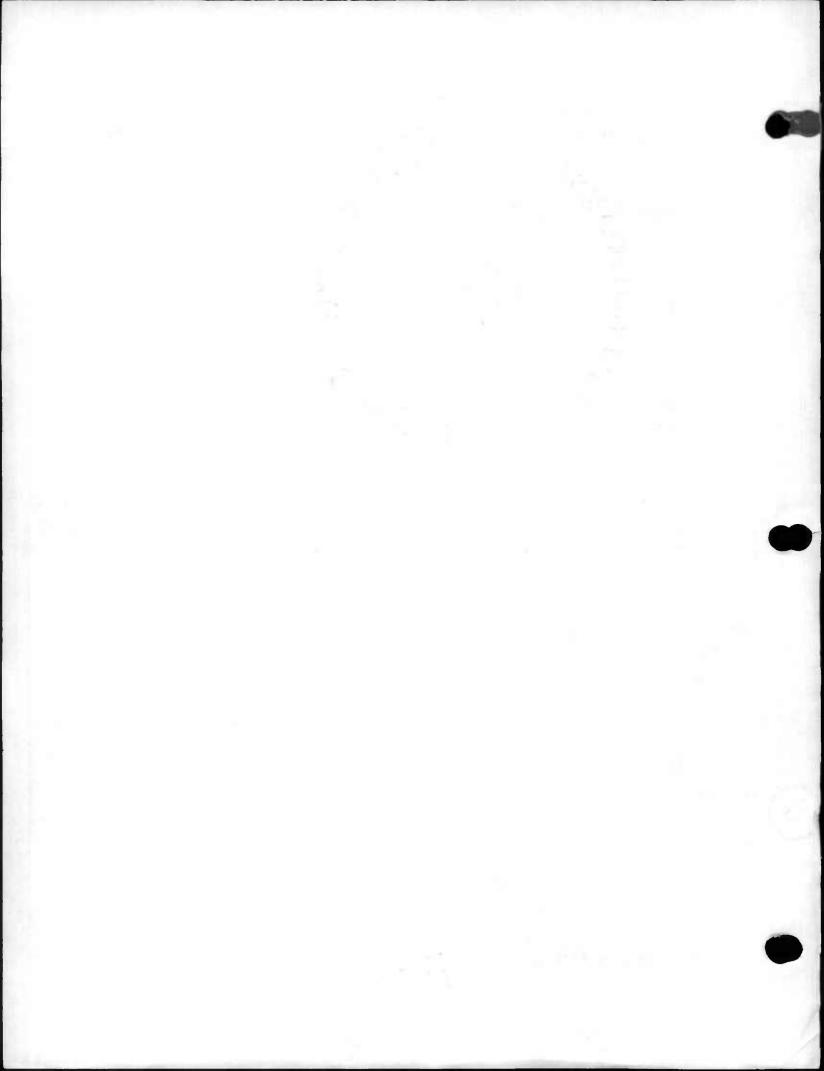
IMPORTANT: If hem 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. ON OF VITAL RECORDS, P.O. BOX 13146,

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH
REG. NO.

NEGISTIAN			/LITTI	IOMI	- 01	DEA	110	*11	LQ. 14O.			
1. DECEDENT'S NAME (First, Middle, Le Beatri			Russel	1				2. DATE OF C	DAY	YEAR	3. TIME OF OEATH	
4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In vrs. I			. A MPIO			11-27		6 BUDT	4:45PM THPLACE (State or Foreign	
4. SOCIAL SECURITY NUMBER	1 M 2 A F		5 YRS.	IF UNDER	DAYS	HOURS	MIN.	(Month, Day		Cour	MD	
9a. FACILITY NAME (If not institution, gh	e street and number)			9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF OE								
307 N. Carrolli	on Avenue	9	Baltimore City									
10a, STATE 10b, COU			10c. CIT	CITY, TOWN DR LOCATION . 10d. IN								
MD		_	Baltimore						<u>.</u>	1 X YES 2 NO		
10a. STREET AND NUMBER 307 N. Carro	llton Av	е	10f. ZIP CODE 2 1 2 2 3						USA			
11. MARITAL STATUS	12. WAS DECEOE	NT EVER IN U.SV	ARMEO	13. WAS DECENDENT OF HISPANIC ORIGIN					pecify Yea or No-			
1 Never Merried 2 Merried	FORCES?	1 YES 24 WAR OR DATES	S 24 ND If yes, specify Cuben, Mexican, Puerto Rican, etc.)							or No- 14. RACE - American Indian, Black, White, etc. Specify: Black		
3 Widowed 4 Divorced Unknown		400									black	
15, OECEOENT'S E (Specify only highest gr	OUCATION ade completed)		Give kind of	work done	during m	DN oal of work	Ing	16b. KIN	D OF BUSINESS	/INDUSTRY		
Elementary/Secondary (0-12)	College (1-4 or 5	5+)	Iffe. Do NOT use retired.)									
17. FATHER'S NAME (First, Middle, Lest)				18. MOT	HER'S NAI	ME (First, Middle	e, Maiden Surnan	10)				
19e. INFORMANT'S NAME (Type/Print)			19b. MAILIN	G ADDRES	S (Street	and Numbe	or Or Rural R	loute Number C	Ity or Town, State	Zip Code)		
Bernice Russe							imore,		21223			
26a. METHOD OF DISPOSITION 149 Burlel 2 Gremation 3 R 4 Donation 5 Other (Specify)	placeMt	e of DISPOSITION (Name of cemeter), cremetery or Baltimore										
21. SIGNATURE OF FUNERAL SERVICE	LICENSEE			22	. NAME A	ND ADDRI	ESS OF FAC	CILITY				
· Charlo	-6	ran									1 Home	
Sequentially list conditions, if any, isading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury												
that initiated events resulting in death) LAST d.												
PART II. Other significent condi	tions contributing t	to desth but no	ot resulting	In the u	nderlyl	ng ceuse	given in	Part I. 24e	. WAS AN AUTO	PSY 2	4b. WERE AUTOPSY FINDING	
								1{	PERFORMED?	,	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
								_		_	1 TYES XX NO	
								IN	SPECTI	ON		
25. WAS CASE REFERRED TO MEDICA EXAMINER?	HOSPITAL:			ОТНЕ		PLACE OF	DEATH (Ch	eck only one)				
1XXYES 2 □ NO		☐ ER/Outpatient	_	4 🗆 No		me XXI	Residence	8 🗆 Other (Sp				
27. MANNER OF DEATH XX Matural 5 Pending Investigati		Day, Year)	28b. Ti	ME OF IJURY M	V	URY AT ORK? YES 2	_ NO	28d. DESCRI	BE HOW INJURY	OCCURED		
2 Accident Investigati 3 Suicide 8 Could not 4 Homicide determine	be 28e. PLACE building	OF INJURY — At ig, etc. (Specify)	t home, farm	, street, fa	ctory, off	lce		28f. LOCATIO City or To	ON (Street and Nu own, State)	mber of Run	al Route Number,	
(Ormon Ormy	HYSICIAN: To the best											
AALA MEDICAL EXAMINER: On the basis of examination and/or investigation, in my-opinion, death occurred at the time, data and piece, and due to the cause(s) and												
ther R	KIZU	h	FLI	N			OCME	Нэем	29d.	DATE SIGN	1-28-90	
30. NAME AND ADDRESS OF PERSON MARIO F. GOLLE		WSE OF DEATH	TEM IN (Typ		l Pe	nn S	treet	,Balti	more,M	D 212	01	
31. DATE FILED (Month, Day, Year)	32. REGIST	RAR'S SIGNATURE	ando Me					-				
2 100	HULLER	mataldar										

/C

DHMH-16 Rev 1/89

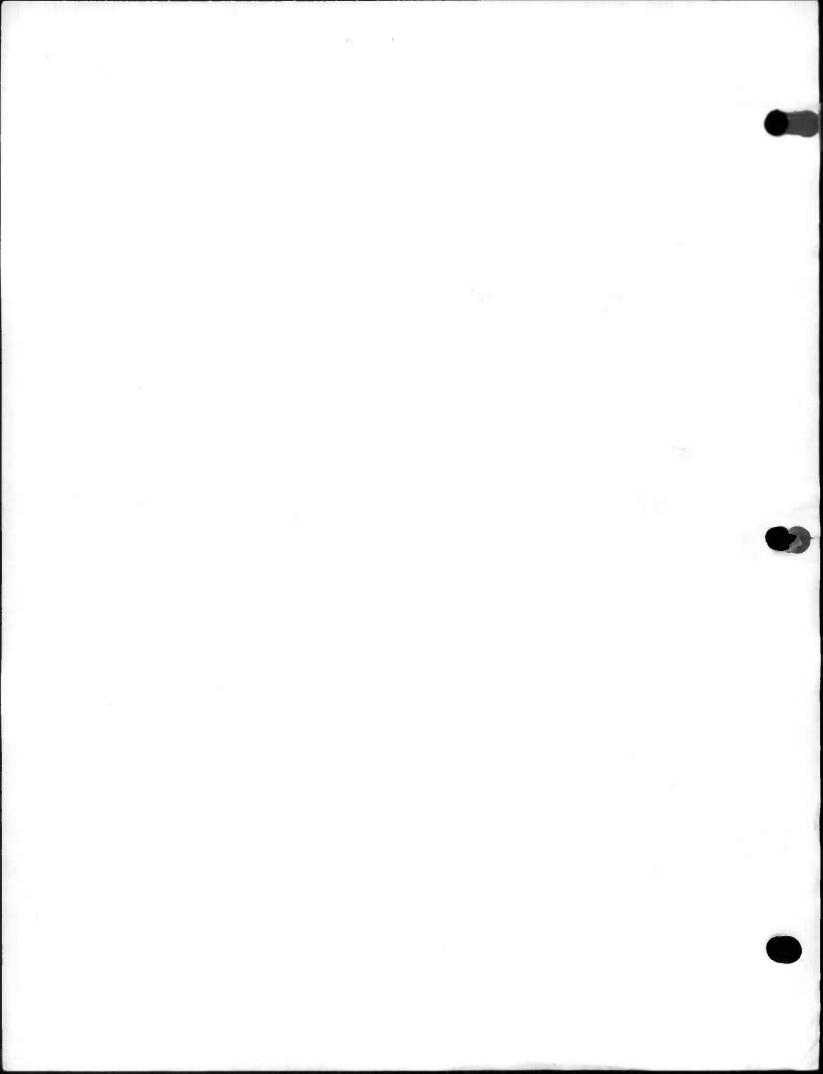


THE THE PARTY THE CONTROLLER After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be miss within the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

INPORTANT: It is not 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. ATT VDING PHYSICIAN: The law requires that the death certificate be executed within 2

	1 - STATE REGISTRAR	STATE OF I	MARYLAND / D CEF				EALTH DEAT		MENT	REG. NO.			
	1. OECEDEHT'S HAME (First, Middle, Last			7	266	2				ATE OF DEATH	ر ۷	VEAR	TIME OF DEATH
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yra. last bit	Δ	OSE IF UNDER		IF UNDER	04 1470	7.04	TE OF BIRTH			CE (State or Foreign
		1, M 2 □ F		YRS.	MONTHS	DAYS	HOURS	MIN.	(M	onth, Day, Year)		Country)	
	9e. FACILITY HAME (If not institution, give	street end number)			9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEA								SYLVANIA.
9	GOOD SAMARITAN	HOSPIT	AL	BALTIMORE CITY									
DIRECTOR	10a. STATE 10b. COUN			10c. CITY, TOWN OR LOCATIOH								100	I. INSIDE CITY
	MD BAL	TIMORE		RO	SED	ALE						1 [YES 2/XHO
FUNERAL	10e. STREET AHD HUMBER					101	ZIP CODE	E			10g. CITIZE	N OF WHA	COUNTRY?
E I	8018 CAMHILL [ITEVER IH U.S. ARME	D.	13	WAS DEC		237 E HISPAN	IC OB	IGIN? (Specify Yee	US		American Indian,
	1 Hever Married & Merried	FORCES?	YES 2 HO			If yes, sp		n, Mexicar	n, Puer	rto Rican, etc.)	0.110_	Black, W Specify:	hite, atc.
3 Wildowed 4 Divorced WW II											WHITE		
	15. DECEDENT'S ED (Specify only highest gra-	de completed)	tite Do	kind of			OH at of workin	ng .		16b. KIHD OF BUS	IHESS/IHDUS	STRY	
3	Elementary/Secondery (0-12)	College (1-4 or 5	") BETH	1 5	TEEL					BETH S	TEEL		
COMPLETED	17. FATHER'S NAME (First, Middle, Last)						18. MOTI	HER'S HAI	ME (Fir	st, Middle, Maiden	Sumame)		
FRANK RUDNICKI 19a. IHFORMAHT'S HAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) FRANCES M. RUDNICKI 8018 CAMHILL DRIVE ROSEDALE. MD 21237													
											4227		
	20e. METHOD OF DISPOSITIOH Duriel 2 Cremetion 3 Re		20b. PLACE OF	DISPO							CATION — CI	_	
	4 Donation 5 Other (Specify)		St. S								LTO.	CIT	Υ
	21. SIGHATURE OF FUHERAL SERVICE	ACCUMENT			22.	NAME A	i ADDRE	SS OF FAC	CILITY	CVACH/	ROSE	PALE	1
	5A20	w			4	Ach	1200	edil	0 1		111 (1	Q-U	o Are
	23. PART i Enter the diseases, o shock, or heart fellung			h. Do	not enter	the mo	de Df dy	ing, suci	h as c	cerdiac Dr respi	ratory erres	st,	Approximete interval Between
	IMMEDIATE CAUSE (Finel disease or condition	C 41	zcivos	LA A	. (75	+w	2 1	>,	1 tzw	4,		Onset and Death
	resulting in death)		O (OR AS A CONSEQUE		F):		(17						
N	Sequentielly list conditions,	b	O (OR AS A COHSEQUE		-				M	GTAST	Mi		
TA.	if any, leeding to immediate cause. Enter UNDERLYING	~ AC	114G			E C	rst	: +1	'<				
H	CAUSE (Disease or Injury thet initiated events	DUE TO	O (OR AS A CONSEQUE				131) - [
CERTIFICATION	resulting in deeth) LAST	d,											
	PART II. Other algnificent condition	one contributing to	deeth but not rea	ulting	In the u	nderiyin	g ceuse (given in	Part I	. 24a. WAS AN			ERE AUTOPSY FINDINGS AILABLE PRIOR TO
MEDICAL										1 VES 2	□ но	CC	OMPLETION OF CAUSE DEATH?
								-				1)	YES 2 - HO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL					26. PI	ACE OF D	EATH (Ch	eck on	ly one)		1	
Sic	1 YES 2 NO	HOSPITAL:	☐ ER/Outpatient 3 ☐	DOA	OTHE		10 5 🗆 Re	eeldence	8 🗆 (Other (Specify)			
F	27. MAHHER OF DEATH	28a. DATE O (Month,	F INJURY Day, Year)	28b. TII IN	ME OF JURY	MC	URY AT		28d.	DESCRIBE HOW I	NJURY OCCU	RED	
BY	2 Accident Investigation		OF INJURY — At home	form	M street for		YES 2	□ но	281	LOCATION (Street o	and Number o	e Burni Bout	n Alumber
9	3 Suicide 6 Could not b	building	, etc. (Specify)	, тапти,	actions, tac	nory, orne			201.	City or Town, State)	ind Wantoor d	norer nout	e Number,
COMPLETED	290. CERTIFIER CERTIFYING PHY	/SICIAN: To the best of	of my knowledge, death	occur	red at the	time, date	end place	, end due	to the	cause(e) end mer	nner ee stated	đ.	
OM	one) 2 MEDICAL EXAM	HER: On the basic of	exemination and/or inv	eatigati	lon, In my	opinion, d	leath occu	red at the	time,	data end place, an	d due to the	cause(a) er	nd menner as stated.
BE C	29b. SIGNATURE AND TITLE OF CERTIF	IER	1				29c. LIC	ENSE HUN	WBER		29d. DATE	SIGNED (M	onth, Day, Year)
10	30. HAME AND ADDRESS OF BERSON	WHO COMPLETED CAL	SEAF DEATH (ITEM	27) /50	a Princi		725	297	בו	0		12-	5-00
	A. Sergio C	ASSANC	,) —		240	KFI	1111	112)	DAVE	. DA	Ita-	217.37
	31. DATE FILED (Month, Dey, Year)		AR'S SIGNATURE							100		110	001
	NOV 2 1000	6. K.	30										

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THE OFFICE OF ATTENDING PROSCIAN: The law requires that the death certificate be executed within 24 Journal after death. Page 6 may be retained by the hospital or attending	UNDAR DIRECTOR AND THE CONTICATE has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the	
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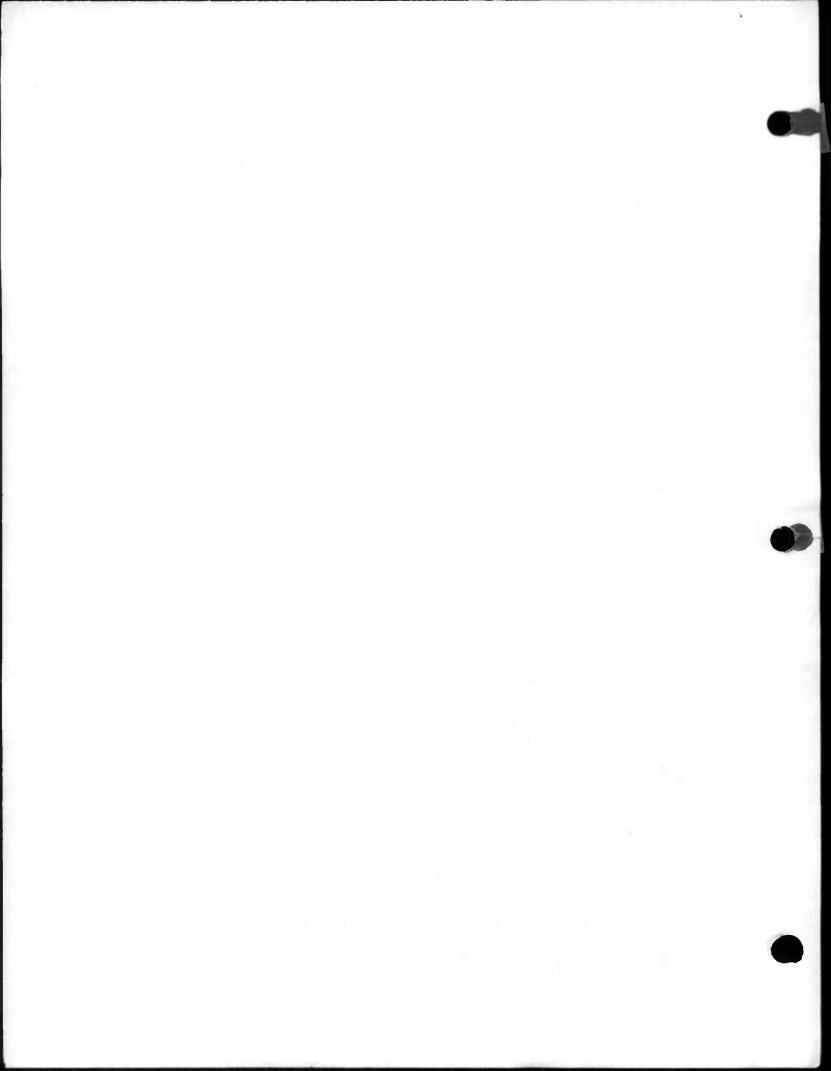
DEC 3 1990

	1. DECEDENT'S NAME (First, I	Aiddle, Last)									DAY	YEAR	3. TIME OF DEATH 6:00 A.
1				M. Se						11 3	0 19	1990 6:00	
	4. SOCIAL SECURITY NUMBER	R	5. SEX	6. AGE (In y	rs. lest birthday)	IF UNDER 1			7. DATE OF BIFTH (Month, Day, Year)		Coun	**	
	215 56 8160		1 M 2 XF	83	YRS.					4-11-190			ryland
	9a. FACILITY NAME (If not inst	itution, give s	street and number)			9b. CITY, 1	OWN C	OR LOCATI	ION OF DI	EATH	9c. COL	INTY OF I	DEATH
	7962 H	olly i	Road		_	Pas	sad	ena			A	nne_	Arundel
П	10a. STATE	10b. COUNT	TY.		10c. CIT	Y, TOWN OF	LOCAT	TION					16d. INSIDE CITY
	Maryland	Anne	Arundel		Pa	saden	2						1 YES 2 NO
- 29	10e. STREET AND NUMBER						-	. ZIP COD	E		TIZEN OF	WHAT COUNTRY?	
	1879 Pop.	lar B	idae					211	22		1 u	.S.A	
	11. MARITAL STATUS	LCII 11	12. WAS DECEDE					ENDENT	OF HISPAI	NIC ORIGIN? (Specify Y		14. BAC	CE — American Indian, ck, Whita, etc.
- 11	1 Never Married 2 N		FORCES?		2 NO			ecify Cubi		n, Puerto Rican, etc.) y:		Spe	clly:
	3 ₩ Widowed 4 Divor	bed						~					White
	16. DECE (Specify only	DENT'S EDU		16	Sa. DECEDENT'S				ina	16b. KIND OF B	JSINESS/IN	DUSTRY	
	Elementary/Secondary (0-		College (1-4 or 5	+)	Iffn. Do NOT L	rae retired.)				100			
	8th Grade				Housev	vife				Home	Make	er	
	17. FATHER'S NAME (First, Mic	idle, Last)						16. MOT	THER'S NA	AME (First, Middle, Maide	n Sumeme)		
			James Dre	exler						lbina			
	19a. INFORMANT'S NAME (Ty)							Route Number, City or To					
	Melvin Sel	ig		7962	62 Holly Road Poplar Ridge, Maryland 21								
	23. PART I. Enter the disabook, or he IMMEDIATE CAUSE (Findisease or condition resulting in death) Sequentially list condition if any, leading to immediate. Enter UNDERLYII CAUSE (Disease or injuit that initiated events resulting in death) LAST	O COR AS A CO		10 Co	001	Rito	chie	Hwy. Balt	imor	≘, M			
	resulting in death, LAS		d										
THE CHOOL	PART II. Other significed	in the un	dertylr	ng cause	given ir		AN AUTOPS' ORMED?	7 24	Ab. WERE AUTOPSY FINDS AMAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH? 1 YES 2 NO				
	25. WAS CASE REFERRED TO	MEDICAL					26. P	PLACE OF	DEATH (C	heck only one)			
	EXAMINER?		HOSPITAL:	☐ ER/Outpati	lent 3 🗆 DOA	OTHER		me 5 V	Residence	6 Other (Specify)			
	27. MANNER OF DEATH		28s, DATE C	OF INJURY	28b, T	ME OF	25c. (N	JURY AT		28d. DESCRIBE HOY	O YHULMI V	CCURED	
		Pending	55	Day, Year)		M AMOUN	-	VES 2	□ NO				
	3 Suicide 6	mweligation Could not be letermined	28s. PLACE	OF INJURY — g. etc. (Specify	At bone, ferm	, street, facto	ery, uets	ice		39f. LOCATION (Stree City or Town, Str	of and Numb (e)	er or Rus	I Route Numbec
29s. CENTIFIER (Check only) CENTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated. In MEDICAL EXAMINET: On the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.													
	(MEDI	CAL EXAMP	MER: On the besis of	audinigation i	end/or investigat	tion, in my or	pinian,	death occ	tured at th	e itme, date and place,	and due to	the cause	etate as rennam bna (a)a
DE COMPTENTE	290. SIGNATURE AND TITLE		- da	Hill Control	and/or investiga	tion, in my or	pinion,		CENSE NO				e(A) and menner as stati ED (Morth, Day, Yige)



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	TO THE HOSPITAL OR THE SECOND PROJECT OR SHOULD BE AN EQUITED THAT THE death Certificate be executed within 24-rouns after death	TO THE FUNERAL DIRECTOR AND THIS CONTINE CONTINE TO THE ALCOHOLOGY STATE THE FUNERAL DIRECTOR AND COMPLETED THE FOR	be f	sandorasar. It has not been as item 23 shows one faller or other traumatic event the medical even
				-

	1 - FOR STATE REGISTRAR	STATE OF N		D / DEPAR CERTIF						YGIENI EG. NO.	E	90	33006
	1. DECEDENT'S NAME (First, Middle, Lass JACK L . S	CHAMMA							2. DATE OF MONTH 3	0=4TH	Y		3:23 p
	4. SOCIAL SECURITY NUMBER 212-07-4998	6. SEX	6. AGE (In yrs	s. lest birthday) YRS.	IF UNDER	1 YEAR DAYS	IF UNDER	24 HRS. MIN.	7. DATE OF I (Month, Da 7-12-			8. BIRTHPLA	CE (State or Foreign
	9a. FACILITY NAME (If not institution, give	street end number)	end number) 9b. CiTY, TOWN OR LOCATION OF DEA								9c. COUN	TY OF DEATI	
OR	St. Agnes Ho	spital			E	Balti	.more						
E	10a. STATE 10b. COUN			10c. CIT	Y, TOWN	OR LOCAT	ION				I. INSIDE CITY		
DIRECTOR	MD Bal	timore	CA	TONS	VILLI	Ξ					10	LIMITS?	
	100. STREET AND NUMBER	ou Pond	ew Road 212								ZEN OF WHAT	COUNTRY?	
N.	11, MARITAL STATUS	12. WAS DECEDEN	IT EVER IN U.S	ARMED	13.	WAS DECI			IIC ORIGIN? (S	pecify Yee		14. RACE —	American Indian,
BY FUNERAL	1 Never Merried 2 Merried 3 Widowed 4 Divorced	FORCES? 1	FORCES? 1 TYES 2XTNO IF YES, GIVE WAR OR DATES				city Cube 2 XNO	n, Mexica	n, Puerto Rice	n, etc.)		Bleck, WI Specify:	White
G	15. DECEDENT'S Et (Specify only highest gra	DUCATION de completed)	16e	DECEDENT'S (Give kind of	work done	CCUPATIO	N st of workin	a	16b. KIN	O OF BUS	INESS/INO	USTRY	
COMPLETED	Elementery/Secondery (0-12)	College (1-4 or 5	•) 01	PTICIA	se retired.)				OPT	IMOL	OGY		
NOS	17. FATHER'S NAME (First, Middle, Last)								ME (First, Midd		Surneme)		
BE	EDWARD H.	SCHAMMA							R. OH				
2	19a. INFORMANT'S NAME (Type/Print) MURIEL SCHAMMA	(WIFI	(3	The American					ATONSV				Ω
	20A, METHOD OF DISPOSITION		20b. PL	ACE OF DISPO	SITION (No	ame of cen	etery, crem		TONDV			City or Town,	
	1 N Burlel 2 Cremetion 3 Re 4 Donation 5 Other (Specify)	moval from State	State other place)								CIMOR	RE, MAI	RYLAND
TO BE CON	21. SIGNATURE OF FUNERAL BERVICE	LICENSEE	R		LI		M. 8	RUS	SSELL				RAL HOMES
	23. PART I. Enter the diseases, o	r complications the	t ceused the	a death. Do									MD. 2122
	shock, or heart fallure. List only one cause on aech line. Interval Between Onset and Death disease or condition resulting in death) But to (or As A Conscouence of):												
CERTIFICATION	Sequentially list conditions, if eny, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST b. Ruptured saccular, atherosclerotic, aortic aneurysm Due to (or as a consequence of): c. Due to (or as a consequence of): d.												
	PART II. Other significant condition p		daeth but n	not resulting	In the u	nderlying	ceuse	given in		PERFOR	MED?	AW CO	RE AUTOPSY FINDINGS MILABLE PRIOR TO MPLETION OF CAUSE
PHYSICIAN: MEDICAL	Active_duode	nal ulcer	with	GI her	norrh	nage			_				YES 2 NO
AN	25. WAS CASE REFERRED TO MEDICAL		_			28. PL	ACE OF O	EATH (Ch	eck anly one)				
SIC	EXAMINER? 1 YES 2 NO	HOSPITAL:	☐ ER/Outpaties	nt 3 🗆 DOA	OTHE 4 Nu		e 5 □ Re	sidence	8 Other (S)	oecify)			
H	27. MANNED OF DEATH 1 Natural 5 Pending		F INJURY Day, Year)	2sb. Till IN	ME OF JURY		URY AT RK? (ES 2	□ NO	28d. DEŞCRI	BE HOW I	NJURY OC	CURED	
ED BY	2 Accident Investigatio 3 Suicide 6 Could not I 4 Homicide de#fmined	28e. PLACE	OF INJURY — I , etc. (Specify)	At home, ferm,	street, fac	ctory, offic				ON (Street own, State)	and Number	or Rural Route	Number,
BE COMPLETED	CONSULT OFFIN	YSICIAN: To the best of											d menner ee stated
8	29b. SIGNATURE AND TITLE OF CERTIF				1 11111111	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		ENSE NUI					onth, Day, Year)
TO BE	Grelliam	Hicke	2 /c	かり)4946				2-1-90	
F	30. NAME AND ADDRESS OF PERSON												
	William J. I 31. DATE FILEO (Month, Day, Year)		AR'S SIGNATU	900 Cat	on A	Ave.	Bal	timo	ore. M	D 2	1229		-
	DEC 2 1990	Jul Navid	An Hank	dette									
	DEC 9 1930	0											DHMH-16 Rev 1/89



or them 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. WITAL RECORDS, P.O. BOX 13146, DIVISION TO THE HOSPITAL OR ATTAINED TO THE FUNERAL DIRECTOR
De filed within 72 hours after the important: If New 28 I have

FOR STATE REGISTRAR	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND CERTIFICATE OF DEATH	MENTAL	HYGIENE REG. NO.
DECEDENT'S NAME (First, Middle, Last)		2. DATE O	F DEATH

	1 - STATE REGISTRAR	STATE UF M	VARYLAND / D		FICATE					YGIENE EG. NO.	:			
	1. DECEDENT'S NAME (First, Middle, Last)								2. DATE OF D	EATH			3. TIME OF DEATH	
	Sedwick Jose	ph Scher	nning						Dec. 2	. 19	90	YEAR		м
	4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (in yrs. lest b	birthday)			IF UNDER	24 HRS.	7. DATE OF B	IRTH		8. BIRTHP	LACE (State or Foreig	n,
	217 12 3353	OCICM 2 F	66	YRS.	MONTHS	DAYS	HOURS	MIN.	"Sept	. 10 10	, 19	24Country)	Maryland	
	9a. FACILITY NAME (If not institution, give s	street and number)			9b. CITY	, TOWN C	OR LOCATIO	ON OF DE	ATH			NTY OF DEA		
HZ	1543 Alconbu	ry Road				Esse	X					altim		
2	RESIDENCE OF DECEDENT													
DIRECTOR		altimore		10c. CIT	Esse		TON					1	IOd. INSIDE CITY LIMITS?	,
FUNERAL	100. STREET AND NUMBER 1543 Alconbu	ry Road				10f	. ZIP CODE	2122	21		10g. CITIZ	USA WH	IAT COUNTRY?	
BY	11. MARITAL STATUS 1 Never Merried Merried 3 Widowed 4 Divorced		TEVER IN U.S. ARME **EXTES 2 NO WAR OR DATES WW II			If yes, sp		n, Mexica	IIC ORIGIN? (Sp n, Puerto Rican /:		or No—	Black,	American Indian, White, atc.	
20	15. DECEDENT'S EDU (Specify only highest grade	CATION	16a, DECI	EDENT'S	S USUAL O	CCUPATIO	ON		16b, KINI	D OF BUS	INESS/IND			
COMPLETED	(Specify only highest grade	College (1-4 or 5+	tito D	Do NOT u	work done of retired.)		st of working	0		Au	to			
BE CON	17. FATHER'S NAME (First, Middle, Last) Gerard Michael Schenning 18. MOTHER'S NAME (First, Middle, Melplen Surparge) Barbara J. Mattheu													
	198. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)													
2	Edward Schenning Son 952 Arncliffe Road Baltimore, Maryland 21221													
1	20b. PLACE OF DISPOSITION (Name of cometery, crematory or other place) 20b. PLACE OF DISPOSITION (Name of cometery, crematory or other place) 20b. PLACE OF DISPOSITION (Name of cometery, crematory or other place) 20b. PLACE OF DISPOSITION (Name of cometery, crematory or other place) 20c. LOCATION — City or Town other place) 20c. LOCATION — City or Town other place)													Md.
	21. SIGNATURE OF FUNERAL SERVICE LICENS.													-
	· Am &	Jugges	uh		В	Bruzo	izins	ki l	uneral				yland 21	122
	23. PART I. Enter the diseases, or o	complications the	t caused the deel	th. Do									Approximate	
	shock, or heert failure. List only one ceuee on each line. Interval Betwoest and D Interval Betwoest and D Interval Betwoest and D Oneet and D Oneet and D One To (OR AS A CONSEQUENCE OF):												eath	
	resulting in death,	DUE TO	(OR AS A CONSEQU	IENCE O	F):			-						
Z	Contraction list and divisor 6.													
CERTIFICATION	If any, leading to immediate													
5	CAUSE (Disease or injury	e	(OR AS A CONSEQU	TENOE C	No.									
E	that initiated events resulting in death) LAST	502 10 1	(ON AS A CONSEGU	ENCE	/ ►}:									
KE		d											-	
	PART II. Other significent condition	ns contributing to	death but not re-	suiting	In the ur	nderlyin	g ceuse g	lven in	Part I. 24a	. WAS AN			WERE AUTOPSY FINDS	
BY PHYSICIAN: MEDICAL									1,5	PERFORI		(AVAILABLE PRIOR TO COMPLETION OF CAUS	
ED									_ ' -	TEO .	NO.		OF DEATH?	
Σ									-			'	1 YES 2 NO	
AN	25. WAS CASE REFERRED TO MEDICAL			_		29, PI	ACE OF D	EATH (Ch	eck only one)					-
SIC	EXAMINER?	HOSPITAL:	7 mm 10	7.704	OTHER	R:	./							\neg
175	27. MANNER OF DEATH	1 Inpatient 2 28s. DATE OF	ER/Outpatient 3	28b. TIN		28c. INJ		aldencs	6 Other (Spi		· ***** 000	~ (05)		_
ā	1 Natural 5 Pending	(Month, De			JURY M	WO	ORK? YES 2	1 110	28d. DESCRIE	SE NOW IN	JUNT OCC	UHEU		
	2 Accident Investigation	28a PLACE O	OF INJURY — At home	o form	street for			NO	and LOCATIO	· Manad as	- Africahar	- 2-ml Do	- Att-shee	
COMPLETED	3 Suicide 8 Could not be 4 Homicide determined	building,	etc. (Specify)	B, ferring	Silver, race	lory, orno			28f. LOCATION City or Tox	wn, State)	nd Numiuei	or Hurai no	ute Number,	
PLE	29a. CERTIFIER 1 CERTIFYING PHYSI	BICIAN: To the best of	my knowledge, deat	h occur	red at the t	time, date	and place,	and due	to the cause(s)	and man	ner as state	ed.		
MC	one) 2 MEOICAL EXAMINE												and manner as state	ed.
	29b. SIGNATURE AND TITLE OF CERTIFIE		1				29c LICE	NSF NUM	JAFR				Month, Day, Year)	
BE	Muchaelle	here fearl	1.00				1) 3:	265	-)		> /	12/3	190	
유	30. NAME AND ADDRESS OF PERSON WH	10 COMPLETED CAUS	_	27) (Type	e, Print)		200	001	237			1	110	
	9000 FRANKII	N Squp	re, DR	B	a/ti	ma	ne	21	237					
-	31. DATE FILED (Month, Day, Year)	32 REGISTRA	AR'S SIGNATURE		/ /				-					
	DEC 3 1990 4	la Taindans	- Banda 12											

Filth to

1 -

FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

Se. FACILITY NAME (If not institution, give atreet end number)

LOUIS

212 60 6472

A SOCIAL SECURITY NUMBER

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ATTENTIAL DUVCICIAN. The law consider that the death certificate be
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permit. Pages 1, 2, 3 should Eastpoint DIRECTOR 436 Oriole Avenue RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10a. STATE 10b. COUNTY Eastpoint Baltimore Md. 10a. STREET AND NUMBER 10f. ZIP CODE FUNERAL 21224 436 Oriole Ave. director, page 5 should be detached for use as the burial-transit urs after death. Page 6 may be retained by the hospital or attending physician, 11. MARITAL STATUS 12. WAS OECEOENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No-If yes, specify Cuben, Mexican, Puerto Rican, etc.)

1 YES 2 NO Specify: Never Merried 2 Merried BY 3 Widowed 4 Divorced 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) COMPLETED Elementary/Secondary (0-12) College (1-4 or 5+) NONE 0 once. 17. FATHER'S NAME (First, Middle, Last)
Louis W. Scott Sr. 16. MOTHER'S NAME (First, Middle, Meiden Surnam Dolores Cardarelli te BE notified 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)
436 Oriole Ave. Baltimore, Maryland 21224 19a, INFORMANT'S NAME (Type/Print) 2 Dolores Scott e 20a_METHOD OF DISPOSITION
11-4 Burlai 2 Cremation 3 Removal from State
4 Dentifion 8 Other (Specify) 20b. PLACE OF DISPOSITION (Name of cemetery, cremetory or must Oak Lawn Cemetery 2) SIGNATURE OF FUNERAL SERVICE LICEN examiner 22. NAME AND ADDRESS OF FACILITY filled in by the funeral on, or removal. Bruzdzinski Funeral Home PA 1407 Eastern Ave. Baltimore. medicai PART I. Enter the diseases, or so ons that caused the deeth. Do not enter the mode of dying, such as cardiec or respiratory errest, shock, or heert fellure. List IMMEDIATE CAUSE (Finel and completely fille burial, cremation, the disease or condition Seizure disorder
DUE TO (OR AS A CONSEQUENCE OF): event, reaulting in death) traumatic CERTIFICATION Sequentielly list conditions, DUE TO (OR AS A CONSEQUENCE OF): Hygiene pri if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events other DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST 6 the atten Mental H in ury, PART II. Other eignificant conditions contributing to deeth but not resulting in the underlying cause given in Part I. MEDICAL signed by the shows any been . PHYSICIAN: Dept. 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) item certificate h EXAMINER? OTHER: 1 | Inpatient 2 | ER/Outpatient 3 | DOA 4 Nurs ng Home 5 🙀 Residence 6 🗆 Other (Specify) 10 the 27, MANNER OF DEATH 28e, DATE OF INJURY 28b. TIME OF INJURY 28c. INJURY AT WORK? marked, this with 1 Natural
2 Accident 5 Pending м 1 YES 2 NO BY After 1 Investigation 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Suicide OR ATTENDI DIRECTOR: A hours after of .22 8 6 Could not be determined 4 Homicide 22 E H 29e. CERTIFIER

1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(e) and manner as stated. COMPL 2 💹 MECICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occured at the time, date end place, end due to the cause(a) and menner as stated. 29c. LICENSE NUMBER BE OCME 2 B DEFERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Peretti Baltimore, Md 21201 111 Penn Street

32. REGISTRAR'S SIGNATURE

che Davidson- Mandelle

31. DATE FILED (Month, Dev. Year)

DEC

1990

CERTIFICATE OF DEATH

SCOTT

VRS

6. AGE (In vrs. last birthday)

38

Jr.

DAYS

IF UNDER 1 YEAR IF UNDER 24 HRS.

HOURS

9b. CITY, TOWN OR LOCATION OF GEATH

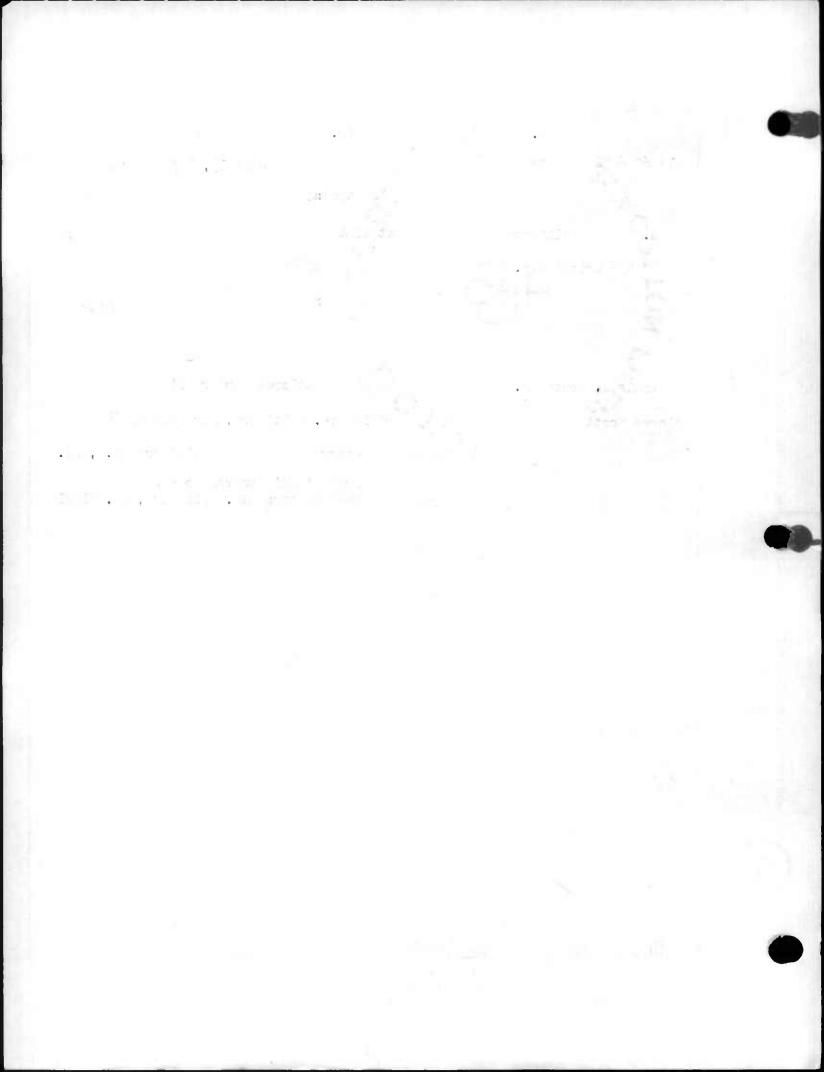
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90 33008 STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 2. DATE OF OEATH MONTH 3. TIME OF GEATH VEAR 10:45 Ам 30 90 7 DATE OF BIRTH 8. BIRTHPLACE (State or Foreign June 13. Maryland 1952 DO COUNTY OF DEATH Baltimore 10d. INSIDE CITY 1 YES 2 NO 10g. CITIZEN OF WHAT COUNTRY? USA 14. RACE — American Indien, Black, White, atc. Spec#White 16b. KIND OF BUSINESS/INDUSTRY 20c. LOCATION — City or Town, State Baltimore Co. , Md. 21221 Approximate Interval Between **Onset end Death** 24s. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE 1 XYES 2 NO OF DEATH? 1 YES 2 □ NO 28d, DESCRIBE HOW INJURY OCCURED 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 29d. DATE SIGNED (Month, Day, Year)

DHMH-15 Rev 1/89

12-1-90



PHYSICIAN The law requires that the death certificate be executed within 23 TO THE PUNERAL DIPECTOR
TO THE FUNERAL DIPECTOR
De filed within 72 local and 18 is

FOR STATE REGISTRAR AK	A Lizzie	STATE OF M	ARYLAND /	DEPART	CATE	OF H	DEAT	AND A	MENTAL		E	90	33009
	Middle, Last)	1							HTHOM	DEATH		YEAR	3:30 p M
212 34 68	60 1	□ M 2 200€			MONTHS	DAYS	HOURS	MIN.	(Month, I	Day, Year)		Per Per	ma.
Franklin	Square I		L						EATH				
Md.	Baltin	nore		10c. CITY	TOWN OF							1	INSIDE CITY LIMITS? I YES PANO
						101.	212	20			10g. CITI	USA WI	IAT COUNTRY?
Never Married 2	Merried	FORCES? 1	YES 200		If	yes, spe	cify Cuber	, Maxica	in, Puerto Ric		or No—	Black,	- Amarican Indian, White, etc. White
(Specify only	y highest grade con	npleted)	(C	Silve kind of w s. Do NOT us	rork done d retired.)			7					
Robert	Shaw						18. МОТН Ка	the:	ME (First, Mic rine				
		(Daug	hter)	nd MAILING 142	ADDRESS 2 Sh	(Street a	Road	or Rural I	Route Number 1timo:	re, M	d. Zi	220	
Donation 5 D Other	on 3 🗆 Remova (Specify)				Fai	th (Cemet	ery		20c. LO OV	erles	City or Tow	ryland
Lichary	45	-	gh		I I	ruzo 407	dzins East	ki ern	Funera Ave.	Balt	imore	, Md	.21221
shock, or h AMEDIATE CAUSE (Fill Isease or condition	eert failure. Lie	ofily of a cau	se on each lin	ю.		tha mo	da of dyl	ng, suc	ch ss cardle	ac or reap	iretory sri	reat,	Approximate Interval Between Onset and Death
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST Sepsis Due to (or as a consequence of): c. Renal Insufficiency Due to (or as a consequence of): d.													
ART II. Other significa	ant conditions of	contributing to	death but not	resulting l	in the un	derlyin	g ceuse (iven in		PERFO	RMED?		WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
EXAMINER?	F					R:							
MANNER OF DEATH 1) Netural 5	Pending	28e. DATE OF	INJURY	26b. TIM	E OF	28c. IN.	URY AT				INJURY OC	CUREO	
28. WAS CASE REFERRED TO MEDICAL EXAMINER? YES 2/XNO YES 2/XNO PERFORMED? YES 2/XNO PERFORMED? 1 YES 2/XNO PERFORMED. 1 YES 2/XNO PERFOR					oute Number,								
(Check only													and manner as stated.
296. SIGNATURE AND TITLE OF CERTIFIER 296. LICENSE NUMBER N/A November 30, 1990													
. NAME AND ADDRESS C	OF PERSON WHO	COMPLETED CAUS	SE OF DEATH (IT	EM 27) (Type	, Print)		l	N/	Α		No	vemb	er 30, 1990
	SOCIAL SECURITY NUMBER 212 34 68 FACILITY NAME (If not in Franklin ESIDENCE OF DEC. S. STATE Md. S. STREET AND NUMBER 1422 Sh MARITAL STATUS Never Married 2 Diversion FATHER'S NAME (First, M. Robert S. INFORMANT'S NAME (First, M. Robert B. METHOD OF DISPOSIT (Deutie) 2 Cremetic Donation 5 D Other such and the sease or condition equaliting in deeth) ART II. Enter the disposition in the initiated events essentially lies condition equaliting in deeth) ART II. Other signification in the initiated events essentially lies of the condition of the conditi	SOCIAL SECURITY NUMBER 212 34 6860 FACILITY NAME (If not institution, give street Franklin Square ESIDENCE OF DECEDENT STATE STATE STATE 10b. COUNTY Ma Baltin STATE 10b. COUNTY Baltin STATE 10b. COUNTY Ma STATE 10b. COUNTY Baltin STATE 15. DECEOENT'S EOUCATI (Specify only highest grade con Elementary/Secondary (0-12) FATHER'S NAME (First, Middle, Lest) Robert Shaw S. INFORMANT'S NAME (Type/Print) Catherine Fischer S. METHOD OF DISPOSITION Donation's Disposition Donation's Disposition Donation's Disposition METHOD OF DISPOSITION Donation's Disposition Donation's Disposition AMEDIATE CAUSE (Final sease or conditions and, leading to immediate ause. Enter UNDERLYING AUSE (Disease or injury net initiated events essentially list conditions, and, leading to immediate ause. Enter UNDERLYING AUSE (Disease or injury net initiated events essentially list conditions of the co	Elizabet SOCIAL SECURITY NUMBER 212 34 6860 FACILITY NAME (If not institution, give street and number) Franklin Square Hospital ESIDENCE OF DECEDENT STATE STATE 10b. COUNTY Baltimore a. STREET AND NUMBER 1422 Shore Road MARITAL STATUS Never Married 2 Merried (Specify only highest grade completed) Elementary/Secondary (0-12) FATHER'S NAME (First, Middle, Last) Robert Shaw a. INFORMANT'S NAME (First, Middle, Last) Robert Shaw a. INFORMANT'S NAME (First, Middle, Last) Robert Shaw a. INFORMANT'S NAME (First, Middle, Last) Partition of Disposition Donaldor 5 D Other (Specify) Biphature of Funenal Service Under Secure To Dute T	Elizabeth G. SOCIAL SECURITY NUMBER 212 34 6860 FACILITY NAME (If not institution, give street and number) Franklin Square Hospital ESIDENCE OF DECEDENT B. STATE IOB. COUNTY Md. Baltimore Concess 1 ves 2006 FYES, GIVE WAR OR DATES FYES, GIVE WAR OR DATES FYES, GIVE WAR OR DATES FATHER'S NAME (First, Middle, Last) Robert Shaw Baltimore College (1-4 or 5+) Baltimore Baltimore Baltimore College (1-4 or 5+) Baltimore Baltimore Baltimore College (1-4 or 5+) Baltimore Baltimore College (1-4 or 5+) Baltimore Baltimore College (1-4 or 5+) Baltimore College (1-4 or 5+) Baltimore Baltimore Baltimore College (1-4 or 5+) Baltimore College (1-4 or 5+) Baltimore Baltimore Baltimore Baltimore College (1-4 or 5+) Baltimore College (1-4 or 5+) Baltimore Baltimore Baltimore College (1-4 or 5+) Baltimore College (1-4 or 5+	Elizabeth Elizabeth Ge SOCIAL SECURITY NUMBER 212 34 6860 I M 2 DOX 85 84 VRS. FACILITY NAME (If not institution, give street and number) Franklin Square Hospital ESIDENCE OF DECEDENT Baltimore STREET AND NUMBER 1422 Shore Road MARITAL STATUS Never Married Offices 1 1 VES 20 AND ROBORT'S EQUACATION (Specify only injented grade congleted) FATHER'S NAME (First, Middide, Last) Robert Shaw S. INFORMANT'S NAME (Type/Print) Catherine Fischer Catherine Catherine	Elizabeth Go	Elizabeth Ge SMITH Elizabeth Ge SMITH Call 34 6860	Elizabeth G. SMITH SOCIAL SECURITY NUMBER 212 34 6860 1	Elizabeth Ge SMITH SOCAL SECURITY NAME (If not institution, give sheet and number) Franklin Square Hospital STREET AND NUMBER 14-22 Shore Road ARTHL STRUE 10- CITY, TOWN OR LOCATION OF DI ROSSVIlle 10- CITY, TOWN OR LOCATION MIDDLE SIDENCE OF DECEDENT BATTIEET AND NUMBER 14-22 Shore Road 10- CITY, TOWN OR LOCATION MIDDLE SIDENCE OF DECEDENT BATTIET AND NUMBER 14-22 Shore Road 10- CITY, TOWN OR LOCATION MIDDLE SIDENCE OF DECEDENT BATTIET AND NUMBER 14-22 Shore Road 10- CITY, TOWN OR LOCATION MIDDLE SIDENCE OF DECEDENT 10- CITY, TOWN OR LOCATION MIDDLE SIDENCE OF DECEDENT 10- CITY, TOWN OR LOCATION MIDDLE SIDENCE OF DECEDENT 10- CITY, TOWN OR LOCATION MIDDLE SIDENCE OF DECEDENT 10- CITY, TOWN OR LOCATION MIDDLE SIDENCE OF DECEDENT 10- CITY, TOWN OR LOCATION MIDDLE SIDENCE OF DECEDENT 10- CITY, TOWN OR LOCATION MIDDLE SIDENCE OF DECEDENT 10- CITY, TOWN OR LOCATION MIDDLE SIDENCE OF DECEDENT 10- CITY, TOWN OR LOCATION MIDDLE SIDENCE OF DECEDENT 10- CITY, TOWN OR LOCATION MIDDLE SIDENCE OF DECEDENT 10- CITY, TOWN OR LOCATION MIDDLE SIDENCE OF DECEDENT 10- CITY, TOWN OR LOCATION MIDDLE SIDENCE OF DECEDENT 10- CITY, TOWN OR LOCATION MIDDLE SIDENCE OF DECEDENT 10- CITY, TOWN OR LOCATION MIDDLE SIDENCE OF DECEDENT 10- CITY, TOWN OR LOCATION MIDLE SIDENCE OF DECEDENT 10- CITY, TOWN OR LOCATION MIDLE SIDENCE OF DECEDENT 10- CITY, TOWN OR LOCATION MIDLE SIDENCE OF DECEDENT 10- CITY, TOWN OR LOCATION MIDLE SIDENCE OF DECEDENT 10- CITY, TOWN OR LOCATION MIDLE SIDENCE OF DECEDENT 10- CITY, TOWN OR LOCATION 10- CITY TOWN OR LOCATION MIDLE SIDENCE OF DECEDENT 10- CITY TOWN OR LOCATION MIDLE SIDENCE OF DECEDENT 10- CITY TOWN OR LOCATION MIDLE SIDENCE OF DECEDENT 10- CITY TOWN OR LOCATION MIDLE SIDENCE OF DECEDENT 10- CITY TOWN OR LOCATION MIDLE SIDENCE OF DECEDENT 10- CITY TOWN OR LOCATION	Elizabeth G. SMITH NOVER SOCIAL SECURITY NUMBER 212 34 6860 1 m x 20x 85 84 yrs. Bat Serioday FLORES 1 YEAR FLORES 1 HER. PART OF MOVER 212 34 6860 1 m x 20x 85 84 yrs. SOCIETA 1 SOCIETA 1 HER. PART OF MACHINE DAYS DOURS 1 HER. DAYS DOURS DAYS DAYS DOURS DAYS D	Elizabeth G. SMITH D. ART OF DEATH NOVEMBER S. SEX S. AGE (P) yrs. bast pirrodey SWORTH NAME (P) AND ADDRESS (P) AND A	Elizabeth Ge SMITH 2.2 ATT OF DETTI DE TENTI DETTI DET	Second S

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	FOR 1 - STATE REGISTRAR	STATE OF MARYLAND / CEI	DEPARTMENT OF I		MENTAL HYGIENE REG. NO.	90	33010
*	1. DECEDENT'S NAME (First, Middle, Last)	ck			2. DATE OF DEATH DAY	9°C	
	. 11	SEX 8. AGE (In yrs. lest to 90)	YRS. MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 12-17-9	9 19	RTHPLACE (State or Foreign suntry) ARY A
u l	9a. FACILITY NAME (If not institution, give street PASON FLORD RESIDENCE OF DECEDENT	Chronic Hospit	al Balt	or Location of DE	ATH	Balt	more City
Dine	MARYLAND BALT	imore	10c. CITY, TOWN OR LOCA				10d. INSIDE CITY LIMITS? 1 YES 2 NO
NEU-S-	100. STREET AND NUMBER	HAPEL ROAC	2	AIO93		0.3	S. A.
	11. MARITAL STATUS 1 Never Married 2 Married 2 Widowed 4 Divorced	. WAS DECEDENT EVER IN U.S. ARMI FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES	If yes, s	cendent of HISPAN pecify Cuban, Maxica B 2 NO Specify		E	IACE — American Indian, Black, White, atc.
2	15. DECEDENT'S EDUCATI (Specify only highest grade com Elementary/Secondary (0-12)	pleted) (Give	EDENT'S USUAL OCCUPATION of work done during monol NOT use retired.)	ON ost of working	16b. KIND OF BUS	INESS/INDUSTR	NY NY
1	17. FATHER'S NAME (First, Middle, Last)	0.00	HI Ma	18. MOTHER'S NA	ME (First, Middle, Malden S	Surname)	
5 0	19a. INFORMANT'S NAME (Type/Print)	196.	MAILING ADDRESS (Street	and Number or Rural F	Route Number, City or Town	State, Zip Code)
	20e, METHOD OF DISPOSITION 13 Burlel 2 Cremetion 3 Removal 4 Donetion 5 Other (Specify)	from State 20b. PLACE Of other place	F DISPOSITION (Name of co	emetery, crematory or	20c. LOC	CATION — City of	or Town, Stata
	21. SIGNATURE OF FUNERIAL SERVICE LICENS	BEE BYO	22, NAME A	ND ADDRESS OF FA	BLO F CH	imes m	Nium.
	23. PART I. Enter the diseases, or com		th. Do not enter the m	oda of dying, auc	h as cardiac or reapir		Approximata Interval Between Onset and Death
	disease or condition resulting in death) a	Cardiny	pathy	(/	•		
2012	Sequentielly list conditions, if any, lesding to immediate	OUE TO (OR AS A CONSEOU	JENCE OF):	muc	Y		
SILI H	cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST	DUE TO (OR AS A CONSEQU	JENCE OF):				
AL CE	PART II. Other algorificant conditions of		sulting in the underlying	ng cause given in	Part I. 24s. WAS AN PERFOR		24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE
MEDIC	Mostridia	difficile (volitis.		1 [] YES 2	1.00	OF DEATH?
PHTSICIAN:		OSPITAL:	OTHER	PLACE OF DEATH (Ch	nonconduction des		
-	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day Mair)	266. TIME OF 28c, IN	UURY AT ORK7 YES 2 NO	284. DESCRIBE HOW II	LIURY OCCURE	0
150 0	3 Suicide 8 Could not be 4 Homicide detarmined	28a. PLACE OF INJURY — At hom building, etc. (Specify)	ne, farm, street, factory, off	ice	28f. LOCATION (Street a City or Town, State)	and Number or Ri	ural Route Number,
COMPLE	const only	N: To the best of my knowledge, dear On the basis of examination and/or in					use(a) and manner as stated.
O BE	29b. SIGNATURE AND TITLE OF CERTIFIED	52 m	>	DO4	38-Z	29d. DATE SIG	NED (Month, Day, Year)
	30. NAME AND ADDRESS OF PERSON WIND C LOCKIE ZELECO 31. DATE FIRED (Month, Day, Year)	COMPLETED CAUSE OF DEATH (ITEM	127 (Type, Print) MFL Ec 30 Julia Sav	ostern	Ave Bo	elto, si	ny 21224
	11/28/90	DEC 3 199	30 Julia Sav	idson-Randa	D.		

BALTIMORE, MARYLAND 21203-3146

CIAN: The law requires that the death certificate be executed within TO THE HOSPITAL OR TE TO THE FUNERAL DIRECTOR De find within 72 hours IMPORTANT. II from 28

	Setachi		once.
	98		te
	CHRETITAL CONTROL TO THE FORE SIGNED BY THE ATTENDING PHYSICIAN AND COMPLETEN FILLED IN 1the funeral director, page 5 should be detach.		them 2s mention or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
	page		be
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	1 - FOR STATE REGISTRAR	TE OF MARYLAND / DEP	ARTMENT OF H		NTAL HYGIENE REG. NO.	90	33011
	1. DECEDENT'S NAME (First, Middle, Last)	SIEDLECKI' M	7 1000		DATE OF DEATH	YEAR 9()	3. TIME OF DEATH 0825 AR
	4. SOCIAL SECURITY NUMBER 5. SEX	6. AGE (In yrs. lest birthda	MONTHS DAVE	IF UNDER 24 HRS. 7.1	DATE OF BIRTH (Month, Day, Year)		IPLACE (State or Foreign
	213 14 3094 1 M	. 00	3.	OR LOCATION OF DEATH	PARCHAS		1RYLAND
0 B O	ST- JOSEPH HOSP:	TAL	Tows			0 -	TORE
DIRECTOR	RESIDENCE OF DECEDENT ' 10e. STATE 10b. COUNTY	10c.	CITY, TOWN OR LOCAT	TON			10d. INSIDE CITY LIMITS?
	MARILAND BALT	MORE	Towsor	ZIP CODE	1	10g. CITIZEN OF	1 YES 2 NO
FUNERAL	500 V. RGIRIA	AVS. #4	03	21234		U-S	·A·
	1 Never Married 2 Married FOR	DECEDENT EVER IN U.S. ARMED CES? 1 1 YES 2 NO ES, GIVE WAR OR DATES	If yes, sp	ENDENT OF HISPANIC Cocify Cuban, Mexican, Pt 2 NO Specify:		or No- 14. RACI Blac Spec	E — American Indien, k, White, atc.
D BY	3 Widowed 4 Divorced 15. DECEDENT'S EDUCATION				Tan war as and	1 W	HITE
COMPLETED	(Specify only highest grade completed	(Give kind	T'S USUAL OCCUPATION of work done during month of use retired.)		16b. KIND OF BUS	INESS/INDUSTRY	
MP	77. FATHER'S NAME (First, Middle, Lest)	ASS:	emaler		WSST	inwhou	220
BE CC	CHESTER KOL	HO UL		18. MOTHER'S NAME (Kous	ka
TO B	19a. INFORMANT'S NAME (Type/Print)		ING ADDRESS (Street	nd Number or Rural Route	Number, City or Town	, State, Zip Code)	
	20e, METHOD OF DISPOSITION	20b. PLACE OF DIS	POSITION (Name of cer	ABOVS metery, cremetory or	20c. LOC	CATION — City or To	own, State
	Burlei 2 Cremation 3 Removal from	State Other place)			PAR TIP	nonium	Mo.
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE		EVA 233	NO ADDRESS OF FACILITY STATES VORK	OFCHI	nes	ium
	23. PART I. Enter the diseases, or complice ahock, or haert feilure. List only	tions that coused the deeth. D	o not enter the mo	de of dying, such as	cardiec or reapi	ratory erreat,	Approximata interval Between
	iMMEDIATE CAUSE (Final disease or condition resulting in death)	DUE TO (OR AS A CONSEQUENCE	ST-VER	TRI CULAR	PIBRI	LLATIO	Onset and Death MINUTOS
z	T. A.	RIGHLOSC LEROTR	e of: Citemet	DISCH	1E		YRS
ATIO	Sequantially list conditions, if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A CONSEQUENCE	E OF):				
CERTIFICATION	CAUSE (Diseese or injury that initiated events	DUE TO (OR AS A CONSEQUENCE	E OF):				
CER	resulting in deeth) LAST						
SP	PART II. Other significent conditions contri CEREBROVIES OVERS	buting to death but not resulting	ng in the underlyin	g ceuse given in Par	t i. 24a. WAS AN PERFOR	MED?	AMAILABLE PRIOR TO COMPLETION OF CAUSE
PHYSICIAN: MEDIC	PULMONARY DISCAS	B; ARTERIOSCI	GROTIC	CARDIOVA	1 - YES 2	□ NO	OF DEATH? 1 YES 2 NO
AN:	COUMA DI SEASO 25. WAS CASE REFERRED TO MEDICAL		00.00	AGE OF BEATH (Ob).			
SICI	EXAMINER? HOSE	PTAL:	OTHER:	LACE OF DEATH (Check on a 6 - Residence 6 -			
PH	27. MANNER OF DEATH 28	e. DATE OF INJURY (Month, Day, Year) 28b.	INJURY	URY AT 28 PK? YES 2 NO	d. DEŞCRIBE HOW II	NJURY OCCURED	
ED BY	2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide determined	e. PLACE OF INJURY — At home, fer building, etc. (Specify)			f. LOCATION (Street a City or Town, State)	and Number or Rural	Route Number,
COMPLETED	290. CERTIFIER (Check only	the best of my knowledge, death oc	curred at the time, date	end place, and due to t	he cause(e) end man	ner as stated.	
SOM	and the second s	basis of examination end/or investig	getion, in my opinion,	death occured at the time	e, date end place, en	d due to the cause(e) and manner as stated.
TO BE	296. SIGNATURE AND TITLE OF GERTIFIER	ade Louis.	MA)	29c. LICENSE NUMBE	R	≥ /1 - 50	O (Month, Day, Year)
F	30. NAME AND ADDRESS OF PERSON WHO COMPLETED OF THE STATE	ETED CAUSE OF DEATH (ITEM 27)		N,MD.	21204		
		REGISTRAR'S SIGNATURE		,			
_	0 1000 Jaha	10001-01-00-0					

permit, Pages 1, 2, 3 should

DIRECTOR

ERAL

1 - FOR STATE REGISTRAR

10a. STATE

1. DECEDENT'S NAME (First, Middle, Last)

9a. FACILITY NAME (If not institution, give street end number)

3649 Ocean Pines

3649 Ocean Pines

4, SOCIAL SECURITY NUMBER

218-34-1094

RESIDENCE OF DECEDENT

10e. STREET AND NUMBER

1 Netural

2 Accident

3 Suicide

4 Homicide

JANET RAYE STREEKS

6 SEX

Worcester

VISION OF VITAL	TTENDING PHYSICIAN: The law	After this certificate has	death with the State Dep	IMPORTANT: If Item 28 is marked, or item 23
Nision	A OFFICE DING	CONTINUE ARE	To all the dead	If item 28 is m
/	TO THE HOSP	TO THE BANK	be filed when	IMPORTANT

BY

COMPLETED

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the burial-tr	BY FUR	3 Wildowed 4 Divorced IF YES, GIVE WAR OR DATES				If y	S DECENDEN res, specify Co	uban, Mexica	n, Puerto Ric
hed for use as	APLETED	15. DECEDENT'S ED (Specify only highest gred Elementary/Secondary (0-12) 12 yrs		16e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) Housewife				16b. K	
age 5 should be detach be notified at once.	BE COMPL	17. FATHER'S NAME (First, Middle, Last) William Gray					18. M		Me (First, Mid len Bo
e 5 should	TO B	196. INFORMANT'S NAME (Type/Print) Edward Lee Stree	ks, Jr.				Street and Num		Route Number, Berli
ector, pag		20e. METHOD OF DISPOSITION 1 Burlel 2 💢 Cremetion 3 🗆 Re 4 🗆 Donation 5 🗆 Other (Specify)	moval from State		nlene1	•	of comotory, of 10pen		atory
e funeral director, p al. examiner must		21. SIGNATURE OF FUNERAL BERVICE L	Brubag			22. N/	AME AND ADD	RESS OF FA	CILITY E
ils certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlal-tr rith the State Dent. or Health and Mental Hygiene prior to burlal, cremation, or removal, red, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	CERTIFICATION	23. PART I. Enter the diseases, processes, processes, processes of the condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that infiliated events resulting in death) LAST	Chronic DUE TO (OR DUE TO (OR	ODS AS A CONS	ine.	ive n:			
been signed by the att t. of Health and Menta shows any injury,	MEDICAL	PART II. Other algolficent condition Congestive He	_		ot reaulting	In the und	erlying caus	ie given in	Part I. 2
State Dept.	HYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	VOutpatient	3 □ DOA	OTHER:			eck only one)
od, or	PHY	27. MANNER OF DEATH	26e. DATE OF IN. (Month, Day,	URY	26b. TIM		6c. INJURY A'		28d. DESC

90 33012 STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 2. DATE OF DEATH 3. TIME OF DEATH 29 90 04.00AH 7. DATE OF BIRTH (Month, Day, Year) 1/9/38 8. BIRTHPLACE (State or Foreign Country) West Virginia 9c. COUNTY OF DEATH Worcester 10d. INSIDE CITY LIMITS? 1 YES 2XX NO 10g. CITIZEN OF WHAT COUNTRY? USA ISPANIC ORIGIN? (Specify Yea or No— lexican, Puerto Rican, atc.) RACE — American Indien, Black, White, etc. Specify: White 16b. KIND OF BUSINESS/INDUSTRY Homemaker S NAME (First, Middle, Meiden Surneme) Helen Bowers Rural Route Number, City or Town, State, Zip Code) Berlin, Md. 21811 20c. LOCATION — City or Town, State Frankford, DE Burbage Funeral Home 108 Williams St. Berlin, Md. 21811 such as cardiac or respiratory arrest, Approximata interval Between Onset and Death ry Disease 24b. WERE AUTOPSY FINDINGS

24s. WAS AN AUTOPSY PERFORMED? AMILABLE PRIOR TO COMPLETION OF CAUSE 1 TYES 2 KNO OF DEATH?

1 YES 2 NO

28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify)	261. LOCATION (Street and Number or I City or Town, State)
· · · · · · · · · · · · · · · · · · ·	l

1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) end more 2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occured at the time, date and place, end due to the cause(e) end

4 Nursing Home 5 Residence 8 Other (Specify)

1 YES 2 NO

29c. LICENSE NUMBER	29d. DATE SIGNEO (Month, Day, Year
D30619	11/29/90

28d. DESCRIBE HOW INJURY OCCURED

261. LOCATION (Street end Number or Rural Route Number,

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

MD.

Peter S. Abbott, M.D. 10445 Ocean City Blvd. Berlin Maryland. 21811

CERTIFICATE OF DEATH

MONTHS

10c. CITY, TOWN OR LOCATION

Berlin

IF UNDER 1 YEAR IF UNDER 24 HRS.

9b. CITY, TOWN OR LOCATION OF DEATH

10f. ZIP CODE

DAYS

Berlin

6. AGE (in yrs. last birthday)

52 YAS.

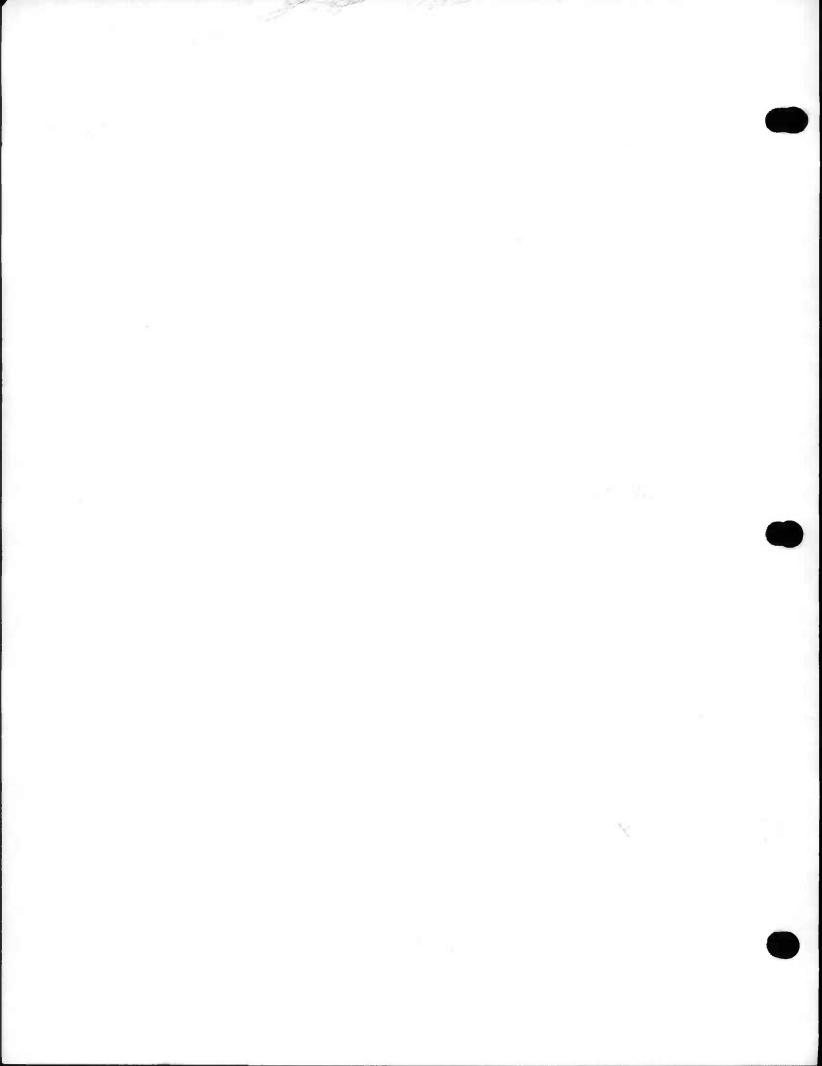
MONTH 11

21811

32. REGISTRAR'S SIGNATURE a Davidson-Randall 1990

6 Could not be

DHMH-16 Rev 1/89



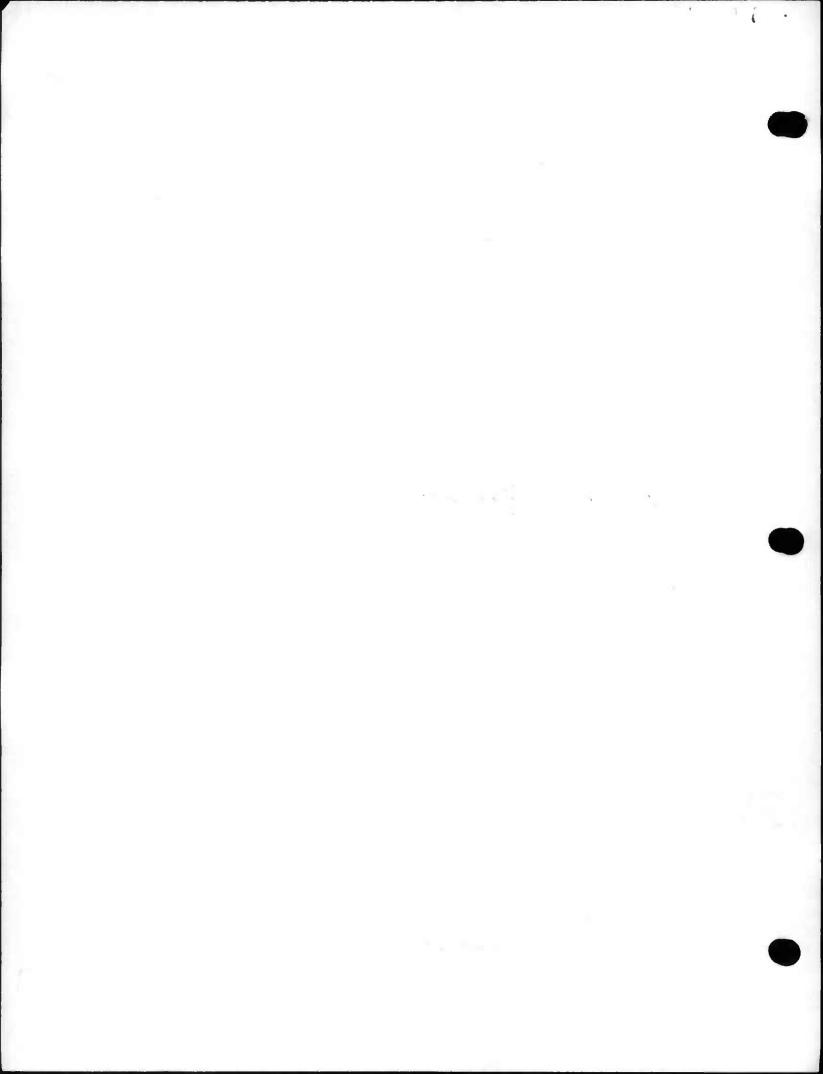
	THE CHAINSICIAN: The law requires that the death certificate be executed within 24-rours after death. Page 6 may be retained by the hospital or attending physician.	THE CHAIN CHAINS CONTINUED BY THE SECOND THE PROPERTY OF THE WASHINGTON THE MAN OF THE M	7.7 Recent with the State Dept, of Health and Mental Hyglene prior to burial, cremation, or removal.	E III Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
The second secon	THE HOSPITAL OR	THE FUNERAL DIFE	iled within 72 for	OFTANT: If Item
	2	2	20	X

nAsha

32. REGISTRAR'S SIGNATURE

DEC 3 1990

	FOR 1 STATE	STATE OF MARYLA	AND / DEP	ARTMENT	OF HEALTH AND	MENTAL HYGIEN	E	0 00010
	REGISTRAR		CERT	IFICATI	OF DEATH	REG. NO		A . I
	1. DECEDENT'S NAME (First, Middle, Lest) Tomes W.	Thompson	THOMP	SON		2. DATE OF DEATH D		VEAR .
	4. SOCIAL SECURITY NUMBER 164-01-2320	5. SEX 6. AGE (in yrs. lest birtho	MONTHR	DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 5/28/11	I	B. BIRTHPLACE (State or Foreign Country) PENNSYLVANIA
OR	DEATON Hospit	medical CE	MER	9b. CITY	Salto Ma	DEATH	9c. COUNT	Y OF DEATH
5	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY							and the same of the
DIRECTOR	MARYLAND	,	100.	BALT	IMORE			10d. INSIDE CITY LIMITS? 1. YES 2 NO
FUNERAL	100. STREET AND NUMBER 113 MALLOW HILL RO	OAD			101. ZIP COOE 21229		U.S	. A.
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 X NO		WAS DECENDENT OF HISPA if yes, specify Cubsn, Maxic 1 ☐ YES 2 X NO Speci	an, Puarto Rican, atc.)	s or No—	4. RACE — American Indian, Black, Whita, atc. Specify: WHITE
COMPLETED	15. OECEDENT'S EDUC (Specify only highest grade Elamentary/Secondary (0-12)	CATION completed) College (1-4 or 5+)	16a, DECEDER (Give kind life, Do No FOREM.		CCUPATION during most of working	PROCTOF		
COMF	17. FATHER'S NAME (First, Middle, Linst) PERCIVAL W. THOM	PSON	TOKER			AME (First, Middle, Maiden BETH REIFF		Λ.
TO BE	19s. INFORMANT'S NAME (Type/Print) CATHERINE THOMPSO!	N (WIFE)			S (Street and Number or Rural W HILL ROAD			,
	200 METHOD OF OISPOSITION	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			ame of cemetery, crematory or			LI LL J
	1 XBurial 2 Cremation 3 Ramo	oval from State N	ew CAT	HEDRAL	CEMETERY	BALT	IMORE	, MD.
	21. SIGNATURE OF EUNERAL BERVICE LIC	(1) it to	4.		ROY M. & RUS	SSELL C. W	TZKE	FUNERAL HOMES
	11. UKLIA			1 1	COO DDMONTO	ONT ASTERNATION C	AMONO	TITTED NO 01000
	23. PART i. Enter the diseases or c	omplications that cause	d the death.					VILLE, MD.21228
	IMMEDIATE CAUSE (Final disease or condition	complications that cause List only one cause on a			r tha moda of dying, su	ch aa cardiac or reap		
	ahock, or heart failure. I		ech lina.	Do not anta	r tha moda of dying, su	ch aa cardiac or reap		at, Approximata interval Between
TION	ahock, or haart failure. I	List only one on a	CONSEQUENCE	Do not anta	r tha moda of dying, su			at, Approximata interval Between
IFICATION	ahock, or heart failure. I	a. Due to on as a	CONSEQUENCE	Do not anta	r tha moda of dying, su	ch aa cardiac or reap		at, Approximata interval Between
CERTIFICATION	ahock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated aventa resulting in death) LAST	DUE TO (OR AS A	A CONSEQUENCE A	Do not anta	Liver	ch aa cardiac or reap		at, Approximata interval Between
CAL CERTIFICATION	shock, or heart failure. I	DUE TO (OR AS A	A CONSEQUENCE A	Do not anta	Liver	n Part I. 24a. WAS AI PERFO	NAUTOPSY	at, Approximata interval Between
MEDICAL CERTIFICATION	ahock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated aventa resulting in death) LAST	DUE TO (OR AS A	A CONSEQUENCE A	Do not anta	Liver	n Pari I. 244, WAS A	NAUTOPSY	at, Approximata interval Between Onset and Death Onset and Dea
MEDICAL	ahock, or heart failure. I IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated aventa resulting in death) LAST PART II. Other significant condition	DUE TO (OR AS A DUE TO (OR AS	A CONSEQUENCE A	Do not anta	Liver	n Part I. 244, WAS AI PERFO	NAUTOPSY	at, Approximata interval Between Onset and Death Onset and Dea
MEDICAL	ahock, or heart failure. I IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if amy, isading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated aventa resulting in death) LAST PART II. Other significant condition	DUE TO (OR AS A	A CONSEQUENCE OF LA CONSEQUENC	Do not anta	CLOSE OF DEATH (C	n Part I. 24a. WAS AI PERFO	NAUTOPSY	at, Approximata interval Between Onset and Death Onset and Dea
MEDICAL	ahock, or heart failure. I IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated aventa resulting in death) LAST PART II. Other significant condition 23. WAS CASE REFERENCE TO MEDICAL EXAMINERS 1 1 YES 2 160 27. MANNER OF DEATH 1 Natural 5 Pending	DUE TO (OR AS A DUE TO (OR AS	A CONSEQUENCE OF LA CONSEQUENC	Do not anta	CLOSES LUNCE TO SES TO SES	n Part I. 24a. WAS AI PERFO	NAUTOPSY RIMEDY 2 NO	Approximata interval Between Onset and Death Onset O
ED BY-PHYSICIAN: MEDICAL	ahock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated aventa resulting in death) LAST PART II. Other significant condition 25. WAS CASE REFERED TO MEDICAL EXAMINERS 1 1 YES 2 140	DUE TO (OR AS A DUE TO (OR AS	A CONSEQUENCE OF THE PROPERTY	Do not anta	The mode of dying, su Radia Light Light Total	n Part I. 24a. WAS AI PERPO 1 YES	NAUTOPSY RIMEDY 2 NO	Approximata interval Between Onset and Death Onset Of Death Onset
ED BY-PHYSICIAN: MEDICAL	ahock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated aventa resulting in death) LAST PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINERY 1 YES 2 HO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 3 Accident 6 Could not be determined 29a. CERTIFIER (Check only)	DUE TO (OR AS A DUE TO (OR AS	Puttern 3 Do	Do not anta	The mode of dying, su A A A A A A A A A A A A A A A A A A A	Theck only one) 284. LOCATION (Street City or Rown, State use to the cause(s) and make the cause(s) and make the cause (s) and make the	NAUTOPSY RMED7 2 NO RAUTOPSY and Number of	24b. WERE AUTOPSY FINONOS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATHY 1 YES 2 NO
D BY PHYSICIAN: MEDICAL	ahock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated aventa resulting in death) LAST PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINERY 1 YES 2 HO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 3 Accident 6 Could not be determined 29a. CERTIFIER (Check only)	DUE TO (OR AS A DUE TO (OR AS	Puttern 3 Do	Do not anta	The mode of dying, su A A A A A A A A A A A A A A A A A A A	Theck only one) 281. LOCATION (Street City or You'r. State us to the cause(s) and mue time, data and place, a UMBER	NAUTOPSY RMED7 2 NO INJURY OCC and Number of	24b. WERE AUTOPSY PHONGS AWALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO



TO BE COMPLETED BY FUNERAL DIRECTOR

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

31. DATE FILED (Month, Day, Year)

3 1990

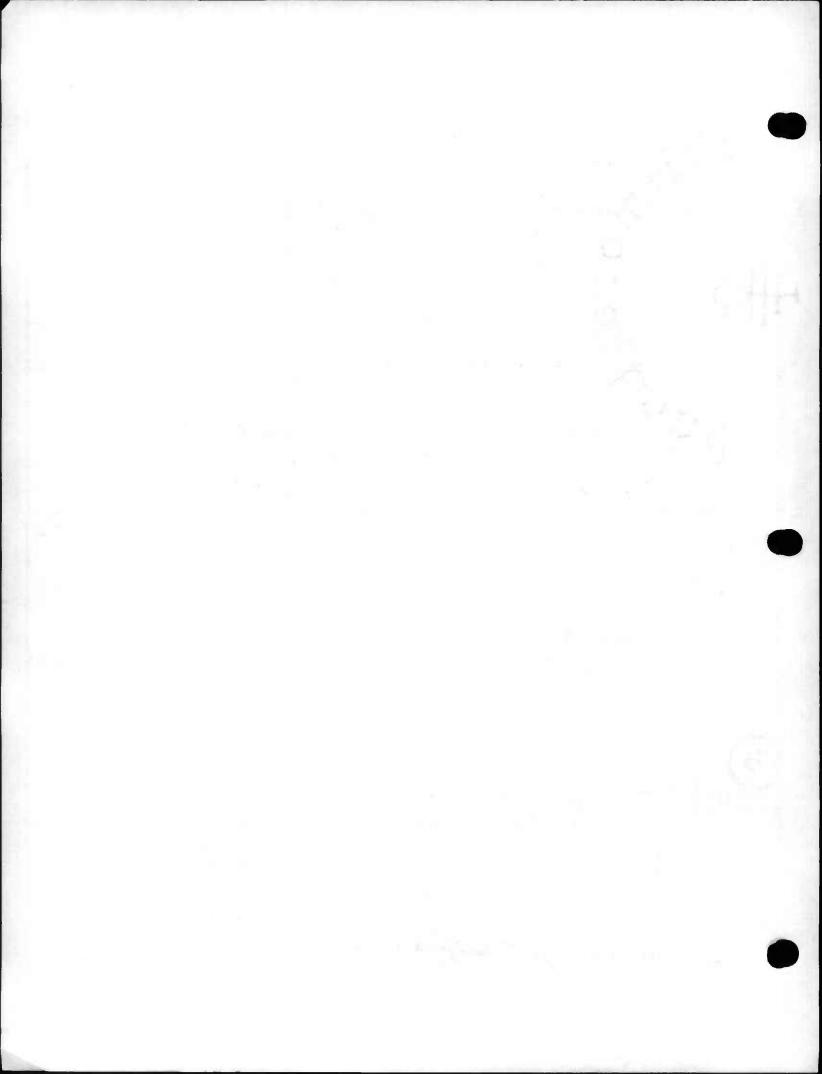
ITEMS:23,27 per ME G-670 12/18/90 cm

22011

REGISTRAR				RTIFI					MENTAL	REG. NO.	E		
1. DECEDENT'S NAME (First,									2. DATE O	F DEATH	Y	YEAR	3. TIME OF DEATH
	Jo	seph	Alovius		J	rur	nbeta	as	1	1-28-	90		3:21PM M
4. SOCIAL SECURITY NUMBER 175-26-25		5. SEX	8. AGE (In yrs. les		IF UNDER 1	YEAR DAYB	IF UNDER	24 HRS. MIN.	7. DATE O	Dev. Year) -14-3	3	Counti	PLACE (State or Foreign
9a. FACILITY NAME (If not ins		21	30		9b. CITY, T	OWN C	R LOCATI	ON OF DE				NTY OF D	-
Fallston G	eneral		al				lsto				Hari	ford	County
RESIDENCE OF DEC	10b. COUNTY			10c. CITY	, TOWN OR	LOCAT	ION						10d. INSIDE CLTY LIMITS? X
MD	Harf	ora		00	oppa								1 TYES 2 NO
100. STREET AND NUMBER 37 COU	ırt Dı	rive				101	210				10g. CIT	USA	WHAT COUNTRY?
11. MARITAL STATUS Never Merried 2 X X X X X X X X X X X X X X X X X X	- 1		NE-BYER IN U.S. AR 1-1-1 YES 2 1	MED 10	11	yes, sp	ENDENT Cube	OF HISPAI on, Mexico Specif	in, Puerto Ri	(Specify Yes can, etc.)	or No-	14. RACI Blac Spec	E — American Indian, k, White, atc.
	EDENT'S EDUC	PATION	19:	CEDENT'S	7.1				145	KIND OF BUS	INESS/IN	DISTRY	WIII OC
(Specify only	highest grade	College (1-4 or 5	+) (G	he kind of w Do NOT use	rork done du e retired.)	ring mo	st of worki	ng	100.	Loca			
17. FATHER'S NAME (First, MI)	dolle, Lest)	TRO	MBE			400	7	HER'S NA	ME (First, M	iddle, Malden ARY	Sumame)		ITEK
19a. INFORMANT'S NAME (7)			19							ne, Ne, N			5
Gloria Mac 20a. METHOD OF DISPOSITI NEXBuriel 2 Cremetio	ON n 3 🗆 Reme	and the same	20b. PLACE other p	OF DISPOS	ITION /Nom	e of cer	netery cree	matory or	tery	20c. LO	CATION -	City or To	own, State
4 ☐ Donation 5 ☐ Other 21. SIGNATURE OF FUNERA		ENSEE	_ <u> </u>	Lane.	y v a.	T T C	ND ADDRE	SS OF FA	ranta	Do	11to	• /	עוי
> John	E	Oolon)							l Hon n Bly			21204 to., MD
ahock, or himmediate CAUSE (Fir disease or condition resulting in death)	iel .	• ARTERIO	OSCLEROT O (OR AS A CONSE	IC CA		/AS(CULAI	R DI	SEASE			-	interval Between Onset and Deatr
Sequentially list condition if any, leading to immediate. Enter UNDERLY	diete	b. DUE TO	O (OR AS A CONSE	OUENCE OF	F):								
CAUSE (Disease or injuthat initiated events resulting in death) LAS	iry	C. DUE TO	O (OR AS A CONSE	QUENCE OF	ን:								
PART II. Other algnifica BASAL SKU			p death but not	resulting i	in the unc	derlyin	g ceuse	given in	Part I.	24a. WAS AN PERFOI 1 TES 2	RMED?	24	b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? XXV YES 2 \(\sqrt{1}\) NO
25. WAS CASE REFERRED T	O MEDICAL					26. P	LACE OF	DEATH (C	heck only on	»)			
EXAMINER?		HOSPITAL:	(3/66/Outpatient	DOA	OTHER		ne 5 🗆 F	lasidence	6 Other	(Specify)			
27. MANNER OF DEATH 1 Netural 5	Pending	28e. DATE C (Month,	Dey, Year)	28b. TIM		28c. IN.	JURY AT DRK? YES 2			CRIBE HOW	INJURY O	CCURED	
	Investigation Could not be determined		OF INJURY — At h g, etc. (Specify)	ome, farm,	street, facto	ery, offic	00			ATION (Street or Town, State		er or Rumi	Floute Number,
from cost.			of my knowledge, d										
1											10 000 10	tim cause	(a) and menner as stated.
296. GAGAGEURIE AND TITLE		- I I I I I I I I I I I I I I I I I I I					29c. LIC	CENSE NU	IMBER		29d, DA		D (Month, Day, Year)

32. REGISTRAR'S SIGNATURE

VC



the first certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should make the state bept. of Health and Mental Hygiene prior to burial, cremation, or removal.

The first page 5 shows any Injury, or other traumatic event, the medical examiner must be notified at once. TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 25-70 THE FUNERAL DIRECTOR. The scrifficate has been signed by the attending physician and completely fillip be filed within 72 the control of the part and Mental Hygiene prior to burial. Cremation, IMPORTANT: If cap 27 matted, or item 23 shows and the control of the prior to burial.

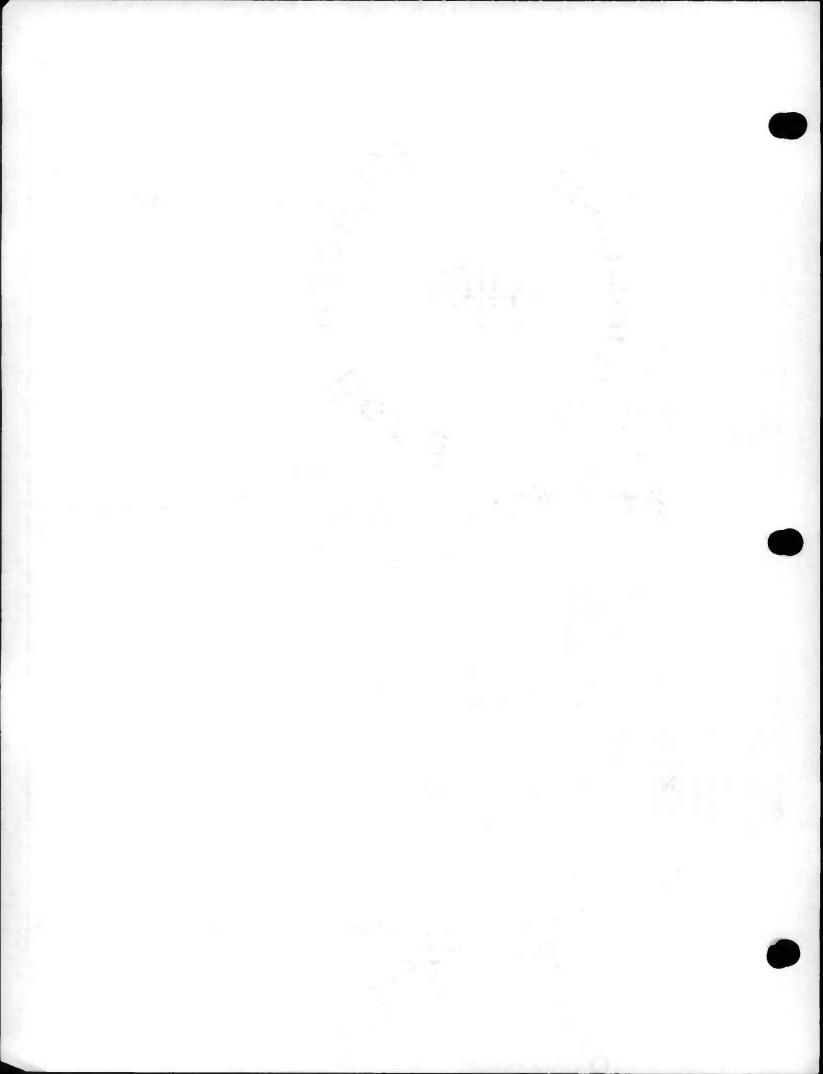
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TOL

	FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM CERTIFICA			IENTAL HYGIENI REG. NO.	E		
į	1. DECEDENT'S NAME (First, Middle, Li	Joan M.	THOMPS	SON		2. DATE OF DEATH DAY DECEMber 2	ž, 1996	3. TIME OF DEATH 2:35 pm	
-	4. SOCIAL SECURITY NUMBER 21.2 26 0933	1 □ M 2 500 € 62	YRS. MO	UNDER t YEAR			28 3	IRTHPLACE (State or Foreign ountry) Maryland	
TOR	9a. FACILITY NAME (If not institution, g Franklin Squi	are Hospital	96		R LOCATION OF DE	ATH	9c. COUNTY OF DEATH Baltimore County		
DIRECTOR	10a. STATE 10b. COL			WN OR LOCAT		-		10d. INSIDE CITY LIMITS? 1 YES 2 TO NO	
FUNERAL	100. STREET AND NUMBER 2152 Redthorn Re	oad	•	101.	ZIP CODE 21.22	0	10g. CITIZEN OF WHAT COUNTRY?		
BY	11. MARITAL STATUS 1 Never Married XX Married 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER I FORCES? 1 TYES IF YES, GIVE WAR OR D	4-Eliko		city Cuban, Maxican	IC ORIGIN? (Specify Yea s, Puarto Rican, etc.)			
COMPLETED	15. DECEDENT'S (Specify only highest g Elementary/Secondary (0-12)		16a. DECEDENT'S USU (Give kind of work life. Do NOT use re	done during mo- tired.)	nt of working	16b. KIND OF BUS			
	17. FATHER'S NAME (First, Micidle, Last, John Kloch)	Key Punch	Opera		ME (First, Middle, Maiden	Sumame)	e Police	
TO BE	19a. INFORMANT'S NAME (Typo/Print) John E. Thompse	on Husband			nd Number or Rural R	oute Number, City or Town	n, State, Zip Cod		
	20a METHOD OF DISPOSITION 1 Adurtal 2 Cremation 3 1 4 Donation 5 Other (Specify)	Ramoval from Stata	b. PLACE OF DISPOSITION Of PROPERTY OF THE PRO	Cemet	ery	Carr	CATION — City OLL Co	or Town, State unty, Md.	
	21. SIGNATURE OF PUNERAL BEHVIO	Day Syl		Bruzd		uneral Hom Ave. Balti		Md. 21221	
	23 PART I. Enter the disease shock, or hear failt immediate CAUSE (Fine disease or condition resulting in death)	Anterior	each line.				ratory arreat,	Approximate interval Batween Onset and Death	
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST B. Right sided Stroke OUE TO (OR AS A CONSEQUENCE OF): C. OUE TO (OR AS A CONSEQUENCE OF): d.								
PHYSICIAN: MEDICAL C	PART II. Other significant cond	but not resulting in t	the underlying	g cause given in	Part i. 24a. WAS AN PERFOF	RMEO?	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
HAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?				ACE OF DEATH (Ch	eck only one)			
IYSIC	1 YES 2 NO	HOSPITAL: 1X inputient 2 ER/Out 28a. DATE OF INJURY			e 5 🗆 Residence	8 Other (Specify)	N III BY OCCUP	50	
H H	1 Natural 5 Pending 2 Accident Investigat	(Month, Day, Year)	ENJUR	Y WC	YES 2 NO	26a. DESCRIBE HOW I	NJOHT OCCUR		
	3 Suicide 8 Could no 4 Homicide detarmine	IY — At home, farm, stre	et, factory, offic		281. LOCATION (Street a City or Town, State)	and Number or F	itural Aoute Number,		
BE COMPLETED BY	Torrock only	PHYSICIAN: To the best of my known MINER: On the basis of examination						suse(e) and manner as stated.	
TO BE C	29b. SIGNATURE AND TYPE OF CER	F /mi	_		29c. LICENSE NUI	MBER		cember 2, 1990	
F	Van Lomis, M	1.D. 9000 Fran	nklin Squa		e, Balt	imore, Man	ryland	21237	
	DEC 3 1990	gicin Davidson-V	ande					<u>.</u>	

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NO	W 1	- S
ATT	6	1 28
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2 nours after death. Page 6 may be retained by the host	TO THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached to bring remarking or removed.	be fied within 72 fours are death with the State Cept, or result and mental stylens prior to consult, the medical examiner must be notified at once. IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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OSP	JNE	INT
工业	E F	NATA
HC	H	F P
F	F.	5 =

1. DECEDENT'S NAME (First, Middle, Last)		LAND / DEPARTA CERTIFIC	ATE OF	DEATH	RE	G. NO.		
					2. DATE OF DI		3. TIME OF DEATH	
ROLAND	F.		TUBBS,	Sr.	11-	29- 90	4:45 P	
4. SOCIAL SECURITY NUMBER			UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BII (Month, Day,		BIRTHPLACE (State or Foreign Country)	
212-07-4423	1 🔀 M 2 🗆 F	83 YRS.	TINS DATE	noons win.	10/22/	/07	Maryland	
9a. FACILITY NAME (If not institution, give st			L CITY, TOWN (R LOCATION OF DE	EATH	9c. COUNT	Y OF DEATH	
Baltimore Count	ty General H	Hospital	Ra	ndallsto	Wn	Bal:	timore	
10a. STATE 10b. COUNTY			OWN OR LOCAT	ION			10d. INSIDE CITY	
Maryland Bal	timore	Ba1t	imore				1 YES 2 V NO	
10e. STREET AND NUMBER		Dair		. ZIP CODE		10g. CITIZE	N OF WHAT COUNTRY?	
1005 Leeds Avenue				21229			USA	
11. MARITAL STATUS	12. WAS DECEDENT EVER		13. WAS DEC	ENDENT OF HISPAN	NIC ORIGIN? (Sp	ecity Yea or No — 1	4. RACE — American Indian, Black, White, etc.	
1 Never Married 2 Married	FORCES? 1 YE			ecity Cuban, Mexica 2 NO Specifi		e(c.)	Specify: White	
3 Widowed 4 Divorced		7 7 7				l l		
15. DECEDENT'S EDU- (Specify only highest grade		16a. DECEDENT'S US (Give kind of work life. Do NOT use n	done during mo		16b. KIND	OF BUSINESS/INDU	STRY	
Elementary/Secondary (0-12)	College (1-4 or 5+)				Tiene	T		
		Salesmar	1 .			e Improve	ment	
17. FATHER'S NAME (First, Middle, Lest)				18. MOTHER'S NA	ME (First, Middle,	, Maiden Surnama)		
19e. INFORMANT'S NAME (Type/Print)		T top Mail INC at	DBESS (Stead of	and Alumbar or Dural	South Mumber Ci	ty or Town, State, Zip C	Parfel	
Marc Anderson							land 21043	
20s. METHOD OF DISPOSITION				netery, cremetory or		20c. LOCATION - CI		
1 Surial 2 Cremation 3 Rem	Friendship				nie, Marylan			
21. SIGNATURE OF FUNERAL SERVICE LICENSEE			22. NAME A	ric, Mary Tan				
Duamh J. G		Ambrose Funeral Home, Inc. 1328 Sulphur Spring Road, Arbutus, Md. 212						
IMMEDIATE CAUSE (Final disease or condition resulting in death) Acute broncho-pneumonia, bilateral DUE TO (OR AS A CONSEQUENCE OF):								
Sequentielty list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events b. DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):								
resulting in death) LAST	d							
PART II. Other significent condition	ns contributing to death	but not resulting in	the underlyln	g cause given in	Part I. 24a.	WAS AN AUTOPSY	24b. WERE AUTOPSY FINDS	
	tic cardiova	ascular dis	ease		1 /5	PERFORMED? YES 2 NO	AVAILABLE PRIOR TO COMPLETION OF CAU	
Arteriosclero	Recent fracture, left femu							
	re. left fer	nur					OF DEATH?	
	re, left fem	nur						
Recent fractur				LACE OF GEATH (C			OF DEATH?	
Recent fractur	HOSPITAL:		THER:	LACE OF OEATH (C	heck only one)		OF DEATH?	
Recent fracture 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 × YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending	HOSPITAL:	Putpatient 3 DOA 4	OTHER: Nursing Hoo OF 28c. IN		heck only one)		OF DEATH?	
Recent fracture 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 N YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending	HOSPITAL: 1 Inpetient 2 ER/O 28a. DATE OF INJUR (Month, Day, Yea	hutpatient 3 DOA 4 Y 28b. TIME INJUI	OTHER: Nursing Horo OF 28c. IN W 1	ne 5 Residence JURY AT DRK? YES 2 NO	heck only one) 6 Other (Sp. 28d. DESCRIE	ecity)	OF DEATH? X MY YES 2 □ NO	
Recent fracture 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 Yes 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 6 Could not be determined 29e. CERTIFIER (Check only 1 CERTIFYING PHYS)	HOSPITAL: 1 Inpetion: 2 X ER/O 28a. DATE OF INJUE (Month, Day, Yea 28c. PLACE OF INJUE building, etc. (S	Puripetient 3 DOA 4 RY 26b. TIME INJUI JRY — At home, farm, str pocify) nowledge, death occurred	OTHER: Nursing Hoo OF 28c. IN W 1 set, factory, offi at the time, dat	ne 5 Residence JURY AT ORK? YES 2 NO	beck only one) 5 Other (Spot 28d. DESCRIE 28f. LOCATION City or for	ecity) BE HOW INJURY OCCI N (Street and Number of wirn, State)	OF DEATH? **X YES 2 NO URED Or Flural Floute Number,	
Recent fracture 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending investigation 3 Suicide 6 Could not be determined 20. CERTIFIER (Check only one) 2 XMEDICAL EXAMIN 29M SIGNATURE AND TITLE OF CERTIFIE	HOSPITAL: 1 Inpetient 2 X ER/O 28a. DATE OF INJUR (Month, Day, Yea 28a. PLACE OF INJUR building, etc. (S SICIAN: To the best of my kn IER: On the best of examine	Doubtpatient 3 DOA 4 29b. TIME: INJURY — At home, farm, str pocify) nowledge, death occurred	OTHER: Nursing Hoto Nursing Hot	ne 5 Residence JURY AT ORK? YES 2 NO	beck only one) 6 Other (Sp. 28d. DESCRIE 28f. LOCATIOn City or for the to the cause(as in time, data and difference of the cause(as in time, data and data).	scify) BE HOW INJURY OCCI N (Street and Number of wrn, State) and manner as state place, and due to the 29d. DATE	OF DEATH? **X YES 2 NO URED Or Flural Route Number,	
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BALTIMORE, MARYLAND 21203-3146

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OF V	PHYSICIAN:
DIVISION OF VITAL RECORDS, P.O. BOX 13146	OSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within
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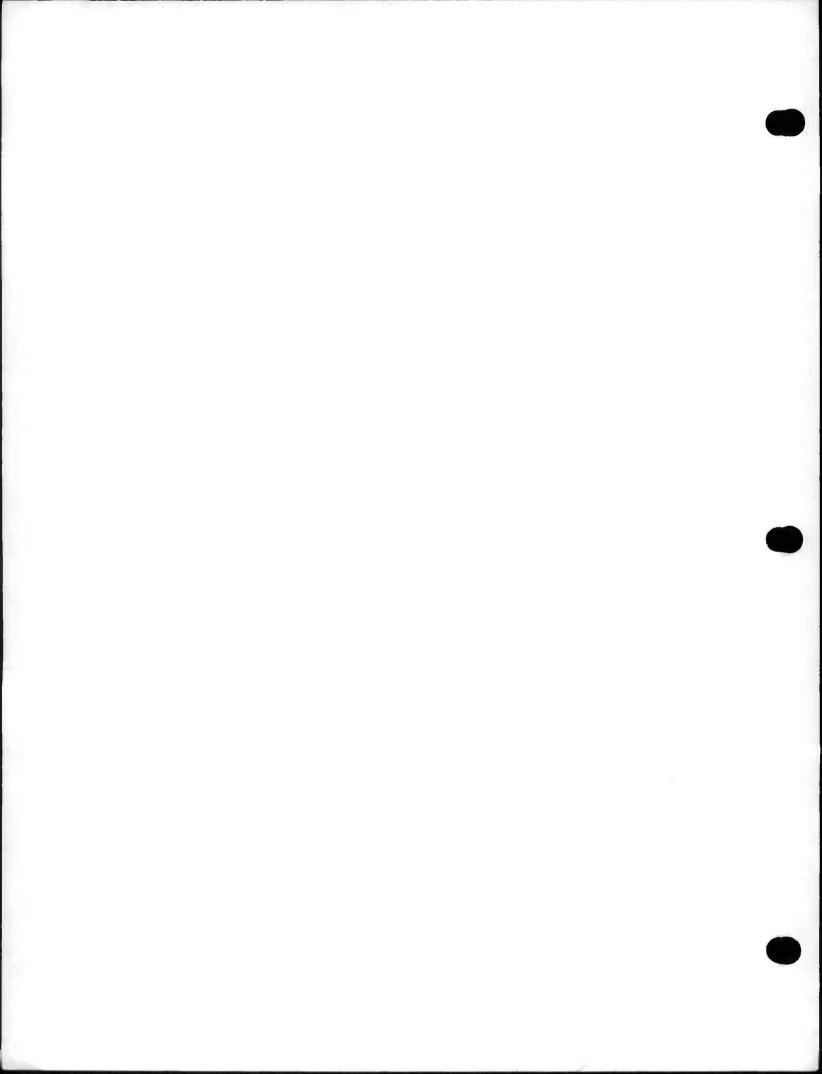
by (in the oftal or attending physician.)

by the outside for use as the burlat-transit permit. Pages 1, 2, 3 should TO BE COMPLETED BY FUNERAL DIRECTOR TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within X-mours after death. Page 6 may be travel. By a hospital DRECTOR: After this certificate has been signed by the attending physician and completely filled in by the tuneral director, page 5 man. Be stated be stated within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. TO BE COMDI ETED BY PHYSICIAN. MEDICAL CERTIFICATION

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENT	AL HYGIENE
CERTIFICATE OF DEATH	REG. NO.

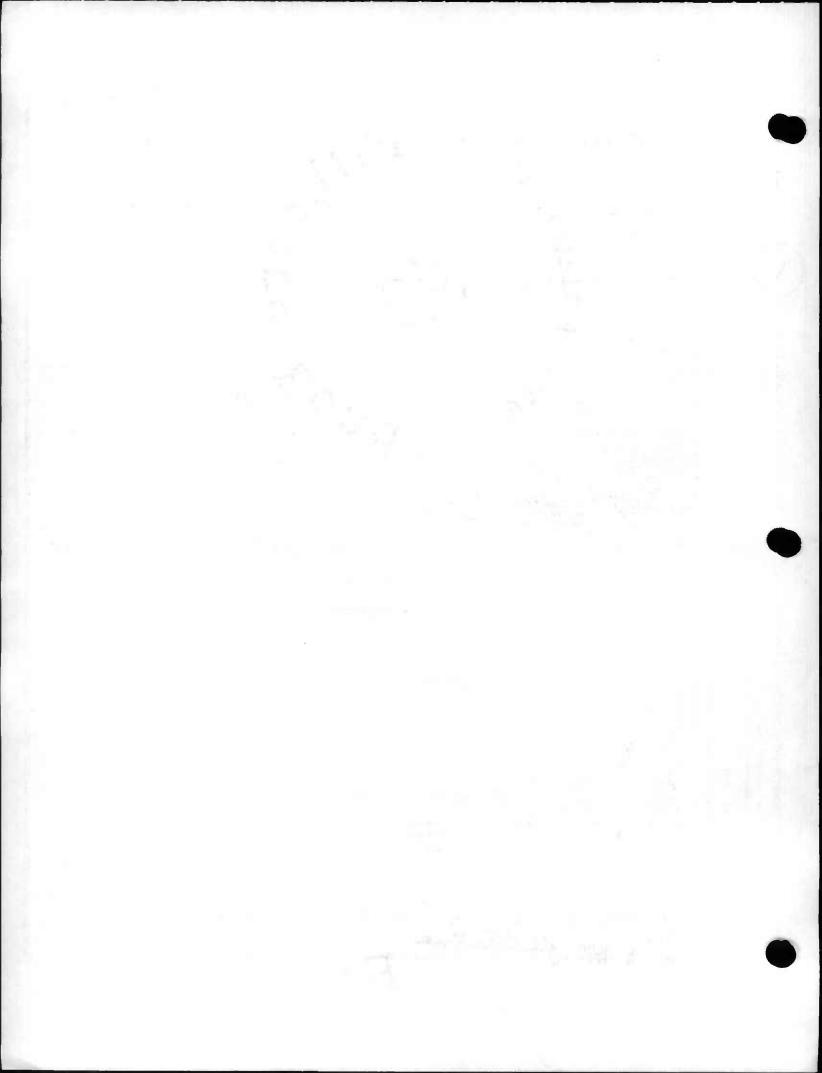
	1 - FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM CERTIFICA			NENTAL HYGIEN	E 9	0 33017
,	1. DECEDENT'S NAME (First, Middle, Last)				1	2. DATE OF DEATH		3. TIME OF DEATH
	PAUL A.	INCE		NCE	IF UNDER 24 HRS.	7. DATE OF BIRTH	2 9	BIRTHPLACE (State or Foreign
	11.100			THE DAYS	HOURS MIN.	(Month, Day, Year)		Country)
	409 05 9189 9e. FACILITY NAME (If not institution, give a	Α ,	0	CITY TOWN O	R LOCATION OF DEA	5 28 191	9c. COUNTY	Tennessee
	BAUTIMORE COUNTY				LLSTOWN			imore Count
	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNT	Υ	10c. CITY, TO	WN OR LOCAT	ON			10d, INSIDE CITY
		TIMORE		tonsv				LIMITS? 1 YES 2 NO
	10e. STREET AND NUMBER	AVE		1 =	ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?
	23 MEL DOSE				1228		U;	SA
	11, MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Provinced	12, WAS DECEDENT EVER IF FORCES? 1 YES IF YES, GIVE WAR OR D	2 NO	If yes, spe		C ORIGIN? (Specify Yes i, Puerto Ricen, etc.)	or No 14.	RACE — American Indian, Black, White, etc. Specify: White
	15. DECEDENT'S EDU (Specify only highest grade	e completed)	16a. DECEDENT'S USU (Give kind of work life. Do NOT use ret	done durina mai	N at of working	18b, KIND OF BUS	INESS/INDUST	TRY
	Elementary/Secondary (0-12)	College (1-4 or 5+)	Labor			Home	Tmpro	vements
	17. FATHER'S NAME (First, Middle, Last)			-	18. MOTHER'S NAM	AE (First, Middle, Malden		
	BROWNLO	VANCE			DELI			
	19e. INFORMANT'S NAME (Type/Print)		19b. MAILING ADD	DRESS (Street a	nd Number or Rural R	oute Number, City or Town	n, State, Zip Coo	de)
	Maxine Jeste	es Daught	er 2012	Rhon	da Driv	e, Bastor	ia, N	IC 28054
	20e. METHOD OF DISPOSITION 1		b. PLACE OF DISPOSITIO other place)	N (Name of cen	etery, crematory or	20c. LO	CATION — City	or Town, State
	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE POPALA	Wade, Dir	22. NAME AN	D ADDRESS OF FAC	TAALS ALIK	ANATO	MY BOARD
	Santines	1 Obece	12/3/20	ı				,MD 21201
	23. PART I Enter the diseases, or	complications that cause	d the death. Do not a	anter tha mo	de of dying, auch	aa cardiac or reapi	ratory arreat	
	iMMEDIATE CAUSE (Final	List only one cause on e	sacri line.					interval Between Onset and Death
	disease or condition resulting in death)	a. Hepa	alle Col	ma				
1	and the second s	OUE TO (OR AS	A CONSEQUENCE OF):					
	Sequentially list conditions,	b. CIU	A CONSEQUENCE OF):	<u> </u>				
	if any, leading to immediate cause. Enter UNDERLYING	OUE TO (OH AS A	A CONSEGUENCE OF):					
	CAUSE (Disease or injury that initiated events	DUE TO (OR AS	A CONSEQUENCE OF):					
	resulting in death) LAST	4						
		u.						
	PART II. Other significant conditio		but not reaulting in the	ha undariyin	cause given in	Part i. 24a, WAS AN PERFOR		24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO
		many may	mpestin	n-		1 _ YES 2	. □ NO	OF DEATH?
		Hemania	<u> </u>			_		1 TYES 2 NO
	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	o	26. PL THER:	ACE OF DEATH (Chi	ack only one)		
	1 TYES 2 NO	1 Inpetient 2 ER/Out			e 5 🗌 Reeldence			
	27. MANNER OF DEATH 1 Netural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF	WC	RK? FES 2 NO	28d. DESCRIBE HOW	NJUHY OCCUR	IED
	2 Accident Investigation		Y — At home, farm, stree			28t. LOCATION (Street	and Number of	Pural Bouta Number
	3 Suicide 8 Could not be 4 Homicide determined	building, etc. (Spe	acity)	it, tactory, onto	·	City or Town, State,	end reproduction of	rarai ricota recinos,
	29e, CERTIFIER							
	(Check only	SICIAN: To the best of my know			A	Contract Contract of		euse(e) and manner ee stated.
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	29b. SIGNATURE AND TITLE OF CENTIFIC	A Mi L			29c. LICENSE NUM	ABER	29d. DATE S	IGNED (Month, Day, Year)
	OO MAME AND ADDRESS OF STREET	J. U.	EATH STEEL AT THE	-01	75/8/	<i>w</i>	//	150/90
	30. NAME AND ADDRESS OF PERSON W		COURT PO		1 1/ -on.	A. Mah	127	/
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	31. DATE ELECTROPIN 1999	A Parinter Sug	Janes de					



	FOR 1 - STATE REGISTRAR	STATE OF MARYLAND	/ DEPARTMENT	OF HEALTH AND I	MENTAL HYGIENI REG. NO.	90	33018		
	1. DECEDENT'S NAME (First, Middle, Last	Vorelnow	10 125		2. DATE OF DEATH DA		- u		
	4. SOCIAL SECURITY NUMBER 225-28-0297	5. SEX 6. AGE (In yrs.	YRS. MONTHS	DAYS HOURS MIN.	7. DATE OF BIRTH (Morith, Day, Year) 7/29/25	6. B	IRTHPLACE (State or Foreign ountry)		
œ	90. FACILITY NAME (If not institution, give 1111 Elmridge			TOWN OR LOCATION OF DE	EATH	9c. COUNTY (
DIRECTOR	RESIDENCE OF DECEDENT	Ave.	10c. CITY, TOWN O	rbutus		Balto	10d. INSIDE CITY		
I K	Md. Balt						LIMITS?		
	10e. STREET AND NUMBER	0.	Arbutu	10f. ZIP COOE		10g. CITIZEN	OF WHAT COUNTRY?		
FUNERAL	1111 Elmridge Av			21227		US			
BY FU	11. MARITAL STATUS 1 Never Merried 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. FORCES? 1 ☐ YES 2 IF YES, GIVE WAR OR DATES	□NO I	MAS DECENDENT OF HISPAI f yes, specify Cuben, Mexica I YES 2 NO Specifi	n, Puerto Rican, etc.)		RACE — American Indian, Black, White, etc. Specify:		
COMPLETED	15, OECEOENT'S EL (Specify only highest gra Elementary/Secondary (0-12)	DUCATION 16a.	DECEDENT'S USUAL OF (Give kind of work done of life, Do NOT use retired.)		16b. KIND OF BUS	SINESS/INDUST			
MP	12		Sales Re			al Sup	ply		
	17. FATHER'S NAME (First, Middle, Last) Charles	H. Vogelman			ME (First, Middle, Maiden le L. Leyh	Sumame)			
0	19a. INFORMANT'S NAME (Type/Print)	110 1090111011	19b. MAILING ADDRESS	(Street and Number or Rural		n, State, Zip Cod	(e)		
	Gertrude L. Voq			ridge Rd Bal		1227			
	20s. METHOD OF DISPOSITION 1 Burial 2 Cremation 3 Re	emoval from State 20b. PLA	er place)	me of cometery, crematory or		CATION — City			
	4 Donation 5 □ Other (Specify) = 21. SIGNATURE OF FUNERAL SERVICE	LICENSEE		ge Mem. Pk. NAME AND ADDRESS OF FA		sey, M	α.		
	Durch J.	Contre 9					8 Sulphur Spr.		
	23. PART I. Enter the diseases, o shock, or heart fellur IMMEDIATE CAUSE (Final disease or condition resulting in death)	e. List only one cause on each	lina.			iretory errest,	interval Between Onset and Death		
	IMMEDIATE CAUSE (Final disease or condition resulting in desth) Due to (or as a consequence of): Due to (or as a consequence of): Oue to (or as a consequence of):								
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	18 mo.							
TIFICATION	cause. Enter UNDERLYING CAUSE (Disease or Injury	DUE TO (OR AS A COR	THE PARTY	time use			Jean		
RTI	that initiated events resulting in death) LAST	d.							
S	PART II. Other significant condit	lons contributing to death but r	not resulting in the u	nderiying cause given ir	Part I, 24a, WAS AN	AUTOPSY	24b. WERE AUTOPSY FINDINGS		
IMPORTANT: IT 16em 28 18 marked, of 16em 23 shows any injury. O BE COMPLETED BY PHYSICIAN: MEDICAL CI		Ex resoure misste	PERFO		ANAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO				
IAN	25. WAS CASE REFERRED TO MEDICAL			26. PLACE OF DEATH (C	heck only one)				
PHYSICIAN:	1 YES 2 NO	HOSPITAL: 1 Inpatient 2 ER/Outpatier	nt 3 DOA 4 Nu	R: rsing Home 5 Residence	6 Other (Specify)				
BY PH	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	28a, DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? WORK? 1 YES 2 NO							
TED E	2 Accident 3 Suicide 6 Could not be determined 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)								
COMPLETE	(Check only 7	IYSICIAN: To the best of my knowledg					ause(e) and manner as stated.		
BE C	296. SIGNATURE AND TITLE OF CERTIFICATION	Taple yn. P.		D 1/	777	/	GNEO (Month, Day, Year)		
2	30. NAME AND ADDRESS OF PERSON VENNALD YAR	LETED CAUSE OF DEATH	UTEM 27) (Type, Print)	er Aug	BALTO M	1) 212	07		
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNATU		, -, -	<u> </u>				

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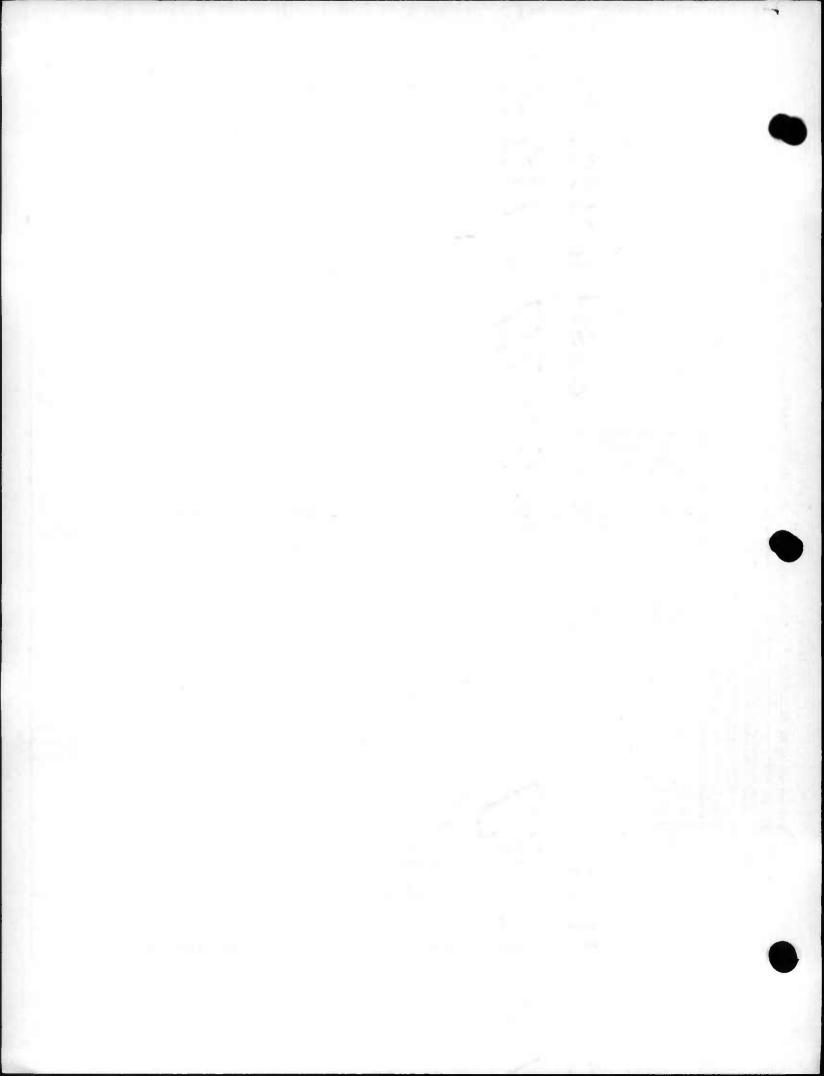
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OF VI	PHYSICIAN:
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	OH ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 27 noun
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	OR; After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3		П
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ENDING PHYSICIAN: The law requires that the death certificate be executed within 2- hours after death. Page 6 may be retained by the hospital or attending physician.	10		8 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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STATE REGISTRAR 1. DECEDENT'S NAME (First, Middle, Li	neth	- OLITTI	FICATE OF		REG. NO 2. DATE OF DEATH). 	3. TIME OF OEATH
I. DECEDENT S NAME (FIRST, MICOR), L	W. LEROY WO	DELPER			DEC. 2	1990	AR - 20
4. SOCIAL SECURITY NUMBER		AGE (In yrs. lest birthday	y) IF UNDER 1 YEAR	IF UNDER 24 HRS.	7 DATE OF BIRTH	Los	BIRTHPLACE (State or Foreign
212-10-1492 9e. FACILITY NAME (If not institution, g		90 YRS.		HOURS MIN.	JULY 21, 1	.900 °	MARYLAND
SUMMIT NURSING	HOME		CATONS				IMORE
MARYLAND 10b. COL	JNTY		ETY, TOWN OR LOCAL	TION			10d. INSIDE CITY LIMITS? YXX YES 2 \(\sqrt{1}\) NO
100. STREET AND NUMBER 600 LIGHT STREET	ET		10	21230			OF WHAT COUNTRY?
11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EV FORCES? 1 I	YES 2 NO	If yes, s	CENOENT OF HISPAN	NC ORIGIN? (Specify Yen, Puerto Rican, etc.)	s or No- 14.	RACE — American Indian, Black, White, etc. Specify: WHIT
15. DECEDENT'S (Specify only highest g Elementary/Secondary (0-12)	College (1-4 or 8+)	(Give kind o	r's usual occupation work done during me use retired.)	TOR		N SMEL	
17. FATHER'S NAME (First, Middle, Lest) WILLIAM WOELPI					ME (First, Middle, Melder GARRISON	sumeme)	
19a. INFORMANT'S NAME (Type/Print)		19b. MAJLIF	NG ADDRESS (Street		Route Number, City or Tov	wn, State, Zip Coo	do)
JEAN HERRING	(DAUGHTER)) 4 BLU	UE SPRUCE	COURT, H	ANOVER, PE	NNSYLV	ANIA 17331
20s, METHOD OF DISPOSITION 1 💢 Buriel 2 🗆 Cremation 3 🗀 I 4 🗆 Donation 5 🗀 Other (Specify)	Removal from State	OAKLAWN	CEMETERY	emetery, cremetory or		CATION — CHY	or Town, State , MARYLAND
21. SIGNATURE OF FUNERAL SERVICE							
29: PART I. Enter the diseases, shock, or heart failt	Withe	on each line.	LEROY 1630 o not enter the m	EDMONDSOI	SSELL C. W N AVENUE,C	CATONSV	ILLE, MD.212 Approximate Interval Between
22: PART I. Enter the diseases, shock, or heart falls immediate CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	or complications that cause in List only one cause of DUE TO (OR	on each line.	LEROY 1630 o not enter the m	M. & RU: EDMONDSOI	SSELL C. W N AVENUE,C	CATONSV	ILLE, MD.212 Approximate Interval Between
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22. PART I. Enter the disease, shock, or heart falls immediate CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	or complications that cause. List only one cause of the c	AS A CONSEQUENCE AS A CONSEQUENCE AS A CONSEQUENCE	LEROY 1630 o not anter the m corp: corp: corp:	M. & RU; EDMONDSOI ode of dying, suc	Part I. 24a. was al PERFO	CATONSV Diretory arrest,	Approximate interval Batwa Onset and De
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25. PART I. Enter the diseases, shock, or heart falls immediate CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant cond 25. WAS CASE REFERRED TO MEDICAE EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Matural 8 Pending investigat 3 Suicide 8 Could not determine 29e. CERTIFIER (Check only)	or complications that cause. a. DUE TO (OR b. DUE TO (OR c. OUE TO (OR d. Itions contributing to des AL HOSPITAL: 1 Inputient 2 EF (Month, Day, 1) 1000 28e. PLACE OF INI Duffding, etc.	AS A CONSEQUENCE AS A CONSEQU	LEROY 1630 o not anter the m corp: c	M. & RU; EDMONDSOI ode of dying, suc out to the second of	Part I. 24a. WAS AI PERFO 1 YES B Other (Specify) 28d. DESCRIBE HOW 28f. LOCATION (Street City or Yown, State of the cause(e) and many on the c	N AUTOPSY RMED? 2 PNO INJURY OCCUR	Approximate interval Between Onset and De On
25. PART I. Enter the diseases, shock, or heart falls immediate CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant cond 25. WAS CASE REFERRED TO MEDICAE EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Matural 8 Pending investigat 3 Suicide 8 Could not determine 29e. CERTIFIER (Check only)	or complications that cause. List only one cause as DUE TO (OR DUE TO (OR DUE TO (OR d.	AS A CONSEQUENCE AS A CONSEQU	LEROY 1630 o not anter the m corp: c	M. & RU; EDMONDSOI ode of dying, suc out to the second of	Part I. 24a. WAS AI PERFO 1 YES B Other (Specify) 28d. DESCRIBE HOW 28f. LOCATION (Street City or Town, Stets on the cause(e) and many others, and the cause(e) and the cause(e) and many others, and the cause(e) and the cause	NAUTOPSY PRIMED? 2 PRO INJURY OCCUR	Approximate interval Betwee Onset and De Ons



10a. STATE

DIRECTOR

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4. SOCIAL SECURITY NUMBER

215-01-1262

Md

10e. STREET AND NUMBER

1 Never Married 2 Married

Elementary/Secondary (0-12) 3rd Grade

17. FATHER'S NAME (First, Middle, Last)

31. DATE FILED (Month, Day, Year)

DEC 3

1990

3 🕅 Widowed 4 🗌 Divorced

11. MARITAL STATUS

UNIV. HOSPITAL

504 E. Lynn AVenue

15. DECEDENT'S EDUCATION (Specify only highest grade completed)

9a. FACILITY NAME (If not institution, give street and number,

MONTHS

10c. CITY, TOWN OR LOCATION

Baltimore

16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working

(Give kind of work done life. Do NOT use retired.)

Truck Driver

YRS.

IF UNDER 1 YEAR IF UNDER 24 HRS.

Baltimore

HOURS

9b. CITY. TOWN OR LOCATION OF DEATH

10f. ZIP CODE

21223

13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No-If yes, specify Cuban, Maxican, Puerto Rican, etc.)

1 YES 2 NO Specify:

18. MOTHER'S NAME (First, Middle, Maiden Surname)

DAYS

, SV,

12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO

IF YES, GIVE WAR OR DATES

College (1-4 or 5+)

8. AGE (In yrs, last birthday)

78

Wolfe

1 W 2 D F

5. SEX

YEAR

90

9c. COUNTY OF DEATH

U.S.A.

Baltimore

10g. CITIZEN OF WHAT COUNTRY?

Specify:

2. DATE OF DEATH

7. DATE OF BIRTH (Month, Day, Year)

11

29

16b, KIND OF BUSINESS/INDUSTRY

Sunpaper

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	ian.	I in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should
46	ours after death. Page 6 may be retained by the hospital or attending physicia	burial
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6	end	38
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BALTIMORE, MARYLAND 21203-3146	ained	hould
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DIVISION OF VITAL RECORDS, P.O. BOX 13146,

0	Leonard Wolfe				Jane Whit	by		
0	19a. INFORMANT'S NAME (Type/Print)		19b, MAJLING A	ODRESS (Street	and Number or Rural Route	e Number, City or T	own, State, Zip Co	de)
2	Edward E. Wolfe,	JR.	504 E	. Lynn	AVenue, Ba	altimore	, Md.	21223
l	20a. METHOD OF DISPOSITION 1 X Burial 2 Cremation 3 Remo	20b.	PLACE OF DISPOSIT			20c.	OCATION - City	or Town, State
	4 Donation 5 Other (Specify)	DVAN HOLLI OLLIC	Loud	on Park	Cemetery	В	altimor	e
	21. SIGNATURE OF FUNERAL SERVICE LIC	11 //		Hubba	nd Address of Facility and Funeral	Home In	С.	
	· Jockie N	Shann	on					e, Md. 2122
MEDICAL CERTIFICATION	23. PART/I. Enter the diseases, or a shock, or heart failure. IMMEDIATE CAUSE (Finst disease or condition resulting in death) Sequentially list conditions, if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other aignificant condition	B. DUE TO (OF AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A d.	CONSEQUENCE OF:	In	farction Anteny	Tt I. 24a. WAS	1310000 1100000	24b. WERE AUTOPSY FINDS AMAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH? 1 YES 2 NO
			P			18.00		
	25. WAS CASE REFERRED TO MEDICAL		184	28. F	PLACE OF DEATH (Check	only one)		
	EXAMINER?	HOSPITAL: 1 1 Inpution 2 ER/Outp		OTHER: 4 [] Nursing Ho	me 5 🗆 Rasidence 8 🗆	Other (Specify)		
וויי ומ	27. MANNER OF DEATH 1 Platural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME INJU	RY W	JURY AT ORK? YES 2 NO	d. OEŞCRIBE HO	W INJURY OCCUI	RED
2	3 Suicide 8 Could not be 4 Homicide determined	28a. PLACE OF INJURY building, etc. (Spec		reet, factory, offi	CB 26	Bf. LOCATION (Street, City or Town, St.		Rural Route Number,
	29a. CERTIFIER 1 CERTIFYING PHYS	ICIAN: To the best of my know						cause(a) and manner as sta

32. REGISTRAR'S SIGNATURE

lia Davidson-Randelle

90 33020

3. TIME OF DEATH

252

10d. INSIDE CITY LIMITS?

14. RACE — American Indian, Black, White, atc.

1X YES 2 NO

White

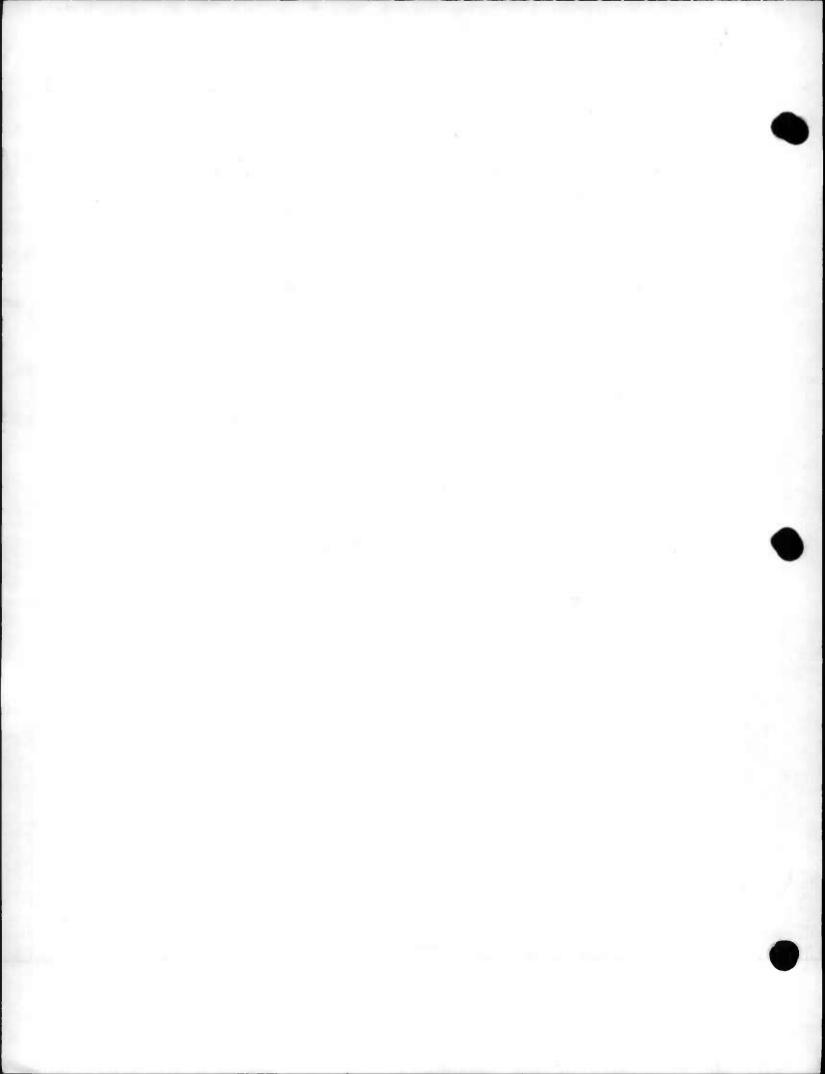
Approximate Onset and Death 36 hrs

4 months

24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?

8. BIRTHPLACE (State or Foreign

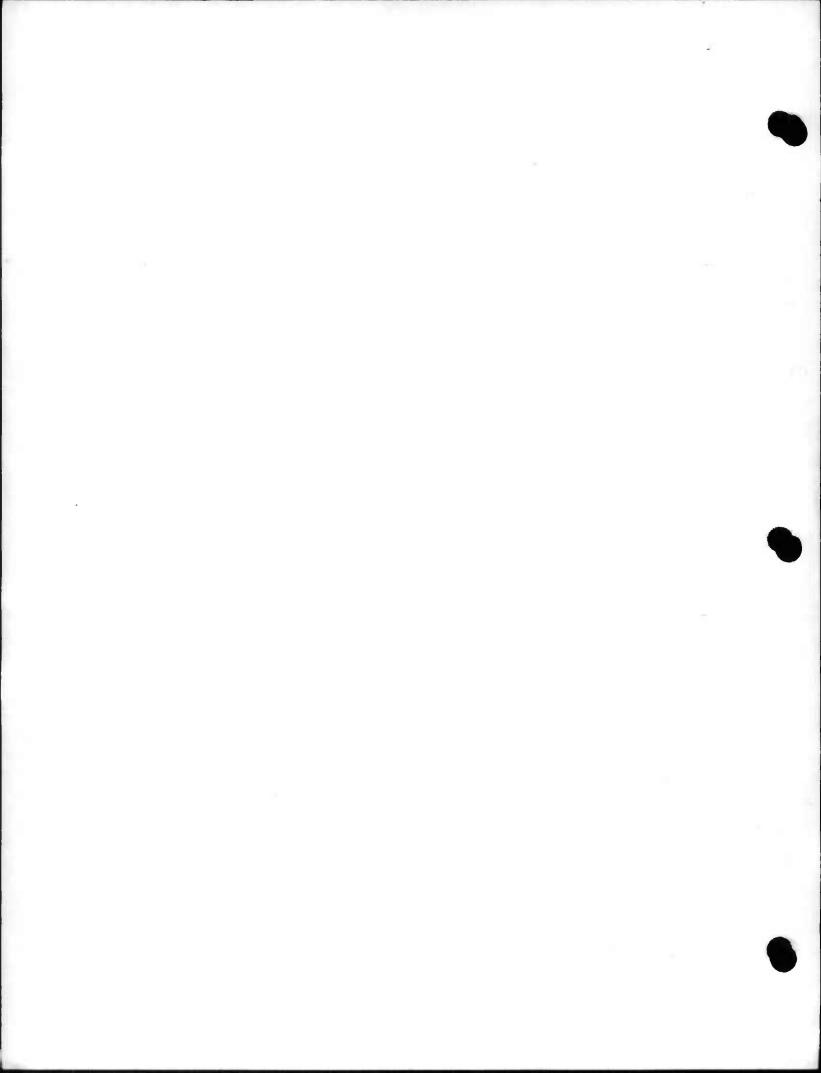
Talbott County



10	Sign	in in	
BALTIMORE, MARYLAND 21203-3146	nd ph	46E	
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DIVISION OF VITAL RECORDS, P.O. BOX 13146,	10	D	Hen
	(E)	VERAL 22)=
1	E I	京	AL
	TO T	TO THE FUNERAL DIFECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use-as-often burnal-trip he fine, with 72 was after death with the State Dest. of Health and Mental Holene prior to burlal, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
		,	-

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	1 - STATE REGISTRAR	STATE OF MARYL			F HEALTH		ENTAL HYGIEN REG. NO.	E 9(0 33021
700	1. OECEOENT'S NAME (First, Middle, Last)						2. DATE OF OEATH DA	V VE	3. TIME OF OEATH
	JOHN R	WILLI	AMS				11 2		
1		The same	in yrs. lest birthday)	IF UNDER 1 YE	AR IF UNDER	24 HRS.	7. DATE OF BIRTH (Month, Day, Year)		BIRTHPLACE (State or Foreign Country)
		1 DM 2 🗆 F	U YRS.				an		N,C,
~	9e. FACILITY NAME (If not institution, give stre				WN OR LOCATIO	N OF DEAT	тн	9c. COUNTY	
0	THE JOHNS HOPKINS	HOSPITAL		BALT	MORE			BALTIN	MORE CITY
DIRECTOR	10e. STATE 10b. COUNTY		10c. CIT	Y, TOWN OR L	. 4				10d. INSIDE CITY LIMITS?
ā	MD -			BA	4				1 AMES 2 NO
¥	10e. STREET AND NUMBER	4			10f, ZIP CODE				OF WHAT COUNTRY?
FUNERAL	1611 N. DAL	_			2/2				54
5	11. MARITAL STATUS 1 Never Merried 2 Merried	12. WAS DECEDENT EVER IN FORCES? 1 TES	U.S. ARMEO				ORIGIN? (Specify Yes Puerto Rican, atc.)	or No— 14.	RACE — American Indian, Black, White, etc.
BY	3 Widowed 4 Divorced	IF YES, GIVE WAR OR DA	ATE\$	10	YES 2 ANO	Specify:		1	Specify: BLACK
	15. OECEDENT'S EDUCA	TION	16a. OECEDENT'S	USUAL OCCU	PATION	_	16b. KIND OF BUS	BINESS/INDUST	
E	(Specify only highest grade of Elementary/Secondary (0-12)	College (1-4 or 5+)			g most of working	7	/	,/	
린	(2)	1	LAG	on			丁. H.	71.	
COMPLETED	17. FATHER'S NAME (First, Middle, Last)						E (First, Middle, Maiden		
BE	JOHN WILLIA	ms				UKK			
2	19a. INFORMANT'S NAME (Type/Print)	- 2	19b. MAILING				ute Number, City or Tow	n, State, Zip Coo	2/2/3
	Shelia Jacks		. PLACE OF DISPO				BAL	MD	or Town. State
	1 Buriel 2 Cremetion 3 Remon	ral from State		50 27		atory or			m D,
	21. SIGNATURE OF FUNERAL SERVICE LICE	NSEE	- Tricit	22. NAI	ME AND ADDRES	S Ur FAUI		<i>,,,</i>	5/2/3
	Betta Fu	neral 14	amo	1/	29 1	1.0	AnoLin	IF S	
	23. PART I. Enter the diseases, or co								, Approximate
	shock, or heert fellure. L IMMEDIATE CAUSE (Final			^					Interval Between Onset and Death
	disease or condition resulting in death)	Congestive	hurt.	faulu.	z				12 hrs
		40	-	OF):					001
NO	Sequentially list conditions,	Gr bless	CONSEQUENCE C	ND.					dy hos
F	if any, leading to immediate cause. Entar UNDERLYING	Gastric		,) C W4/	46-	and and		Years
임	CAUSE (Diseese or Injury that initiated events		CONSEQUENCE C			~ ()F-d-	Adoctions		1000
CERTIFICATION	reaulting in death) LAST								
	PART II. Other aignificant conditions	contributing to death b	urt not meniting	in the unde	dulan seuse n	duen in D	ert i. 24s. WAS AN	AUTOBOY	24b. WERE AUTOPSY FINDINGS
CAL	Asonation	Contributing to death of	At not resoning	m tha unde	llynig cause g	HVOII III F	PERFOR	RMEO?	AMAILABLE PRIOR TO COMPLETION OF CAUSE
							_ 1°CYES	NO	DF DEATH?
2	The same of the sa		-				-		1 TYES 2 NO
AN	25. WAS CASE REFERRED TO MEDICAL				28. PLACE OF D	EATH (Chec	k only one)		
PHYSICIAN: MED		HOSPITAL:	patient 3 DOA	OTHER:	Home 5 🗆 Re	sidence 6	☐ Other (Specify)		
Ϋ́H	27. MANNER OF DEATH	26a. DATE OF INJURY (Month, Day, Year)	26b. Tit		c. INJURY AT WORK?		28d. OEŞCRIBE HOW	NJURY OCCUR	RED
BY F	Natural 5 Pending 2 Accident Investigation	(morni, say, roar)			YES 2] NO			
ED E	3 Suicide 6 Could not be	28e. PLACE OF INJURY building, etc. (Spec	/ — At home, farm, cify)	street, factory	office		26f. LOCATION (Street City or Town, State)		Rural Route Number,
ETE	4 Homicide determined								
COMPLET	cont only	EIAN: To the best of my know							
Š	2 MEDICAL EXAMINER	: On the basie of examinatio	on end/or Investigat	ion, in my opin	lon, death occur	ed at the ti	ime, date and place, ar	d due to the c	ause(e) and manner as stated.
BE C	29b. SIGNATURE AND TITLE OF CERTIFIER			···	29c. LICE	NSE NUME	BER		IGNEO (Month, Day, Year)
10	1) Bason	imb	PARIA CONTINUE	61.0				P 1(1)	27/90
	30. NAME AND ADDRESS OF PERSON WHO	ohn (Hopk			A D.	LI	6 . N	717-17	
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGN		101481	De De	("T\W	1072,140	21207	
_	DEC 2 1000 A	& Navidson Ran	rla BR.						



FOR STATE REGISTRAR

	1. DECEDENT'S NAME (First, Middle, Last) Nelson	L. WHA	ARRAN	Sr.			MONTH	OI	1990	3. T	6:20 a
	4. SOCIAL SECURITY NUMBER 218 03 6027	5. SEX 8. AGE	(In yrs. lest birth	HS. MONTHS	1 YEAR DAYS	IF UNDER 24 HRS. HOURS MIN.	July	16, 19	920 6. 8		E (State or Foreign
ron	90. FACILITY NAME (If not institution, give to Franklin Square RESIDENCE OF DECEDENT					N LOCATION OF DE	ATH		altimo		
DIRECTOR	10a. STATE 10b. COUNT	altimore	100	ESSEX		TION					INSIDE CITY LIMITS? YES 2 2060
FUNERAL	100. STREET AND NUMBER 1 Brett Court					ZIP CODE 21221			10g. CITIZEN (COUNTRY?
BY	11, MARITAL STATUS 1 Never Married 2 Married 3000/idowed 4 Divorced	12. WAS DECEDENT EVER FORCES? YES IF YES, GIVE WAR OR	IN U.S. ARMED S 2 NO DATES W II	13.	If yes, sp	ecity Cuban, Mexicen NO Specify:	, Puerto Ricer			RACE — A Black, Wh Whit	American Indien, lite, atc.
E	15. DECEDENT'S EDU (Specify only highest grade		16a. DECEDE	ENT'S USUAL O nd of work done NOT use retired.)	CCUPATIO	ON st of working	16b. KIN	D OF BUSIN	ESS/INDUST	łY .	
COMPLET	Elementery/Secondery (0-12)	College (1-4 or 5 +)		Crib A				Fen	ce Com	pany	,
BE CON	17. FATHER'S NAME (First, Middle, Last) William Wharra	an				18. MOTHER'S NAM Coral		e, Maiden St aldwi			
TO B	19e. INFORMANT'S NAME (Typo/Print) Evelyn Wilson					nd Number or Rural R					.221
	Page METHOD OF DISPOSITION	noval from State	ob. PLACE OF D other place) Wesley			netery, crematory or					State Maryla
	21, SISHATURE OF FUNERAL SERVICE AT		Mestey	22. F	NAME AI	nd address of Facilities F	uneral	Hom	e PA		imore Co
	24 PART I. Enter the diseeses, or	complications that caus	ed the deeth.			Eastern					Approximate
	IMMEDIATE CAUSE (Finel disease or condition resulting in deeth)	Hypercarb Chronic 0	oia, Hy			nary Dise	ease-	end s	tage		Interval Between
ERTIFICATION	Sequentielly list conditions, if sny, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	c. DUE TO (OR AS d.									
MEDICAL CI	PART II. Other eignificent condition	ns contributing to death	but not resu	iting in the u	nderlyIn	g cause given in		n. WAS AN A PERFORM	ED?	CON OF	RE AUTOPSY FINDINGS JLABLE PRIOR TO MPLETION OF CAUSE DEATH? YES 2 NO
AN:	25. WAS CASE REFERRED TO MEDICAL				26. P	LACE OF DEATH (Ch	eck only one)				
YSICIAN	EXAMINER? 1 YES 2 NO	HOSPITAL:	utpatient 3 🗆 t	OTHE		ne 5 🗆 Residence	6 Other (Sp	oecify)			
Hd M	27. MANNER OF DEATH 1 X Natural 6 Pending 2 Accident investigation	26s. DATE OF INJURY (Month, Day, Year	7)	Bb. TIME OF INJURY M	1 🗌	JURY AT DRK? YES 2 NO			JURY OCCURE		
1	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJU- building, etc. (Sp	IRY — At home, pecify)	farm, street, fac	tory, offic	>e		ON (Street en bwn, State)	d Number ar R	ural Route	Number,
COMPLE	CONDUM OTHY	BICIAN: To the best of my kno ER: On the beste of examinar								use(e) en	d manner se stated.
O BE C	29b. SIGNATURE AND TITLE OF CERTIFIE	-el				29c, LICENSE NUM	ABER		29d. DATE SIG	aned (Mo	gin, Day, Yoar)
_	Daniel Kakuska				Squ	are Drive	e Balt	imore	21237	7	
	31. DATE FILED (Month, Day, Year) DEC 3 1990	32. REGISTRAR'S SH	GNATURE								
		(DHMH-16 Rev

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

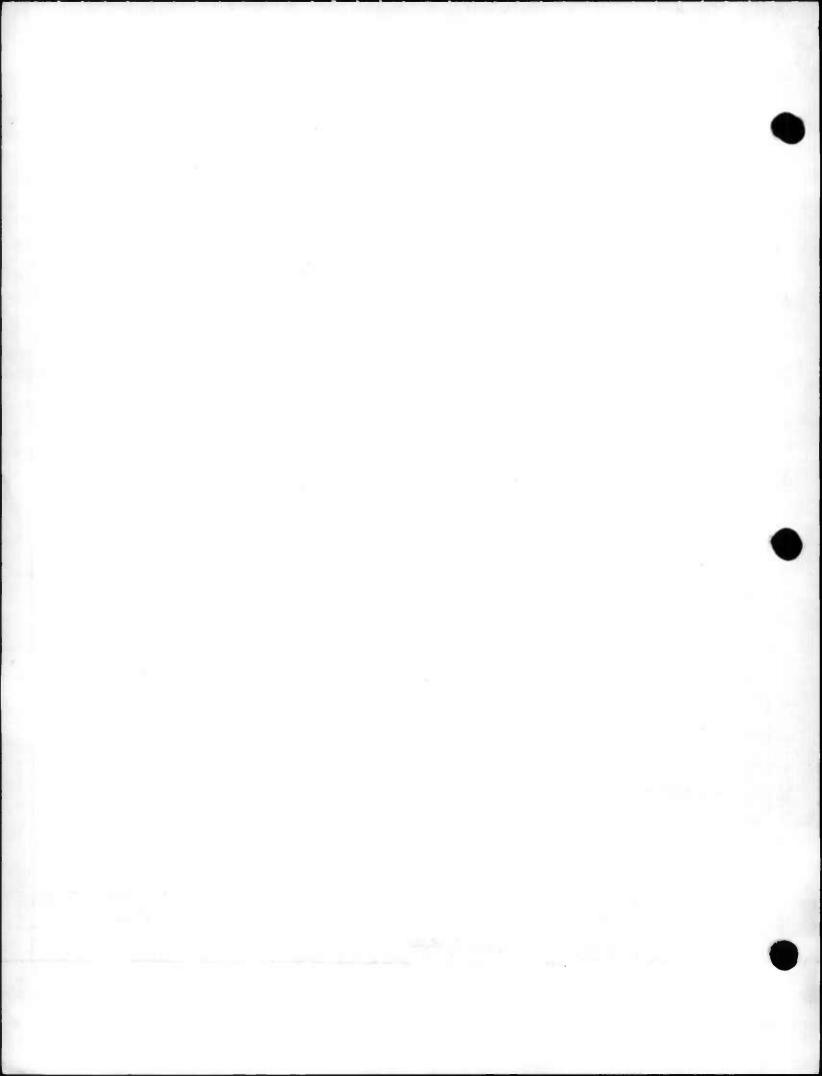
DHMH-16 Rev 1/89

90 33022

500 B .

1	1	J
DIVISION OF VITAL RECORDS, P.O. BOX 13146, BALTIMORE, MARYLAND 21203-3146	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a strong feeth. Page 6 may be retained by the theospital or attending physician. TO THE INVERIAL DIRECTOR, After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit error has find within 27 hours after death with the State Dect. of Health and Mertal Hydiene prior to burial, certailon." or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

1 - STATE REGISTRAR		C	ERTIF	CATE O	F DEATH		REG. NO.		
1. OECEDENT'S NAME (First, Middle, Leath	1 .					2. DATE	OF OEATH DAY	YEA	3. TIME OF DEATH
Sallie B. Wil						11	20	1 10	10:10 PM
4. SOCIAL SECURITY NUMBER 217-22-1463	5. SEX	6. AGE (In yrs. la:		IF UNDER 1 YEAR	-	7. DATE	SO - 15	8. BI	IRTHPLACE (State or Foreign ountry) S C
98. FACILITY NAME (If not institution, give	treet and number)				on Location of cl	EATH /		9c. COUNTY O	IF DEATH
RESIDENCE OF DECEDENT 10a. STATE MD 10b. COUNT	Υ		10c. CIT	Y, TOWN OR LO	CATION				10d. INSIDE CITY
			Bal	timor					1 A YES 2 NO
23 N. Fremont					101. ZIP CODE 2 1 2 0 1			USA	OF WHAT COUNTRY?
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Olvorced		IT EVER IN U.S. AI	RMED NO	If yes,	ECENDENT OF HISPA apocify Cuban, Mexic ES 2 X NO Speci	an, Puarto I		-	RACE — American Indian, Black, White, atc.
15, OECEDENT'S EOU (Specify only highest grade	ICATION completed)	(0	3hve kind of a	USUAL OCCUPA work done during		16b.	KIND OF BUSI	INESS/INOUSTF	iY
Etamentary/Secondary (0-12) 17. FATHER'S NAME (First, Middle, Last)	College (1-4 or 5	+)	Res	staura	nt				
17. FATHER'S NAME (First, Middle, Last) John Coleman					18. MOTHER'S N			Surname)	
100 INFORMANT'S NAME (Type/Print)		10	h MAILING	ADDRESS (Street	Cora		liams	State Zin Code	
EZekiel White	e Jr.		23 1	N. Fre	montAve	. , B	alto.	, MD	21201
20er METHOD OF DISPOSITION 1 Description Burlan Bu	noval from Stata	20b. PLACE other p	OF DISPOS	ng Mem	cemetery, cremetory or or ial P	K		ATION — City o	re, MD
21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE).	S101	IN		AND ADDRESS OF F				
IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. SUV DUE TO	O (OR AS A CONSE	OUENCE O	nc o	ury (amaz	jest jest	28- 5 ma	ain	Onset and Death
	ns contributing to	death but not	resulting	in the underly	ring cause given in	n Part I.	24s, WAS AN	ALITOPSY	24b. WERE AUTOPSY FINDINGS
							PERFORI	□ NO	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH					PLACE OF OEATH (C	Check only or	10)		
1 VES 2 NO	HOSPITAL:	☐ ER/Outpatient	3 🗆 DOA	OTHER:	lome 5 - Residence	8 🗆 Othe	H (Specify)		
27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	28a. DATE Of (Month, i	F INJURY Day, Year)	20b. TIN	JURY	INJURY AT WORK?	28d. DE	SCRIBE HOW IN	JURY OCCURE	D
	28a. PLACE (building	OF INJURY — At h	ome, farm,	street, factory, o	ffica		ATION (Street a or Town, State)	nd Number or Ri	ural Route Number,
Control of the					lete and place, end do				use(e) and manner se stated.
296. SIGNATURE AND TITLE OF CERTIFIE 296. SIGNATURE AND TITLE OF CERTIFIE 296. SIGNATURE AND ADDRESS OF RESPONSIVE	ER U	mo			29c. LICENSE N	UMBER		29d. DATE SIG	SNED (Month, Day, Year) 28190
30. NAME AND ADDRESS OF PERSON W	VUULL COMPLETED CAL	USE OF DEATH (IT	27) (Type	(Aree	NH BO	4	mo	2121	07
31. DATE FILED (Month, Day, Year)		AR'S SIGNATURE	2.00			- 1			
DFC 3 1990	gulie Day	idson-Nonk	A DEC						



RECORDS, P.O. BO	equires that the death certificate	n signed by the attending physic of Health and Mental Hygiene pric
DIVISION OF WITH RECORDS, P.O. BO	TO THE HOSPITAL OR ATTENDING PHY CONTENT IN Equires that the death certificate	TO THE FUNERAL DIRECTOR: After this permission is signed by the attending physic be filed within 72 hours after death with the same of the distribute and Mental Hygiene price.

- 18	1. DECEDENT'S NAME (First, Middle, Last)	MESTIS							2. DATE	OF DEATH	.v	YEAR	3. TIME OF DEATH
L	THOMAS	WHITFIE	ELD							21/199		TEAN	6A.M.
F	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs.		IF UNDER 1 1	_	IF UNDER	MIN.		OF BIRTH		8. BIRT	HPLACE (State or Foreignity)
L	059-24-8775	1 XM 2 F	74 74	YRS.	MONTHS		noons	wire.		26/19:	16		RGINIA
	9a. FACILITY NAME (If not institution, give	street and number)	700.0		9b. CITY, T	OWN OR	LOCATI	ON OF DE	ATH		9c. COU	INTY OF	DEATH
L	1541 HOMESTEAD S	STREET,			BAL	TIMO	ORE						
	RESIDENCE OF DECEDENT 10a, STATE 10b, COUNT	γ		10c, CIT	Y, TOWN OR	LOCATIO	ON					_	10d. INSIDE CITY
1	MARYLAND				ALTIM								LIMITS?
11-	10e. STREET AND NUMBER			1 1	ALITI	-	ZIP COD	E			10g. CIT	IZEN OF	WHAT COUNTRY?
	1541 HOMESTEAD ST	rpeer RA	TTTMODE	C MD			2121	0			TICA		
	11. MARITAL STATUS	12. WAS DECEDE	NT EVER IN U.S.	ARMED	13. WA				VIC ORIGIN	1? (Specify Yes	USA or No-	14. RAC	CE American Indian,
	1 Never Married 2 🕅 Married	FORCES?	1 YES 2 WAR OR DATES	NO				n, Mexica Specify		Rican, etc.)		Blac	ck, White, etc.
L	3 Widowed 4 Divorced	10.014.				,	44						ACK
Г	15. OECEOENT'S EDI (Specify only highest grad		16e.		USUAL OCC			ina	16b	KIND OF BU	SINESS/IN	DUSTRY	
╟	Elementary/Secondary (0-12)	College (1-4 or 5	+)	Ma. Do NOT u	se retired.)								
L	12			BRICK	LAYE	R				SELF F	EMPLO	YED	
ľ	17. FATHER'S NAME (First, Middle, Last)						18. MOT	NER'S NA	ME (First, I	Middle, Maiden	Surname)		
L	REV. TOM WHITE	FIELD	(THOM							WHITE			
	19a. INFORMANT'S NAME (Type/Print)									ber, City or Tow			
11-	ROSE MARSHALL WE	HITFIELD								ALTIMO			
	20a. METHOD OF DISPOSITION 1 ∰ Burial 2 ☐ Cremation 3 ☐ Rer	noval from State	other	place)	SITION (Name			metory or		1000			Town, Stata
11-	4 Donation 6 Other (Specify)		_ CEL	AR HI	LL CE					BRC	OKLY	N, N	MD.
Г	21. BIGNATURE OF FUNERAL SERVICE L	ICENSEE ()	1		ES'	TEP	RRO	SS OF FA	CILITY	MEDAT	HOME	D /	
ı	Mand N	1 Chil							5 11	NP.KAL.	LI LIMIT		4 -
		CIV	4							NERAL BALTI		-	
T	23. PART I. Enter the discesses, or	complications th	at caused the	death. Do	130	00 E	EUTA	W PL	ACE,	BALTI	MORE	, MI	21217
ш	shock, of fleert fallure.	complications the	at caused the	death. Do ine.	130	00 E	EUTA	W PL	ACE,	BALTI	MORE	, MI	D. 21217
	shock, of fleet fellure. IMMEDIATE CAUSE (Finel disease or condition	. List only one ca	use on each l	ine.	130 not enter th	OO E	EUTA le of dy	W PL	ACE,	BALT]	MORE	, MI	Approximate interval Bette Onset and C
	shock, of fleert failure. IMMEDIATE CAUSE (Finel	a. ME	at caused the use on each light of the control of t	ine. CAR	not enter the	OO E	EUTA le of dy	W PL	ACE,	BALT]	MORE	, MI	Approximate interval Bets
	shock, of Heart failure. IMMEDIATE CAUSE (Finel disease or condition resulting in death)	a. ME	ASTATIC	ine. CAR	not enter the	OO E	EUTA le of dy	W PL	ACE,	BALT]	MORE	, MI	Approximate interval Bette Onset and C
	shock, of fleet fellure. IMMEDIATE CAUSE (Finel disease or condition	a. METOUE TO	ASTATIC	CAR SEQUENCE (not enter the	OO E	EUTA le of dy	W PL	ACE,	BALT]	MORE	, MI	Approximate interval Bette Onset and C
	shock, of fleert feilure. IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	a. METOUE TO	ASTATICO (OR AS A CON	CAR SEQUENCE (not enter the	OO E	EUTA le of dy	W PL	ACE,	BALT]	MORE	, MI	Approximate interval Bette Onset and C
	shock, of beert failure. IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	a. METOUE TO OUE	ASTATICO (OR AS A CON	SEQUENCE C	130 not enter the CANON	OO E	EUTA le of dy	W PL	ACE,	BALT]	MORE	, MI	Approximate interval Bet Onset and to
	shock, of fleert failure. IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	a. METOUE TO OUE	ASTATICO OR AS A CON	SEQUENCE C	130 not enter the CANON	OO E	EUTA le of dy	W PL	ACE,	BALT]	MORE	, MI	Approximate interval Bet Onset and to
	shock, of beert failure. IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a. METOUE TO DUE TO C. OUE TO d.	O (OR AS A CON	SEQUENCE (130 not enter the CUNON PF):	OO E	EUTA le of dy	W PL	ACE, the as carried Soft	BALTI	MORE tratory sa	C, MI	21217 Approximatinterval Bet Onset and I
	shock, of fleert feilure. IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a. METOUE TO OUE	O (OR AS A CON	SEQUENCE (130 not enter the CUNON PF):	OO E	EUTA le of dy	W PL	ACE, the as carried Soft	BALTI disc or reep A U.S. 24a. WAS AM PERFO	MORE Iratory su irator	C, MI	Approximate Interval Bet Onset and U S MONTY
	shock, of beert failure. IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a. METOUE TO OUE	O (OR AS A CON	SEQUENCE (130 not enter the CUNON PF):	OO E	EUTA le of dy	W PL	ACE, the as carried Soft	BALTI disc or reep A U.S.	MORE Iratory su irator	C, MI	Approximate interval Bate Onset and I S MONTY Ab. WERE AUTOPSY FINI MAILABLE PRIOR TO COMPLETION OF CA OF DEATH?
	shock, of fleert feilure. IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a. METOUE TO OUE	O (OR AS A CON	SEQUENCE (130 not enter the CUNON PF):	OO E	EUTA le of dy	W PL	ACE, the as carried Soft	BALTI disc or reep A U.S. 24a. WAS AM PERFO	MORE Iratory su irator	C, MI	Ab. WERE AUTOPSY FINE MALABLE PRIOR TO COMPLETION OF CAL OF DEATH?
	shock, of fleet feilure. IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificent conditions.	a. METOUE TO OUE	O (OR AS A CON	SEQUENCE (130 not enter the CUNON PF):	OO Ene mode	EUTA le of dy OF	W PL	ACE, the second	BALTI disc or reep A U.S. 24a. WAS AA PERFO 1 YES	MORE Iratory su irator	C, MI	Ab WERE AUTOPSY FINI MAILABLE PRIOR TO COMPLETION OF CALOF DEATH?
	shock, of fleert feilure. IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificent conditions. CARDIAC FAILS 25. WAS CASE REFERRED TO MEDICAL EXAMINER?	a. METOUE TO OUE	O (OR AS A CON O (OR AS A CON O (OR AS A CON O (OR AS A CON	SEQUENCE C	130 not enter the CUNON OFF;	OO E ne mode	OF	W PL	ACE, the account of the section of t	BALTI disc or reep A U.S. 24a. WAS AN PERFO 1 US:	MORE Iratory su irator	C, MI	Approximate interval Bate Onset and I S MONTY Ab. WERE AUTOPSY FINI MAILABLE PRIOR TO COMPLETION OF CA OF DEATH?
	shock, of fleert feilure. IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST PART II. Other algnificent conditions. CARDIAC FAILS 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	a. METOUE TO OUE	O (OR AS A CON	SEQUENCE C	130 not enter the CUNON PF): PF): In the und OTHER: 4 □ Number	OO E ne model of the model of t	Cause	W PL	Part I.	BALTI disc or reep A U.S. 24a. WAS AN PERFO 1 US:	MORE iratory su irator	rrest,	Ab WERE AUTOPSY FINI MAILABLE PRIOR TO COMPLETION OF CALOF DEATH?
	shock, of fleert feilure. IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificent conditions. CARDIAC FAILS 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATN	a. METOUE TO OUE	O (OR AS A CON	SEQUENCE C SEQUENCE C SEQUENCE C	130 not enter the CUNON PF): PF): In the und OTHER: 4 □ Number	OO E ne model AA PAA 28. PLA 98. PLA 99. NIN-JU WOR	Cause	W PI.	Part I.	BALTI disc or reep A U.S. 24a. WAS AN PERFO 1 US:	MORE iratory su irator	rrest,	Ab. WERE AUTOPSY FINE MALABLE PRIOR TO COMPLETION OF CAL OF DEATH?
	shock, of fleet feilure. IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificent condition CARDIAC FAILURE 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATN 1 Netural 6 Pending investigation	a. METOUE TO OUE	O (OR AS A CON O (OR	SEQUENCE C SEQUENCE C SEQUENCE C SEQUENCE C	OTHER:	28. PLA	Cause Cause	W PI.	Part I.	BALTI disc or reep A U.S. 24a. WAS AN PERFO 1 YES TO YES TO SCRIBE NOW	AUTOPSY RMED? 2 2010	24 CCURED	Approximate interval Bette Onset and C S MONTY. 4b. WERE AUTOPSY FINE MAILABLE PRIOR TO COMPLETION OF CAI OF DEATH? 1 YES 2 NO.
	shock, of fleet feilure. IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificent conditions. CARDIAC FAILS 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATN 1 Netural 6 Pending	a. METOUE TO OUE	O (OR AS A CON	SEQUENCE C SEQUENCE C SEQUENCE C SEQUENCE C	OTHER:	28. PLA	Cause Cause	W PI.	Part I.	BALTI disc or reep A U.S. 24a. WAS AN PERFO 1 YES TO YES TO SCRIBE NOW	I AUTOPSY RMED?	24 CCURED	Ab WERE AUTOPSY FINI MAILABLE PRIOR TO COMPLETION OF CALOF DEATH?
	shock, of fleet feilure. IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST PART II. Other algnificent conditions. CARDIAC FALLS 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATN 1 Netural 6 Pending Investigation Suicide 6 Could not be determined	a. METOUE TO OUE	O (OR AS A CON O (OR	SEQUENCE C SEQUENCE C SEQUENCE C SEQUENCE C	OTHER:	28. PLA	Cause Cause	W PI.	Part I.	BALTI disc or reep A U.S. 24a. WAS AN PERFO 1 US: 1 VES:	I AUTOPSY RMED?	24 CCURED	Approximatinterval Bet Onset and I S MONTY 4b. WERE AUTOPSY FRIN MAILABLE PRIOR TO COMPLETION OF CA OF DEATH? 1 YES 2 NO.
	shock, of fleet feilure. IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST PART II. Other algnificent conditions. CARDIAC FALLS 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATN 1 Natural 6 Pending Investigation investigation determined 29a. CERTIFIER (Check only) 1 CERTIFYING PNY	a. METOUE TO OUE	O (OR AS A CON O (OR	SEQUENCE C	130 not enter the CUNON OF): OF): OF): OTHER: 4 ONUSIN	OO E ne mode AAA 28. PLA 19. WOR 1 Y, office	Cause Cause Cause Cause Cause Cause Cause Cause Cause	W PI.	Part I.	BALTI disc or reep A U.S. 24a. WAS AN PERFO 1 US: 1 VES:	MORE iratory si	CCURED or or Rura	Approximatinterval Bet Onset and I S MONTY 4b. WERE AUTOPSY FRIN MAILABLE PRIOR TO COMPLETION OF CA OF DEATH? 1 YES 2 NO.
	shock, of fleet feilure. IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificant condition CARDIAC FALLS 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATN 1 Netural 6 Pending Investigation 3 Suicide 6 Could not be determined 29a. CERTIFIER A PARTICULAR DESCRIPTION PROPERTY.	a. METOUE TO DUE	O (OR AS A CON O (OR	SEQUENCE C	130 not enter the CUNON OF): OF): OF): OF): OTHER: 4 OTHER: 4 ONURING ME OF JUNRY M street, factor	OO E ne model AA Partyling 28. PLA Pag Normal WOR 1 YI Y, office	Cause Cause Cause and place and p	W PI. ring, suc	Part I. Beck only on Chy To the ca	BALTI disc or reep A U.S. 24a. WAS AN PERFO 1 YES : OF (Specify) SCRIBE NOW CATION (Street or Town, State use(s) and ma	AUTOPSY MED? 2 PATO	CCURED CCURED or or Rura	Approximate interval Bette Onset and C S MONTY 4b. WERE AUTOPSY FINE MAILABLE PRIOR TO COMPLETION OF CALOF DEATH? 1 YES 2 NO.
	shock, of fleet feilure. IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificent condition CARDIAC FAIL 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATN 1 Netural 6 Pending Investigation 3 Suicide 6 Could not be determined 29a. CERTIFIER (Check only) 1 CERTIFYING PNY	B. OUE TO OUE	D (OR AS A COND O (OR AS A CON	SEQUENCE (130 not enter the CUNON OF): OF): OTHER: 4 Nursh ME OF 12 JURY M 2 street, factor red at the time that th	OO Ene mode AAA erfying 26. PLA 90 Nome WOR 1 Y	Cause Cause Cause ACE OF	given in	Part I. 28d. DE 28f. LOC City to the ca	BALTI disc or reep A U.S. 24a. WAS AN PERFO 1 YES: (Specify) SCRIBE NOW CATION (Street or Town, State use(s) and ma	AUTOPSY RMED? 2 PO NO NUMBER OF THE PROPERTY	CCURED or or Rura leted.	Approximate Interval Bet Onset and I S MONTY No. WERE AUTOPSY FINI AMALABLE PRIOR TO COMPLETION OF CA OF DEATH? 1 YES 2 NO.

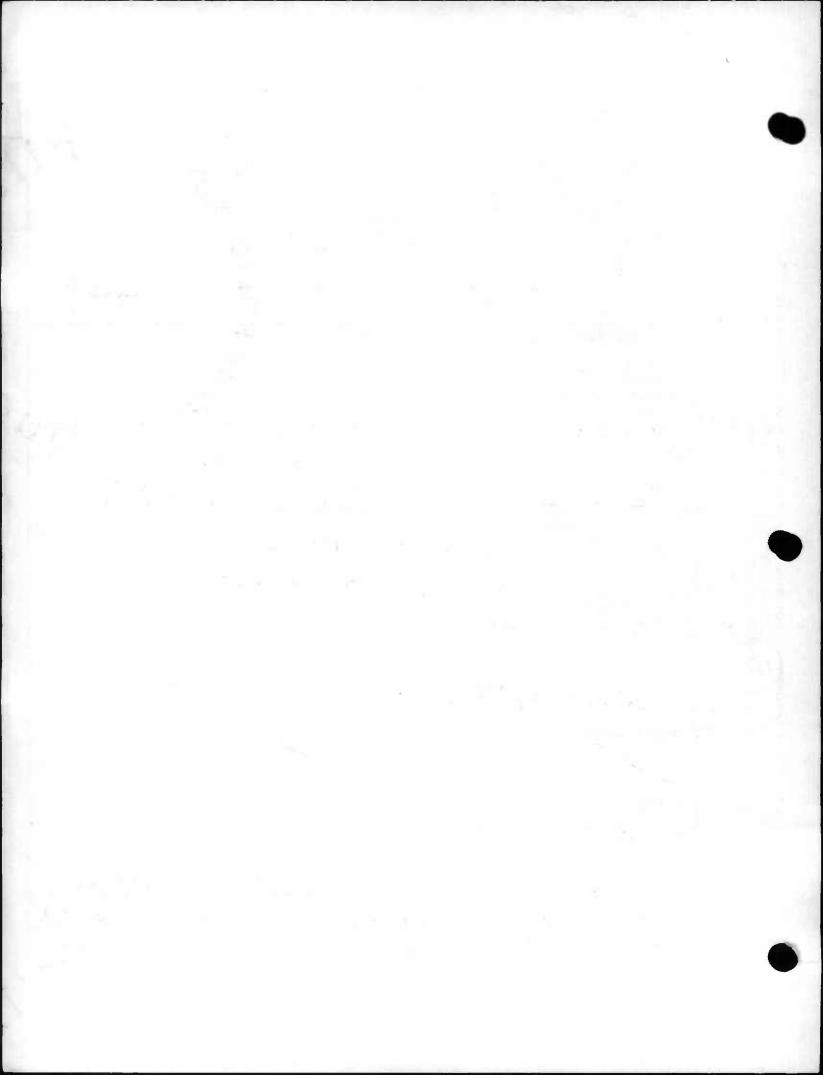
DHMH-16 Rev 1/89



DIVISION OF VITAL RECORDS, 8 0. BOX 13146,

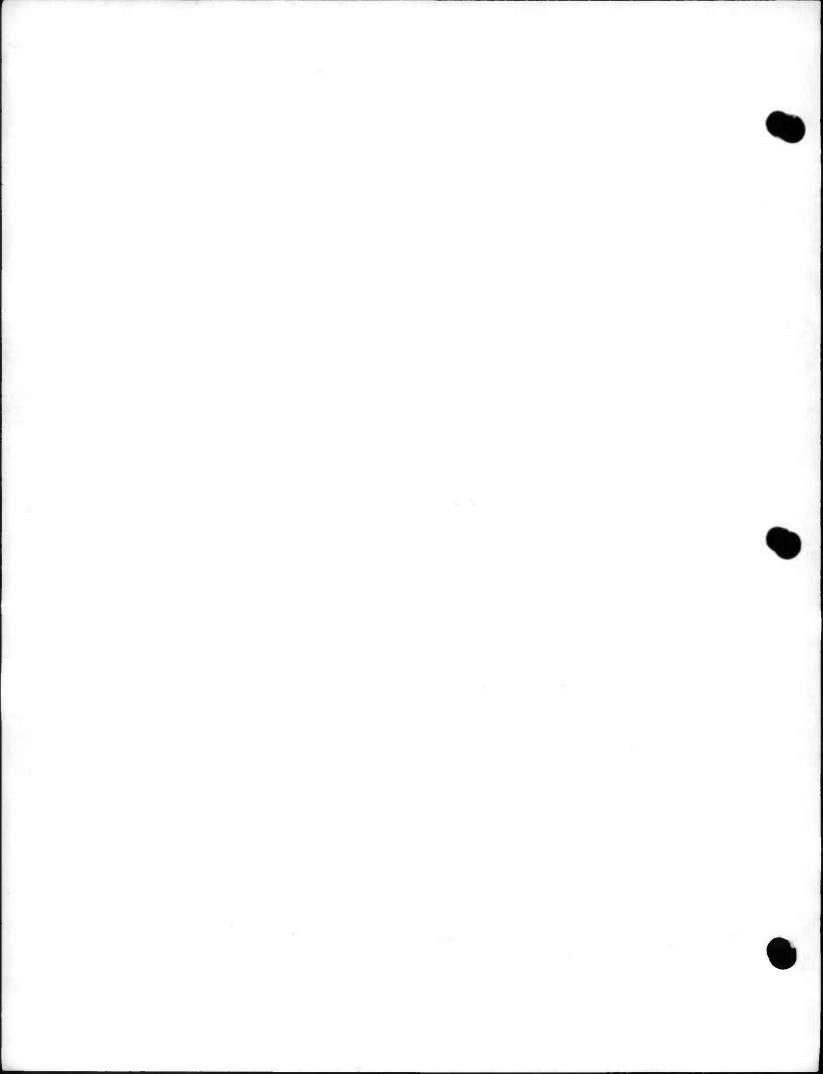
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law mounts free for a contraction of the contraction of the hospital or attending physician.	this certificate has seen upon to we hard physician and completely filled in by the funeral director, page 5 should be detached for use as the burlat-transit permit. Pages 1, 2, 3 should with the State Dept. or the state Dept. or the state Dept. or the prior to burlat, cremation, or removal.	IMPORTANT: It item 28 is marked, or item 23 shows any investor ether-traumatic event, the medical examiner must be notified at once.	
T.	F	Ě	
1	N Po	E	
TO THE HOSPITAL OR ATTENDING PHYSICIAN; The law requires in	TO THE FUNERAL DIRECTOR: After this certificate has seen some be filed within 72 hours after death with the State Dep. of Hearth	IMPORTANT: It item 28 is marked, or item 23 shows am	

	FOR STATE REGISTRAR	STATE OF MARYLAND	/ DEPARTMENT O		MENTAL HYGIENE REG. NO.	50	33025		
	1. DECEDENT'S NAME (First, Middle, Last) ANTHONY ABRA				2. DATE OF DEATH	[990 YEA	3. TIME OF DEATH		
	4. SOCIAL SECURITY NUMBER 216-03-1553	5. SEX 1 1 M 2 F F 74	YRS. MONTHS D	AYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 10/15/191	8. BI	RTHPLACE (State or Foreign units) Maryland		
TOR	99. FACILITY NAME (If not institution, give st 2311 Sidney Ave			imore City	ty (Westport) N/A				
DIRECTOR	Maryland N/A		Baltimor	ocation e City (Wes	stport)	10d. INSIDE CITY LIMITS? 1 X YES 2 NO			
FUNERAL		2311 Sidney Avenue,			101. ZIP CODE 109. CITIZ				
₩	11. MARITAL STATUS 1 Never Married 2 X Merried 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. A FORCES? 1 1 YES 2 IF YES, GIVE WAR OR DATES WW 2	NO If yo	B DECENDENT OF NISPAN Be, specify Cuben, Mexican YES 2 XNO Specify	, Puerto Rican, etc.)		ACE — American Indian, Black, White, atc. pacify: White		
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12) 10th		IPATION ing most of working	16b. KIND OF BUS		N'			
ME	17. FATNER'S NAME (First, Middle, Last)		Auto Mecha		Automobi				
Ö	Peter Abramuk			Chris		,			
BE C	190. INFORMANT'S NAME (Type/Print)		19b. MAILING ADDRESS (S	treet and Number or Rural F		n, State, Zip Code)		
2	Mr. Peter A. Ab	ramuk	2311 Sidn	ey Avenue,	Baltimore.	Maryl	and 21230		
	20e. METHOD OF DISPOSITION 1X Aburial 2 Cremation 3 Rem 4 Donation 5 Other (Specify)	oval from State Ho Ty	e of disposition (Name place) Trinity Ru	ssian Ortho	dox Cem. E	CATION - City of	e. Maryland		
	21. SIGNATURE OF FUNERAL SERVICE LIC	Kevin E. Ec	ker Mc	ME AND ADDRESS OF FA Cully Funer 7 E. Pataps	al Home of	Brook	1vn		
	23. PART I. Enter the diseases, or cannot be seen that the	Complications that caused the C List only one cause on each list		e mode of dying, such	h aa cardiac or reapi	ratory arrest,	Approximata Interval Between Onset and Death		
	resulting in death)	DUE TO (OR AS A CONS	EQUENCE OF):	J. Chi	200				
ATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A CONS	EQUENCE OF):	and all so	11/30				
CERTIFICATION	CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (OR AS A CONS	SEQUENCE OF):						
LC	PART ii. Other aignificant condition	ne contributing to death but no	t resulting in the unde	riying ceuse given in	Part I. 24s. WAS AN	AUTOPSY	24b. WERE AUTOPSY FINDINGS		
PHYSICIAN: MEDICA	solere	emphysen	MA		PERFOR	/	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
N	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	1	26. PLACE OF DEATH (Ch	eck only one)				
YSIC	1 TYES 2 HO	1 Inpatient 2 ER/Outpatient	3 DOA 4 Nursin	g Home 5 Trealdence	6 Other (Specify)				
ву РН	27. MANNER OF DEATH 1 Return 5 Pending 2 Accident investigation	28a. DATE OF INJURY (Month, Day, Year)	INJURY M	Ic. INJURY AT WORK? 1 YES 2 NO	28d. DEŞCRIBE NÖW 1	NJURY OCCURE	D		
	3 Suicide 5 Could not be 4 Homicide determined	28e. PLACE OF INJURY — At building, etc. (Specify)	home, farm, street, factor	y, office	28f. LOCATION (Street (City or Yown, State)		ural Route Number,		
COMPLETED	CONTROL OF MY	ER: On the best of my knowledge,					use(s) and manner as stated.		
8	296. SIGNATURE AND TITLE OF CERTIFIE	AMEYMA	7	29c. LICENSE NUI	860	29d. DATE SIG	SNED (Month, Day, Year)		
5	30. NAME AND ADDRESS OF PERSON WE CHRISTO PITE	O COMPLETED CAUSE OF DEATH (T	TEM 27) (Type, Print) ARNEY	MO 7	00 WASH.	BIVD	BAZTMO		
	DEC 4 1990	12. REGISTRAR'S SIGNATURE	ndell				21230		



TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2 metric after death. Page 6 may be retained by the hospital or attending physician.	INECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	De filed Within 12 flows after beaut with the caller begin, or heads any mental trypers, provided at concernance of the medical examiner must be notified at once.
TO THE HOSPITAL OR ATTENDING PHYSIC	TO THE FUNERAL DIRECTOR: After this co	IMPORTANT: If Item 28 is marked,

FOR STATE REGISTRAR	STATE OF MA		DEPARTA				MENTAL	HYGIEN	E	90	33026
1. DECEDENT'S NAME (First, Middle, Last)								OF DEATH		YEAR 3	. TIME OF DEATH
Raymond			ADAM	S			МОНТН Пос	embe		100	3:00 p
4. SOCIAL SECURITY NUMBER	5. SEX (S. AGE (In yrs. In		UNDER 1 YEA	IF UNDE	R 24 HAS.	7. DATE (OF BIRTH	1	O. BIRTHPL	ACE (State or Foreign
232-26-2394	1 ⊠ M 2 □ F	71	YRS. MO	NTHS DAY	HOURS	MIN.	Dec	.6 19	18	Wes:	tVirgini
9e. FACILITY NAME (If not institution, give st	mot and number)		01	CITY TOW	N OR LOCAT	ION OF DE				ITY OF DEA	
Franklin Squa		ital		3. CITY, 10W		svi					re Count
10+. STATE 10b. COUNTY	ltimore		10c. CITY, T	OWN OR LO	cation ldle	Rive	er			- 1	0d. INSIDE CITY LIMITS?
10e. STREET AND NUMBER 30 Left Wing Drive							1220		ZEN OF WH	AT COUNTRY?	
11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT FORCES? 1 [IF YES, GIVE WA	YES 2		If yes,	ECENDENT specify Cub	en, Mexice	n, Puerto F	? (Specify Yee lican, etc.)	or No—	14. RACE - Bleck, Specify:	- American Indian, White, etc. White
60.0							Low		1		WIIICC
15, DECEDENT'S EDUC (Specify only highest grade	completed)	1	ECEDENT'S US Give kind of work	done during	NTION most of work	dng	166.	KIND OF BUS	BINESS/IND	USTRY	
Elementery/Secondery (0-12)	Callege (1-4 or 5 +)	- III	le. Do NOT use n	etined.)					01/		
12th			Part	Dis	isio	n			GM		
17. FATHER'S NAME (First, Middle, Lest)					16. MO	THER'S NA		liddle, Maiden			
Walter Adams					E	dith	n S	immon	S		
19e, INFORMANT'S NAME (Type/Print)		1	9b. MAILINO AS	ORESS (Stre	et end Numb	er or Rural	Route Numb	er, City or Tow	n, Stetu, Zip	Code)	
Mary Adams											21220
20e. METHOD OF DISPOSITION			E OF DISPOSITI						CATION —		
1 Buriel 2 Cremetion 3 KReme	oval from State	other I	edtGle	on (Name of	cometery, cre	omatory or	+ 0 × 11	200. 00			
4 Donetion 5 Other (Specify)		FOL	BACGIE					GI	eens	SPLTI	ngW.VA.
21 SIGNATURE OF FUNERAL SERVICE LICE	ensee	Ha	200)		elly			Home3	OOMA	AceA	7e.21221
IMMEDIATE CAUSE (Final disease or condition resulting in deeth)		Tapneum or as a cons									Onset and Dea
Sequentially list conditions, if sny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST	c	OR AS A CONS									
Chronic Obstructive Pulmonary Disease Performed? 1X yes 2 □ No DF									WERE AUTOPSY FINDING MAILABLE PRIOR TO COMPLETION DF CAUSE DF DEATH? 1 YES 2 NO		
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		10	THER:	S. PLACE OF	DEATH (C	heck only or	10)			
1 🗆 YES 2 💢 NO	1X Inpatient 2 🗆	ER/Outpatient			Home 5 🗆	Residence	6 🗆 Othe	r (Specify)			
27. MANNER OF DEATH	26e. DATE OF		26b. TIME (INJURY AT WORK?		28d. DE	SCRIBE HOW	INJURY OC	CURED	
1 Netural 5 Pending	(Month, Da	y, 10as)	INJUI		YES 2	□ NO					
2 Accident investigation 3 Suicide 6 Could not be 4 Homicide determined	26e. PLACE Of building, o	INJURY — At letc. (Specify)	home, ferm, str	et, factory,	office			ATION (Street or Town, State		r or Rural Ro	ute Number,
(Critick Orlly	CIAN: To the best of ex										end manner ee stated.
29b. SIGNATURE AND TITLE OF CERTIFIE	R C				29c. Li	ICENSE NU	IMBER		29d. DAT	E SIONED	Month, Day, Year)
	1011	DRY	MD			** /			D.		
Casrel	you	011									4 4 ^
		-		rint)		N/	Α		De	ecem	<u>ner 1,19</u>



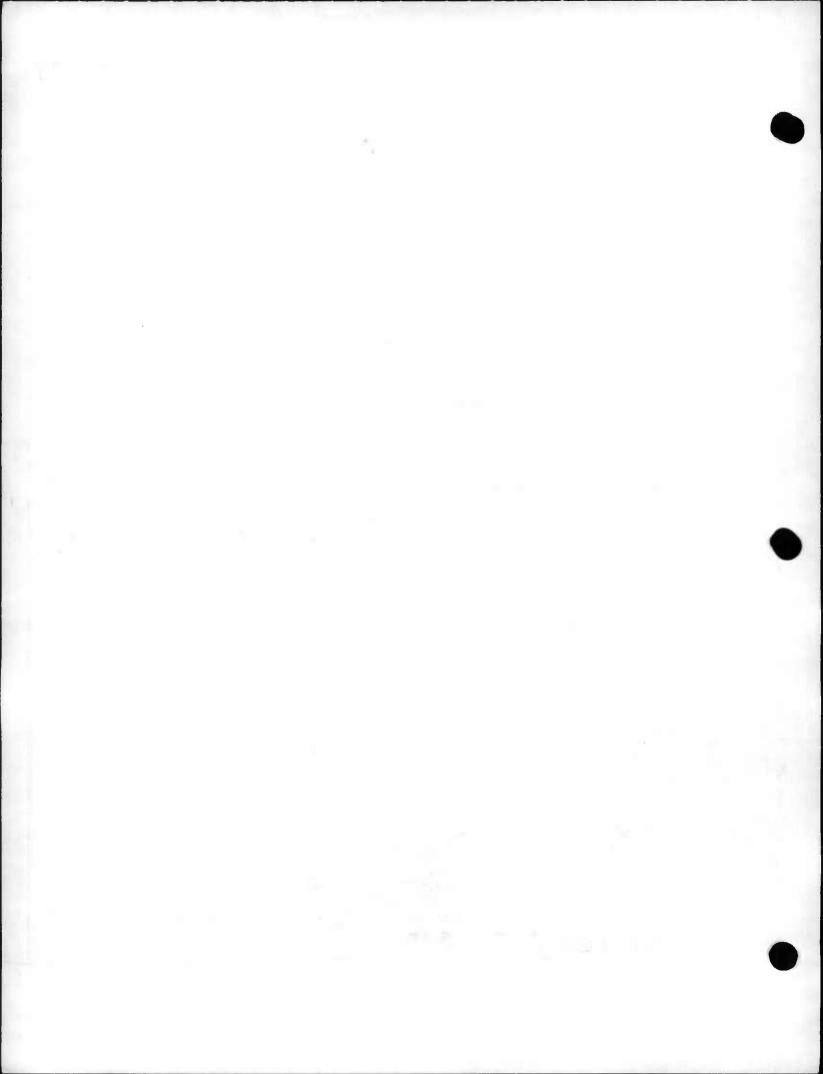
TO BE COMPLETED BY FUNERAL DIRECTOR

TO THE HOSPITAL

1		FOR STATE REGISTR	AR
1	. p	ECEDENT'S	NAI

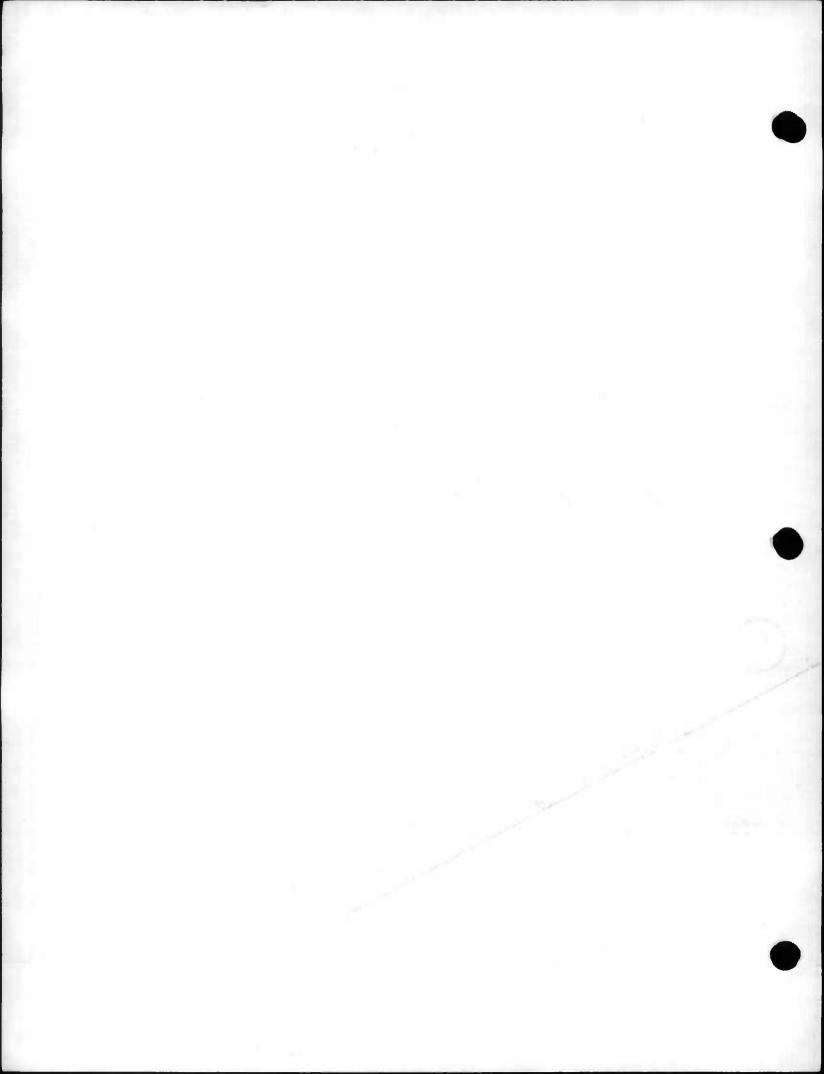
STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR		CE	RTIF	CATE (OF DEAT	Н	R	EG. NO.		
1. DECEDENT'S NAME (First, Middle, Last)							2. DATE OF E	DEATH	YEA	3. TIME OF DEATH
Jack A. A	llocca						12-2			10:00 a
215-14-9912 A	5. SEX 6	AGE (In yrs. last	YRS.	IF UNDER 1 YE MONTHS DA	EAR IF UNDER 2-	HRS.	7. DATE OF 8 (Month, Day 8/13	/21	s. e	ew York
os. FACILITY NAME (If not institution, give				9b. CITY, TO	WN OR LOCATION	OF DE	ATH		Howa	
7523 Greenwood RESIDENCE OF DECEDENT 106. STATE 106. COUNT	ſΥ		10c. CITY	, TOWN OR L	OCATION					10d. INSIDE CITY LIMITS?
MD 00. STREET AND NUMBER	Baltimor	е			101, ZIP CODE				log. CITIZEN	1 VES 2 NO
1560 Barrett	V				2120					ISA
II. MARITAL STATUS Never Married 2 X Merried Divorced Divor	12. WAS DECEDENT FDRCES? 1 X IF YES, GIVE WAS	XES 2 N		If yo	DECENDENT OF se, specify Cuban, YES 2 X XO	Mexica	n, Puerto Rican			RACE — American Indian, Black, White, atc. Specify: Vhite
15. DECEDENT'S EDI (Specify only highest grad	le completed)	(Gr	CEDENT'S we kind of w Do NOT us	USUAL OCCU rork done durir e retired.)	PATION ng most of working		16b. KIN	D OF BUSIN	ESS/INDUST	πY
Elementary/Secondary (0-12)	College (1-4 or 5+)	po	osta	l emp	oloyee					Office
77. FATHER'S NAME (First, Middle, Last) Antonio Alloc	ca						na De			
90. INFORMANT'S NAME (Type/Print)	0.00				treet and Number of					
Mary Phyllis	Allocca				cett Ro		/Balt			
Donation 5 ☐ Other (Specify)	noval from State	Wood.	Lawn	Ceme	of cometery, crema etery	nory or				re, MD
SIGNATURE OF FUMERAL SERVICE L	X Ha	/	-	22 NAI 5 t e	erling	AS	hton	Fune	ral H	Home, Inc. MD 21228
Sequentially list conditions, if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or Injury	DUE TO (C	OR AS A CONSECUTION OF AS	QUENCE OF	7:	(Com	ees	(An	oplas	tic)	Ymo
that initiated events resulting in death) LAST	d									
PART II. Other significant condition	ons contributing to d	eath but not r	resulting (in the unde	rlying cause gi	iven in		PERFORM YES 2	ED?	24b. WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
S. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:			OTHER:	26. PLACE OF DE	-				
77. MANNER OF DEATH 1 Netural 5 Pending Investigation	1 Inpatient 2 I	NJURY	26b, TIM	URY	Ic. INJURY AT WORK?		6 Other (S)		URY OCCURI	ED
3 Suicide 6 Could not be determined	28e. PLACE OF	INJURY At ho tc. (Specify)	ime, farm, :	street, factory	, office		26f. LOCATIO City or R	N (Street and own, State)	d Number or F	turel Route Number,
one) * DEDICAL EXAMIN	11				ion, death occure	ed at the	ilme, date and	place, and	due to the ce	use(e) and menner as stated
29b. SIGNATURE AND TITLE OF CERTIFI	Waterfee	to m	0	Defeat		45	356		12	SNED (Month, Day, Year)
UM. C. W	hter Held	St.	Agric.	s Ho	spital	90	& Car	In A	in B	Palt 21229
DEC 4 1990	Sulia Davis	S SIGNATURE	Ket.							7



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XOE.	og III	arior b
DIVISION OF VITAL RECORDS P.O. BOX 1:	CIAN: The law requires that the death pertill	TO THE FUNERAL DIRECTOR: After this certificate has been signed by
OF	PHYSI	this co
DIVISION	AL OR ATTENDING	L DIRECTOR: After 2 hours after death
	E HOSPITA	E FUNERA d within 7.
	TH OI	De fie
	-	

	1 - STATE REGISTRAR		STATE OF N	IAHYLA		AKIMEI IFICAT					HYGIEN REG. NO	_	91	3302	
	1. DECEDENT'S NAME (First, Min	cicle, Last)	ED	ITH	NAOM	I BYI	RD			2. DATE OF MONTH	DEATH	a-30	YEAR	3. TIME OF DEATH	
	4. SOCIAL SECURITY NUMBER 214-22-903	34	5. SEX 1 M 2 X F	8. AGE (In	yrs. last birthd	MONTHS	1	IF UNDER	MIN.	7. DATE OF (Month, D	BIRTN Day, Year)		8. BIRT	Maryland Maryland Itimore	
OR	University NAME (II not Institution University	tion, give st	Maryla	nd F	Hospit	al	Balt	O. C	ON OF DE	ATN 1	201		NTY OF I		
DIRECTOR	RESIDENCE OF DECE	b. COUNTY							,	10d. INSIDE CITY					
DIR	Maryland					Baltimore						100. INSIDE CITY LIMITS? 1X YES 2 NO			
	10e. STREET AND NUMBER					101. ZIP CODE					10g. CITIZEN OF WHAT				
ER/	5220 York	Roa	d					2121	. 2			U	.s.	Α.	
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Mar 3 Widowed 4 Divorces	Never Married 2 ☐ Married FORCES? 1 ☐ YES			2 XNO	ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No— 14. RACE— NO If yee, specify Cuban, Mexican, Puarto Rican, atc.)						E — American Indian, ok, Whita, atc.			
ED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)				18a. DECEDEN	IT'S USUAL	OCCUPATI	ON cet of worki	00	16b. K	IND OF BU	SINESS/IN	DUSTRY		
COMPLET	Elementary/Secondary (0-12)		College (1-4 or 5	-)	Homer	of work dor nake:		ost or work							
Ö	17. FATHER'S NAME (First, Middle	n, Last)						18. MOT	HER'S NAM	AE (First, Mid	dle, Maiden	Sumame)			
BE (Paul Jones								rie		ton				
10	19a. INFORMANT'S NAME (Type									loute Number,					
-	Lynda Loga									oad,			-	MD 2120	
	20a. METHOD OF DISPOSITION 1 Turial 2 Cremation 4 Donation 5 Other (Sp.		oval from State		PLACE OF DIS					~		CATION -			
	4-△ Constige 5 ☐ Other (Sp 21. SIGNATIVE OF FUNERAL S			ar	risor			_	eral		em.	Gar	rıs	on MD	
TO BE COM	- Dlora	ak	ums	h	6	1	MARS	HALI	W.	JONE	ES,J	R FU	NER	AL HOME	
CERTIFICATION	If any, leading to immedia	that initiated events DUE TO (OR AS A CONSEQUENCE OF):													
	DART II ON THE METERS		l												
: MEDICAL	PART II. Other algnificant	condition	s contributing to	destri ot	at not result	ng in the	underlyir	ig cause	given in		PERFO		24	b. WERE AUTOPSY FIND AMAILABLE PRIOR TO COMPLETION OF CAU OF DEATH? 1 YES 2 NO	
AN	25. WAS CASE REFERRED TO N	IEDICAL					26. F	LACE OF	DEATH (Che	eck only one)					
YSICIAN: MEI	EXAMINER?		HOSPITAL:	ER/Outpi	ntient 3 🗆 DC	OTH	ER:			6 Other (Specify)				
	27. MANNER OF DEATH 1 Natural 6 Per	nding setigation	28a. OATE OF (Month, D	INJURY		TIME OF INJURY	28c. IN	JURY AT ORK? YES 2		28d. DESCI		INJURY O	CCUREO		
LED	3 Suicide 8 Coo	uid not be ermined	28e. PLACE C building,	etc. (Speci	— At home, fa	rm, street, 1	nctory, offi	ce		28f. LOCAT City or	ION (Street Town, State	and Number	er or Rural	Route Number,	
O BE COMPLETE	one)	_	CIAN: To the best of s											(a) and menner as stat	
BE	29b. SIGNATURE AND TITLE OF	CERTIFIE	1 18 411) 2	26Y-1				LICE	MER MSe C	1et	29d. DA	TE SIGNE	D (Month, Day, Year)	
10	30. NAME AND ADDRESS OF PO					Type, Print)			,		7		750	11-	
	31. DATE FILED (Month, Day, Yea	r)	32. REGISTRA						•						
	DEC 4 19	90	Julia David	100 - A	andell										



BALTIMORE, MARYLAND 21203-3146

in them 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. TO THE HOSPITAL OR ATTENDING TO THE PUNERAL DIRECTO. AND be filed within 72 hours after the IMPORTANT, it item 28 is

VITAL RECORDS, P.O. BOX 13146,

DIVISIO

	FOR STATE	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL	HYGIEN
de	REGISTRAR	CERTIFICATE OF DEATH	REG. NO.

I. DECEDENT'S NAME (First, Middle, Lest) Mil	lton 011	ie :	Barrett	, Sr	MONT	of DEATH DAY	YEAR	3. TIME OF DEATH $10:10AN$		
050-40-1992		AGE (In yrs. lest birtho	day) IF UNDER 1 YE		7. DATE	OF BIRTH (1), Day, Year) -23-1937	6. BIRT	HPLACE (State or Foreign		
99. FACILITY NAME (If not institution, give stre Sinai Hospital	eet and number)			wn on LOCATION OF I		9c.	COUNTY OF	DEATN		
RESIDENCE OF DECEDENT 10a. STATE Md 10b. COUNTY			Baltimor					10d. INSIDE CITY LIMITS? 1 💢 YES 2 🗌 NO		
100. STREET AND NUMBER 3220 Presstman St	treet			101. ZIP CODE 21216			10g. CITIZEN OF WHAT COUNTRY?			
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	Never Merried 2 Merried FORCES? 1 YES 2 NO			DECENDENT OF HISP. s, specify Cuben, Mexi- YES 2 X NO Spec		Bla	CE — American Indian, ck, White, atc.			
15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elamentary/Secondary (0-12) College (1-4 or 5+)			NT'S USUAL OCCU	g most of working	164	a. KIND OF BUSINES	S/INDUSTRY			
17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAM						Middle, Meiden Surna	me)			
190. INFORMANT'S NAME (Type/Print) Anna Barrett	1100	19b. MAI 32	20 Press	reet and Number or Runs	al Route Nun	ber, City or Town, Sta	re, Zip Code) Md 2	1216		
20e. METHOD OF DISPOSITION X Burlel 2 Cremetton 3 Remo 4 Donation 5 Other (Specify)	wal from State	other place)		of cometery, cremetory of	r	20c. LOCATIO				
21. SIGNATURE OF FUNERAL SERVICE LICENSEE Arbutus Memorial Park Arbutus, Md 22. NAME AND ADDRESS OF FACILITY March F/H West										
23. PART I. Enter the diseases, or co shock, or heart fellure. L IMMEDIATE CAUSE (Final disease or condition	omplications that callet only one cause of	on each lina.	43	300 Wabas	sh Ave		ry arreat,			
23. PART I. Enter the diseases, or co shock, or heart failure. L. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	omplications that cause of the control on the cause of the cause	on each lina.	Do not anter the	300 Wabas	sh Ave		y arreat,	Intarval Between		
23. PART I. Enter the diseases, or consider the second shock, or heart failure. L. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury)	omplications that caulat only one cause of the cause of t	TIRIES AS A CONSEQUENCE AS A CONSEQUENCE AS A CONSEQUENCE	Do not anter the CE OF):	800 Wabas node of dying, su	sh Av		DPSY 20	Interval Betwo		
23. PART I. Enter the diseases, or conshock, or heart failure. L. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificant conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER?	DUE TO (OR	AS A CONSEQUENCE AS A C	Do not anter the CE OF): CE OF): CE OF): CE OF):	BOO Wabas mode of dying, su riying cause given i	in Part I.	24e. WAS AN AUTO PERFORMED YES 2 P	DPSY 20	Interval Between Onset and De O		
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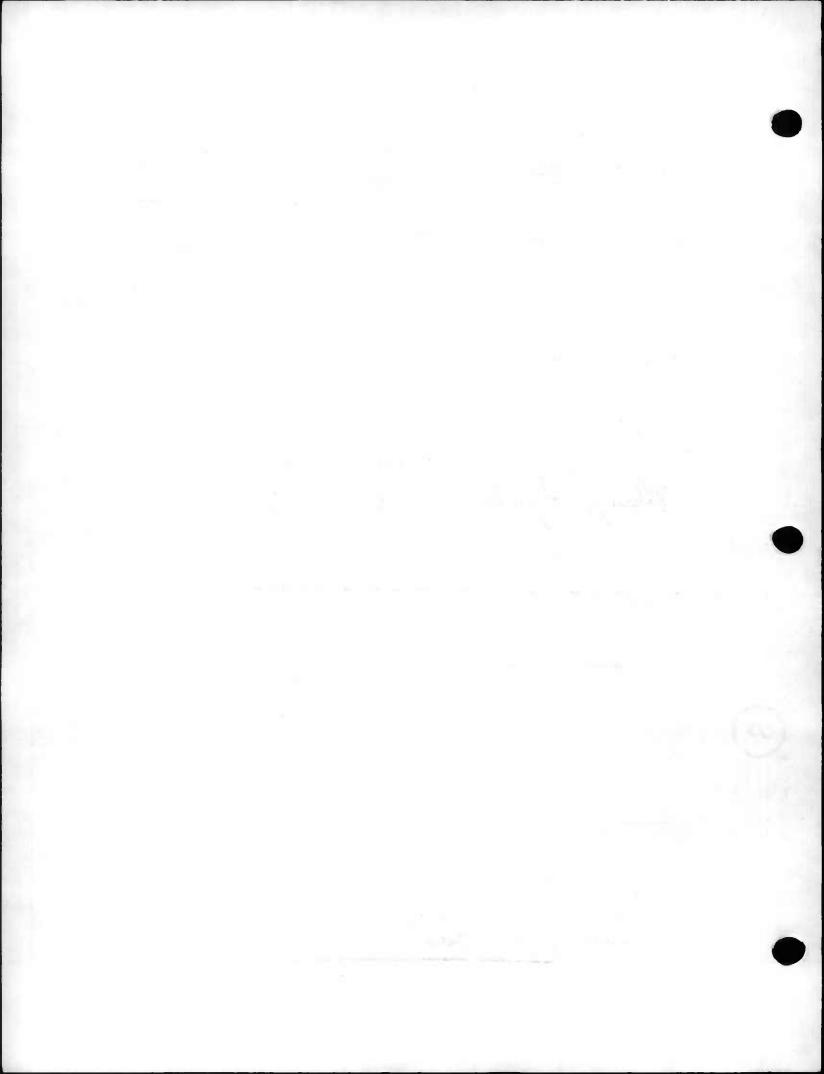


after death, Page 6 may be retained by the hospital or attending physician.

y the funeral director, page 5 should be detached for use as the burial-transit permit, Pages 1, 2, 3 should BALTIMORE, MARYLAND 21203-3146 notified at once. DIVISION OF VITAL RECORDS, P.O. BOX 13146,

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R ATTENDING PHYSICIAL TO THE MARKET THE THE DEST	RECTOR: After this central and precentationed by the attainment of the state of the	im 28 is marked, or the 22 move any injury.	
OR ATTENDING PHYSICIAL TOTAL INDUSTRIBILITIES DEST	DIRECTOR: After this centrement to be employed by the attainment death with the case been confeasith and Menta	Item 28 Is marked, or Item 22 moves any Injury,	
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SPITAL OR ATTENDING PHYSICIAN: TROTA INDICES THE THE CHARL	INERAL DIRECTOR: After this centrals the presentationed by the attaining 72 hours after death with the case between our leasts and Menta	NT: If Item 28 is marked, or the 23 move any injury.	The state of the s
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HE HOSPITAL OR ATTENDING PHYSICIAL TROPS IN THE THE CHARL	HE FUNERAL DIRECTOR: After this central and power and provided by the attained by the attained by the attained by the clean and whether the control of the c	ORTANT: If Item 28 is marked, or live 22 move any injury.	
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TO THE HOSPITAL OR ATTENDING PHYSIC METERN majors that the death conficure the executed within conjugate death. Page 6 may be n	TO THE FUNERAL DIRECTOR: After this centrating a general part of the strength of completely filled in by the funeral director, page 5 he find within 72 hours after death with the complete per comment in the comment of the comment.	IMPORTANT: If Item 28 is marked, or him 23 moves any injury, or other traumatic event, the medical examiner must be n	

	1 - STATE OF MAR	YLAND / DEPARTM				YGIENE EG. NO.		
	1. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF I	DEATH		3. TIME OF DEATH
	James P.	Baiho	W (Bai	kowski)	монти 11	21	90	9:15 PM
1	4. SOCIAL SECURITY NUMBER 5. SEX 6. AG		UNDER 1 YEAR		7. DATE OF E	URTH		IPLACE (State or Foreign
	IInknown 1 m 2 m F 7 s		NTHS DAYS	HOURS MIN.	(Month, De	/1915	Count	
	9e. FACILITY NAME (If not institution, give street and number)	/	b. CITY, TOWN C	R LOCATION OF DEAT		9c. COUN		ryland
	518 N. Port St.		Bal	timore				
	10a. STATE 10b. COUNTY	10c. CITY, 1	OWN OR LOCAT	ON				10d. INSIDE CITY
	Maryland	Ralt	imore					LIMITS?
- 18	10e. STREET AND NUMBER	Dur		ZIP CODE		10g. CITI	ZEN OF Y	WHAT COUNTRY?
	518 N. Port Street			2120	0.5			U.S.A.
	11. MARITAL STATUS 12. WAS DECEDENT EVE		pecify Yee or No-		E — American Indian,			
- 1	1 Never Married 2 Married FORCES? 1 Y	ES 2X NO	If yes, sp-	city Cuben, Mexican,	Puerto Ricar	i, etc.)	Blec	k, White, etc.
	3 Widowed 4 Divorced IF YES, GIVE WAR O	R DATES	1 TYES	2 NO Specify:			Spec	White
5	15. DECEDENT'S EDUCATION	16a. DECEDENT'S US	UAL OCCUPATION	N	16b. KIN	D OF BUSINESS/IND	USTRY	
	(Specify only highest grade completed) Elamentary/Secondary (0-12) College (1-4 or 5 +)	(Give kind of wor.	k done during mo etired.)	at of working				
COMPL	8th. grade	Une	mploy	e d				
	17. FATHER'S NAME (First, Middle, Last)			16. MOTHER'S NAM	F (First Midd)	is Mairian Sumama)		
	Pete	Bajkows	ki	Anna		, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	(u	nknown)
	19e. INFORMANT'S NAME (Type/Print)			nd Number or Rural Ro	nicha Misambar /	Title or Four Chate Zin		
2	John Bajkowski			Street		altimor		Md. 21226
1	20e. METHOD OF DISPOSITION	20b. PLACE OF DISPOSIT	*			20c. LOCATION -		
	1 - Burial 2 - Cremation 3 - Removal from State	other place)	ON (Name or car	netery, cremetory or				
	4 Donation 5 Distay (Specify) 21. SIGNATURE OF FUNERAL SERVICE OF STREET	Holy Ro	sary	Cemetery	V_	Baltı	mor	e,Md.
- 1	(h)		22. NAME A	D ADDRESS OF FACI	Mc	Cully F	une	ral Home
	Valence V. Dolimak		3204	Mountair	n Rd.	Pasade	na,	Md.21122
HILITORION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or player)	Prioscleroti as a consequence of: as a consequence of: as a consequence of:	c Card	iovascula	ar Dis	ease		
3								
1	PART II. Other algnificant conditions contributing to dear	th but not resulting in	tha underlyin	g cause given in P	Part I. 24	e. WAS AN AUTOPSY PERFORMED?	24	b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO
5					11	YES ZNO NO		OF DEATH?
MEDI					_ .	INSPECTIO	NT TA	1 TYES 2X NO
						TANE IN LIN	TA	
PHTSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?			ACE OF DEATH (Chec	ck only one)			
5	EXAMINER? 1 XYES 2 NO HOSPITAL: 1 Inpetient 2 ER/		THER:	e 5X Rasidence 8	B C Other (S)	pecify)		
	27. MANNER OF DEATH 28a. DATE OF INJU		OF 28c. IN.	URY AT	28d. DEŞCRI	BE HOW INJURY OC	CURED	
	1 🔠 Natural 8 🔝 Pending	indoi		ES 2 NO				
0	3 Suicide 28a. PLACE OF IN.	JURY — At home, farm, str	et, factory, offic	•	281, LOCATIO	ON (Street and Number	or Rural	Route Number,
	4 Homicide determined building, etc.	(Specify)			City or I	own, State)		
COMPLETED BY	29s. CERTIFIER			er mass and the			140	
E	(Check only one) 2 MEDICAL EXAMPLER: On the basis of examiners.							int and manner or stated
3	711	and a second	on any superiors, t	east occured at the t	ome, data and	prace, and due to t	on Couse	(a) and manner as some.
4	296. SIGNATURE AND STILE OF CERTIFIES			OCME	nen			D (Month, Day, Year) 2/90
	trul Jail, mg			CCME			TTC	27 70
	30 NAME AND ANDRESS OF PERSON WHO COMPLETED CAUSE O					2-11		21201
	Frank J. Peretti, M.D.	111	Penn St		H	Baltimore	, MC	1. 21201
	31. DATE-FILED (Monity, Day year) 32. REGISTRAR'S						_	



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HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2 most safer death. Page 6 may be retained by the h	FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detain within 72 hours after death with the State Deot, of Health and Mental Hygiene prior to burlal, cremation, or removal.	TANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at onc
SPI	NE NE	Ë
2	3	3

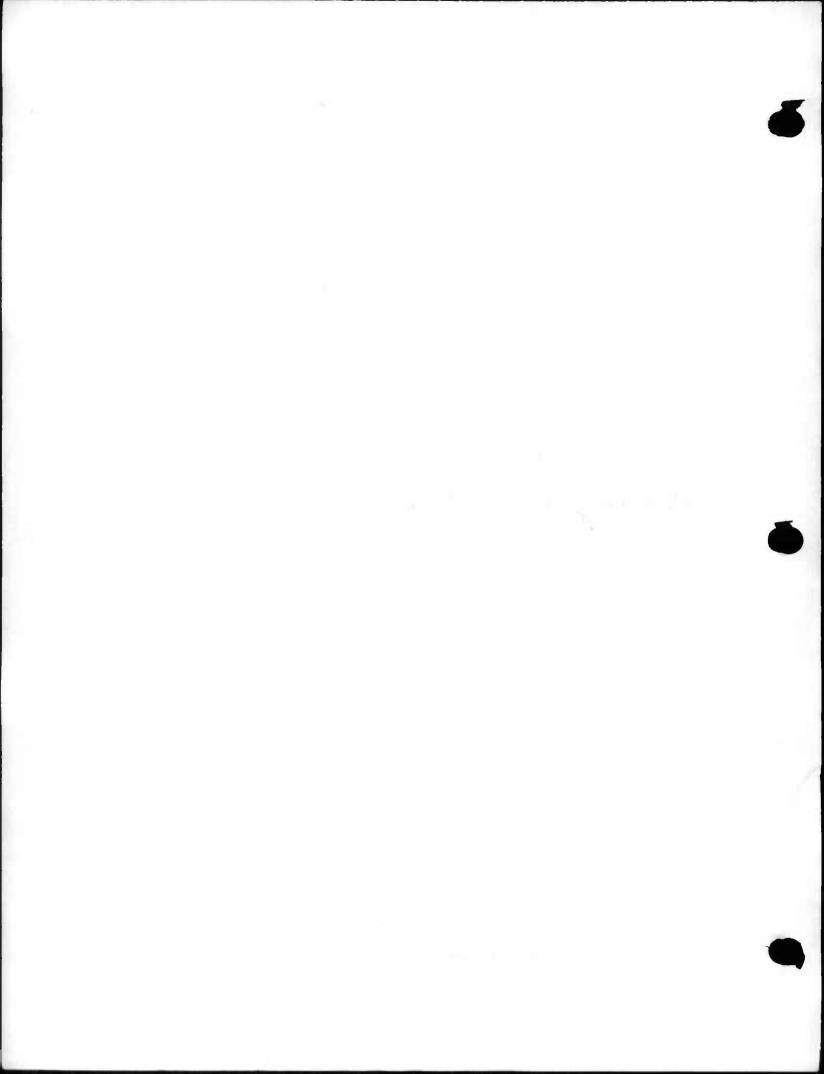
	FOR STATE REGISTRAR	STATE OF N	MARYLAND /				EALTH DEAT		IENTAL	HYGIEN		91	7 3	3303	
	1. DECEDENT'S NAME (First, Middle, Last)		02		IOAIL		DEAI		2. DATE	OF DEATH		YEAR	3. TIME O	F DEATH	
	BENJAMIN FARL BO								12	-1-9 0	3"			10 P M	
	4. SOCIAL SECURITY NUMBER	5. SEX 1 X M 2 □ F	6. AGE (In yrs. lesi	birthday)	IF UNDER	1 YEAR DAYS	HOURS	24 HRS. MIN,	(Month	OF BIRTH , Day, Year) 1-19		6. BIRTHE	RGIA	te or Foreign	
	253 05 8333 9s. FACILITY NAME (If not institution, give str		7		9b. CITY	, TOWN O	R LOCATIO	ON OF DEA		T-T3	9c. COU	NTY OF DE			
8	VA MEDICAL CENTER				FOF	T HO	WARD)				BALT	IMORI	Ε	
DIRECTOR	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY			10c. CIT	Y, TOWN	OR LOCAT	ION						10d. INSID	E CITY	
티	MARYLAND	BALTIMO	RE		BALT	TIMOF	Œ						LIMIT 1 YES	2 X NO	
FUNERAL	10e. STREET AND NUMBER					101	ZIP CODE				10g. CIT	IZEN OF W	HAT COUN	TRY?	
INE	120 HAMPSHIRE RO		T EVER IN U.S. AR	MED	13.	WAS DEC		1221	IC ORIGIN	? (Specify Yes	or No	USA 14. BACE	Americ	an Indien.	
	1 Never Married 2 Married		YES 2 N			If yes, spe		n, Mexican	, Puerto F	lican, etc.)			14. RACE — American Indien, Black, White, etc. Specify:		
D BY	3 Wildowed 4 Divorced		II	CEDENTS	USUAL O	CCUBATIC	M.		105	KINO OF BU	OINECC/IN		ITE		
COMPLETED	(Specify only highest grade of Elementery/Secondery (0-12)		(Gi	ve kind of			st of workin	g	100	KINO OF BO	SINESS/IN	DOSTRY			
실	4th	- 0.101		JCK I	ORIVI	<u>r</u>									
	17. FATHER'S NAME (First, Middle, Last)								-	Middle, Maiden	Sumame)				
BE	BENJAMIN BOSWELL 19a. INFORMANT'S NAME (Type/Print)		198	. MAILING	ADDRES	S (Street a				RTIN Der, City or Tow	m, State, Zi	p Code)			
2	CLINICAL RECORDS		V	A ME	DICAI	CE	VIER,	FT	HOWA	RD, M	ARYLA	AND 2	1052		
	209. METHOD OF DISPOSITION 14. Burlal 2 Cremetion 3 Remo	vat from State	20b. PLACE				netery, crem			20c. LO	1 t in	City or Tow	vn, State		
	4 Donation 8 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICE	ENSEE		- y -			ID ADDRES		YTLIK						
	Chan Make	-	01/2	- W	//c	onn	elly	Fun	era:	lHome	3001	/Ace/	Ave.	21221	
	23. PART I. Enter the diseases, or o	omplications the	t caused the de	eth. Do	not anta	tha mo	da of dy	ng, auch	ae cerc	llec or reep	Iratory a	reat,		proximata	
	ahock, or hear failure. L IMMEDIATE CAUSE (Final	list only one cet	ise on eech line	•										rval Between set and Death	
	disees or condition resulting in death)	PNEUM	ONIA (OR AS A CONSEC	DUENCE (HEI:								-		
z			OSCLEROT			OVAS	СШ А	R DT:	SEAS	F			į		
NTIO	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	DUE TO	(OR AS A CONSE	DUENCE C	F):										
ERTIFICATION	CAUSE (Disease or injury that initiated events	OUE TO	(OR AS A CONSE	DUENCE (OF):								-		
EHE	resulting in death) LAST	l													
O	PART II. Other significant conditions	contributing to	deeth but not a	esulting	in the u	nderîyin	g cause (given in	Part 1.	24a. WAS AN		24b.		OPSY FINDINGS	
S	CARCINOMA OF	THE PRO	OSTATE						_	PERFO				E PRIOR TO ION OF CAUSE ?	
PHYSICIAN: MEDICAL	DEMENTIA								_				1 TYES	2 🗌 NO	
AN	25. WAS CASE REFERRED TO MEDICAL					26. PI	ACE OF D	EATH (Chi	nak antv a	ne)					
SICI	EXAMINER? 1 YES 2 NO	HOSPITAL:	☐ ER/Outpatient 3	□ DOA	OTHE	R:	6 5 🗆 Re								
PHY	27. MANNER OF OEATH 1 Natural 5 Pending	28e. DATE Of (Month, I		28b. TII	JURY		PRK?		28d. DE	SCRIBE HOW	INJURY O	CCURED			
В	2 Accident Investigation	26a. PLACE (OF INJURY — At he	me, farm.	M street, fac	tory, offic		NO	281. LOC	ATION (Street	and Numb	er or Rural R	loute Numb	7890	
TED	4 Homicide 8 Could not be	building	, etc. (Specify)						Clty	or Town, State)				
COMPLETED	29e. CERTIFIER (Check only	CIAN: To the best o	f my knowledge, de	eth occur	red et the	time, date	and place	, and due	to the ca	use(e) end ma	nner as st	ated,			
COM	one) 2 MEDICAL EXAMINE		examination and/or	Investigat	ion, in my	opinion, d	leath occu	red at the	time, date	end place, e					
BE (290. SIGNATURE AND TITLE OF CERTIFIER	ane!	nn				290 LIC	ENSE NUA	ABER /		29d. DA	TE SIGNED	(Morth, De	ny, Year)	
2	20 NAME AND ADDRESS OF BERSON WA	COMPLETED CAL		M AT /T-	- Deleat		400	7				· oy	7 60		

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF OEATH (ITEM 27) (Type, Print)

MARCIA KANE, M.D., VAMC FORT HOWARD, 9300 NORTH POINT RD, FORT HOWARD

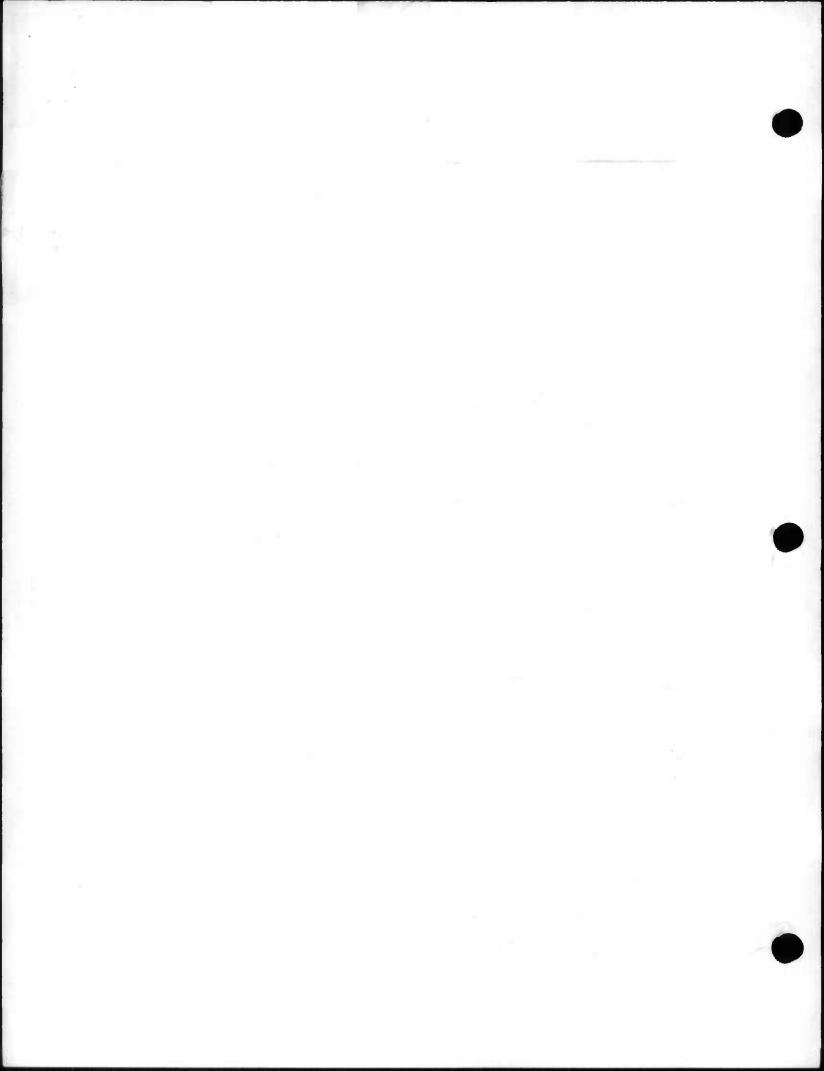
32. REGISTRAR'S SIGNATURE

4 1990



	FOR 1 - STATE REGISTRAR	STATE OF MARYLAND	DEPARTM			MENTAL HYGI REG.		90 3	33032
	1. DECEDENT'S NAME (First, Middle, Last)	hath Dalaha	r			2. DATE OF DEATH	DAY	YEAR 3.	TIME OF DEATH
	Mary Elizal					Dec.1,	1990		1:00 am
	024 00000	5. SEX 1 \(\text{M} \) 2 \(\text{M} \) F 6. AGE (In yrs. le 66 \(\frac{7-6}{7-6} \)	St birthday) IF U	UNDER 1 YEAR THIS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH	1,192	a. BIRTNPLA	rginia
œ	9e. FACILITY NAME (If not institution, give stre 3 Duralumin Co		9b.		dle Riv		9c. COU	NTY OF DEAT	
2	RESIDENCE OF DECEDENT								imore
DIRECTOR	Md . 10b. COUNTY	Baltimore	10c. CITY, TO	WN OR LOCAT	iddle 1	River			I. INSIDE CITY LIMITS? YES 2 NO
FUNERAL	100. STREET AND NUMBER 3 Duralumin Co	ourt		101.	ZIP CODE 2122	0	10g. CIT	USA	COUNTRY?
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. AI FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES			city Cuban, Mexico	NIC ORIGIN? (Specity an, Puerto Rican, etc. fy:		Specify:	American Indien, hite, etc. White
G	15. DECEDENT'S EDUCA (Specify only highest grade of	ATION 18a. D	ECEDENT'S USU	AL OCCUPATIO	N et of working	18b. KIND OF	BUSINESS/IN		
COMPLET	Elementary/Secondary (0-12)	College (1-4 or 5+)	Sive kind of work b. Do NOT use red Plant						
NO.	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	AME (First, Middle, Ma	Iden Surname)		
BE C	James Sh	ell Sr.			Ada	Couch			
TO E	19a. INFORMANT'S NAME (Type/Print) Eugene Belche		96. MAILING ADD	ralum	in Cou	Route Number, City or rt Balt	Town, State, Zi imore	Md.	21220
	20a. METHOD OF DISPOSITION 1	val from State 20b. PLACE	OF DISPOSITIO	N (Name of cen	netery, crematory or	200	LOCATION —	10	120-0-0
	4 □ Donation 5 □ Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICE		tro Cr	emato	ry Inc	ACILITY	Balt	imore	Md.
	Can My E.	and the)				me300	MAceA	Ve.21221
	23. PART I. Enter the diseases, or co			enter tha mo	de of dying, suc	ch ae cardiac or r	eaplratory sr	rest,	Approximeta
	shock, or heart failura. L iMMEDIATE CAUSE (Final disease or condition resulting in death) a	List only one cause on each Ille Cancer, et u		nknou	m, with	multip	le		Interval Batween Onset and Death
	resulting in death) . a	DUE TO (OR AS A CONSI				meh	astase	۵	
CERTIFICATION	Sequentially liat conditione, if any, leading to immediata cause. Enter UNDERLYING	DUE TO (OR AS A CONSE	EQUENCE OF):						
IFIC	CAUSE (Diseese or injury that initiated events	DUE TO (OR AS A CONSI	EQUENCE OF):						
ERI	resulting in deeth) LAST	1.							
CALC	PART II. Other eignificent conditions		-	he underlying	cause given in		S AN AUTOPSY		ERE AUTOPSY FINDINGS MILABLE PRIOR TO
	Concer of br	east in 1	975				s × NO		OMPLETION OF CAUSE DEATH?
: MEDI	-					—		11	YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL			26. PI	ACE OF DEATH (C	heck only one)			
Sic	EXAMINER?	HOSPITAL: 1 Inpatient 2 ER/Outpatient		THER: Nursing Hom	e 5 Residence	8 Other (Specify)			
	27. MANNER OF DEATN 1 Natural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF	WC	URY AT HRK?	28d. DESCRIBE N	OW INJURY O	CCURED	
red BY	2 Accident Investigation 3 Suicide 8 Could not be 4 Nomicide determined	28e. PLACE OF INJURY — At I building, etc. (Specify)	nome, farm, stree	it, factory, offic	•	28f. LOCATION (SI City or Town, S		er or Rural Rout	e Number,
COMPLET	(Orioth Oriny	CIAN: To the best of my knowledge, of							nd manner as stated.
8	296. SIGNATURE AND TITLE OF CERTIFIER	Donovan m	· d.		29c LICENSE NU	MBER 632	29d, DA	TE SIGNED (M	onth, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DEATH (IT	EM 27) (Type, Pri	" Dur	DALK	AVE.	BAL	10., M	0. 21222
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNATURE							
	DEC 4 1990 5	the nantagon-11-11-	35'						

DHMH-16 Rev 1/89



BALTIMORE, MARYLAND 21203-3146

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2× mous after death, Page 6 may be retained by the hospital or attending physician and completely filled in the funeral director, page 5 should be detached for use as the burial-transit per be filled within 72 hours after death with the State Pept. of Health and Memtal Hygiene prior to burial, cremation, or removal. IMPORTANT: if than 28 is marked, or item 23 shows any injury, of other traumatic event, the medical examiner must be notified at once.
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1	FOR 1 - STATE REGISTRAR	STATE OF M					EALTH AND I	MENT	TAL HYGIEN	E	9	0 3	303
	DECEDENT'S NAME (First, Middle, Last)				OATE	<u> </u>	DEATH	2. D/	ATE OF DEATH			3. TIME OF	DEATH
ŕ	JAMES A. BRIGGLE	₹.						MO	NTH DA	1990	YEAR	6:0	
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (in yrs. le	st birthday)	IF UNDER 1	YEAR	IF UNDER 24 HRS.		TE OF BIRTH	1	8. BIRTH	PLACE (State	
	230-30-3017	1-√2 M 2 □ F	70	YRS.	MONTHS	DAYS	HOURS MIN.		onth, Day, Year) NE 16,1	ا مدد	MADV	LAND	
ļ	9a. FACILITY NAME (If not institution, give at	treet and number)	70		9b. CITY, 1	TOWN 0	R LOCATION OF DE		NE IU,I.		NTY OF DE		
HOH	9411 DANA VISTA				BALT1					BALT	IMOR	Œ	
<u> </u>	10a. STATE 10b. COUNTY	r		10c. CITY	, TOWN OR	LOCAT	ION					10d. INSIDE	CITY
L DIRECT	MARYLAND BALTI 100. STREET AND NUMBER	IMORE		BALT	IMORE	-	ZIP CODE		_	40- 017	754 05 4	1 TYES 2	≥ X NO
FUNEHAL	9411 DANA VISTA	DOAD										MAI COOKII	117
2	11. MARITAL STATUS	12. WAS DECEDENT	FVED IN II S AI	PME0	12 40		21236 ENDENT OF HISPAI	NIC OR	GIN2 (Specify Yea		A.	— American	Indian
	1 Never Married 2 Married		YES 2		If :	yes, sp	cify Cuban, Maxica 2 X NO Specifi	en, Puer		U 140	Black	. White, etc.	monant,
à	3 Widowed 4 Divorced	WWII	AR ON DATES		- ''	163	Z ZZ NO Specif	ıy:			WHIT		
2	15. DECEDENT'S EDUC (Specify only highest grade		16a. Di	ECEDENT'S	USUAL OCC	UPATIO	N et of working		16b. KIND OF BUS	INESS/IND	USTRY		
	Elementary/Secondary (0-12)	College (1-4 or 5+	.ih	Do NOT us	retired.)	_			BALTIMO	RE GA	S &	ELECT	RIC
COMPL	N/A N	N/A	ACC	TIFIE OUNTA	NT	DTT/			COMPANY				
5	17. FATHER'S NAME (First, Middle, Lest)						18. MOTHER'S NA	AME (Fir	st, Middle, Maiden	Sumame)			
	HARRY BRIGGLE						BEDA E.	SM	TTH				
	19a. INFORMANT'S NAME (Type/Print)		11	b. MAILING	ADDRESS (Street a	nd Number or Rural	Route N	lumber, City or Tow	n, State, Zip	Code)		
-	JUNE A. BRIGGLE	(WIFE)	9	411 D	ANA V	/IST	CA ROAD,	BA	LTIMORE	MAR	YLAN	D 212	36
	20a. METHOD OF DISPOSITION 1 Durial 2 Cremation 3 Remarks	oval from State	20b. PLACE other p		ITION (Nam	e of cer	netery, crematory or		20c. LO	CATION	City or To	wn, Stata	-
	4 Donation 6 KOther (Specify) EN	ITOMBMENT			L MEM	10RI	AL CEME	TER	Y BAL	TMOR	E. M	ARYLA	ND
	21. SIGNATURE OF FUNERAL SERVICE LIC	CENSEE	1				ID ADDRESS OF FA			TMC			
	1/2/- 2	CIL			970)5 F	INEK FUNI BELAIR RO	CAD	L HOME,	ING.	MAR	VI.AND	21236
	23. PARTI. Enter the disesses, or o	complications that	caused the d	ssth. Do n									ximete
	shock, or heart fallurs.	List only one csu	se on sech iln	e.									al Between
ŀ	IMMEDIATE CAUSE (Finel dissess or condition	MES	TASTAT	70	- 4	71	Live	ED				Olise	and Death
ł	resulting in death)		OR AS A CONSE) C(V(
_		C	A 0	F	COL	D]						
2	Sequentielly list conditions, if any, leading to immediate	DUE TO	OR AS A CONSE	OUENCE OF									
3	csuse. Enter UNDERLYING	G.											
Ĭ	CAUSE (Disease or Injury that initiated events		OR AS A CONSE	OUENCE OF	7:								
ERITIFICATION	resulting in death) LAST	d											
3	PART II. Other significant condition	ne contributing to	death hut mot	manufelma I	n the und	lo whele	a acusa aluan In	Don't I	. 24a. WAS AN	ALITYODOV	245	WERE AUTOF	MAN EMIDINA
K	PART II. Other significant condition	-		-			Couse given in	i Fart i	PERFOR		240	AVAILABLE P	RIOR TO
ă		DIARIC	- 400	Ante	101	10	04780		1 🗌 YES 2	□ NO		OF DEATH?	Of GADOL
Σ		10111180	NE)									1 TYES 2	ON 🗌
2													
3	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHER		ACE OF DEATH (C)	heck on	ly one)				
PHYSICIAN: MEDICA	1 YES 2 NO	1 Inpatient 2 I		3 DOA			e 5 Aeeldance	_	Other (Specify) DESCRIBE HOW I	N HIRV OC	CHREO		
	1 Natural 5 Pending	(Month, De	ay, Year)		URY		YES 2 NO	280.	DESCRIBE HOW I	NJUHT OC	CUHEO		
Ř	2 Accident Investigation	28a PLACE O	F INJURY — At h	ome form o	treet feeto			201	LOCATION (Street	and Mamba	e or Rumi i	Boute Mumber	
	3 Suicide 6 Could not be 4 Homicide determined	building,	etc. (Specify)	Onne, marrin, e	street, recto	ry, orne		201.	City or Town, State)	aria Narribo	OF PROPERTY	TOUTO TYDITION,	
COMPLETED	AA. CERTIFIED \		_										
	(Oriect Unity	ICIAN: To the best of											
5	2 MEDICAL EXAMINE	ER: On the basis of a	amination and/or	Investigatio	n, In my op	Inlon, c	leath occured at the	a 1ime,	deta and place, ar	d due to t	he cause(s	a) and menner	r as stated.
BE	296. SGNATURE AND TITLE OF CERTIFIE	R	1112 1	10			29c. LICENSE NU		20	29d. DAT	E SIGNEO	(Month, Day,	Ybar)
	Marcu III	Mull	w L	4			DUI	10	97		11/3	30/4	0
2	30. NAME AND ADDRESS OF PERSON WH												
	DR. MARCIO MENENI	DEZ, 5820	YORK R	OAD,	TOWS	ON,	MARYLAN	D 2	1204				
	31. OATE FILEO (Month, Day, Year)	32. REGISTRA	R'S SIGNATURE	latt-									
	DEC 4 1990	guia vius	1001										
												DH	MH-16 Rev 1/8



FOR STATE REGISTRAR

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DIVISION OF VITAL	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
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90 33034 STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

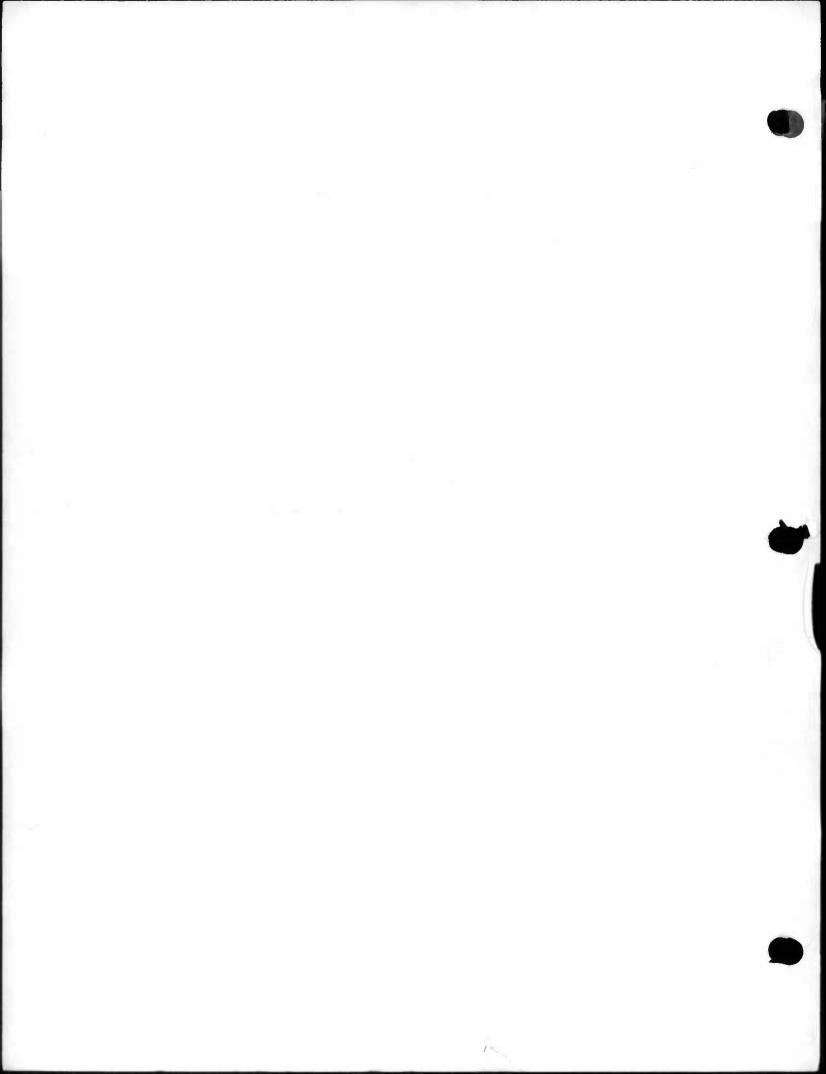
,	Uosephine Ball 2. Date of Death OAY SEAR JILSAM						
	4. BOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. lest birthday) 1 M 2 Ø F 6. O YRS. 6. AGE (In yrs. lest birthday) 1 MONTHS DAYS HOURE MIN. 7. DATE OF BIRTH (Month, Day, Year) 3 - 1 - 3 0 8. BIRTNPLACE (State or Foreign Country) 4. BOCIAL SECURITY NUMBER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year) 3 - 1 - 3 0 8. BIRTNPLACE (State or Foreign Country) 4. BOCIAL SECURITY NUMBER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year) 8. BIRTNPLACE (State or Foreign Country) 4. BOCIAL SECURITY NUMBER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year) 8. BIRTNPLACE (State or Foreign Country)						
	98. FACILITY NAME (If not Institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH 9c. COUNTY OF DEATH						
	RESIDENCE OF DECEDENT 104. STATE 105. COUNTY 106. CITY, TOWN OR LOCATION 107. LIMITS? 1 X YES 2 NO						
EDAL	106. STREET AND NUMBER 4347 Eldone Rd 107. ZIP CODE 2/2 29 109. CITIZEN OF WHAT COUNTRY?						
	11. MARITAL STATUS 1 WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No- If yea, apecify Cyban, Maxican, Puarto Rican, atc.) 14. RACE — American Indian, Black, White, etc. Specify: Black:						
recien	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+) 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY						
DE COMP	17. FATHER'S NAME (First, Middle, Lest) William Ball 18. MOTNER'S NAME (First, Middle, Meiden Surname) Horence Taylor						
2	196_INFORMANT'S NAME (Type (Print)) 196_MAILING ADDRESS (Street and Number or Pural Pioure Number, City or Towh, State, Zip Code) 196_UVE Ball 4347 Eldone New Balto, Med 21229						
	20s. METHOD OF DISPOSITION 1 Burfel 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify) 20b. PLACE OF DISPOSITION (Name of cametery, crematory or other place) 20c. LOCATION — City or Town, State 4 Donation 5 Other (Specify) 4 Nne Arundel Co. H.4						
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE Bernard & Johnson 22. NAME AND ADDRESS OF FACILITY Lauch Fit. West abach Ave						
CENTIFICATION	23. PART 1. Enter the diseases, or compilications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory errest, ehock, or heart fellure. List only one cause on each line. IMMEDIATE CAUSE (Finel disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF):						
. MEDICAL	PART II. Other significent conditions contributing to death but not/resulting in the underlying causer given lig Part 1. PERFORMED? 1 YES 2 NO 24a. WAS AN AUTOPSY PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO						
2	25. WAS CASE REFERRED TO MEDICAL EXAMINER (Check only one) HOSPITAL: OTHER:						
PHISICIAN	1 YES 2 MO						
בת פו	2 Accident Investigation 3 Suicide S Could not be detarmined 28. PLACE OF INJURY — At home, farm, street, factory, office building, stc. (Specify) 28. PLACE OF INJURY — At home, farm, street, factory, office City or Town, State)						
COMPLE	29s. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the best of my knowledge, desth occurred at the time, date and place, and due to the cause(s) and manner as stated. 2 MEDICAL EXAMINER: On the best of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated.						
וס פב כר	296. BIGNATURE AND TITLE OF CENTIFIED 296. LICENSE NUMBER 296. LICENSE NUMBER 296. LICENSE NUMBER 296. DATE BIGNED (Month, Day, Yelar) 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27/1/196, Pight)						
	31. DATE FILED (MPNETUR, Nov) A 100 32. RESISTARI SIGNAURE MANAGEMENT						



BALTIMORE, MARYLAND 21203-3146	D THE HOSPITAL OR ATTENDING PHYSICIAN: The law require the response of the properties of the propertie	relicion and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	the medical evening the notified of once	וויפ וויפעולפן פאפווווויפן ווויפין מפ ווטרוויפע פן טוויפני
p. BOX 13146,	prefer be executed within	rician and completely	to bound to bound, clema	ו שותנו מקחוווקמר בגבוווי
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law require "In All Free Committee of the Commi	TO THE FUNERAL DIRECTOR: After this cartificate has been significant and completely filled in by the fune	De IIIEW MUINT, IZ MUSI Stall Oscilla Will use state ordy. On the second of the control of the model of the m	IMPORTANT: II Item 20 IS marked, of item 23 shows and item 20

DEC 4 1990

	1 - STATE REGISTRAR		CEI	RTIFICAT		DEATH AND		EG. NO.	- 2	U	33035
	1. DECEDENT'S NAME (First, Middle, Last) James Bell						2. DATE OF DOOR THE	ber o	2 199		12:50 p.m
	4. SOCIAL SECURITY NUMBER 237-38-1530A		GE (In yrs. last t	YRS. IF UNI	DER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF 8 (Month, Da 12/1:	2/28	1	Country)	E (State or Foreign AROLINA
OR	9a. FACILITY NAME (If not institution, give street and number) Maryland General Hospital 9b. CITY, TOWN OR LOCATION OF DEATH Baltimore City 9c. COUNTY OF DEATH BALTIMORE (It not institution, give street and number)										City
E	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY	,		10c, CITY, TOW	N OR LOCAT	TION				10d.	INSIDE CITY
L DIRECTOR	MARYI.AND 106. STREET AND NUMBER				MORI	E CITY			10a, CITIZEN	X	LIMITS? YES 2 NO
FUNERAL	501 DOLPHIN ST	PREET. AP	т. 10	0.3	"	21217				JSA	COONTATT
NS I	11. MARITAL STATUS	12. WAS DECEDENT EVE	ER IN U.S. ARMI	EO 1		ENDENT OF HISPA					American Indian, Ita, atc.
BY F	1 Never Married 2XXMarried 3 Widowed 4 Divorced	FORCES? 1 Y				ecify Cuban, Maxic		n, etc.)		Specify:	na, atc. BLACK
	15, DECEDENT'S EDUC		16a. DECI	EDENT'S USUAL	OCCUPATION	DN	16b. KIN	ID OF BUS	INESS/INDUS		
COMPLETED	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5-+)	Ito. D	NOT use retired	ne dunng mo d.)	ast of working		1	Y/A		
	17. FATHER'S NAME (First, Middle, Last) JOHN BELL					18. MOTHER'S N	AME (First, Middle BEL)		Surname)		
BE	19a. INFORMANT'S NAME (Type/Print)		19b.	MAILING ADDRI	ESS (Street a	Ind Number or Rure			, State, Zip Co	rde)	
2	DOROTHY BELL	ANN BELL	2.	121 DF	RUID	HILL A	VENUE	: BA	LTO.	, MD	. 21217
	20a. METHOD OF DISPOSITION 1 X Buriel 2 Cremation 3 Rem 4 Donation 5 Other (Specify)	oval from Stata	other place	e)		metery, cremetory or CEMETER			ONSV		, MD.
	21. SIGNATURE OF MINERAL SERVICE LIC	O Dy	ett	- 1	LERG	ND ADDRESS OF F	YETT	& SC	N FUI	NERA	
	23. PART I. Enter the diseases, of c	complications that/car	used the dee	th. Do not en		LIBER					Approximata
	shock, or heart failure. IMMEDIATE CAUSE (Finel disease or condition	List only one cause o Multipl	on each line.						·		Interval Batween Onset and Death
	reaulting in death)	8.									
- 1		DUE TO (OR	AS A CONSEOL	JENCE OF):							
LION	Sequentielly list conditions, if any, leading to immediate	L Chronic		Failu	re						
IFICATION	If any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	b. Chronic DUE TO (OR)	Renal	Failu JENCE OF):	re						
ERTIFICATION	if any, leading to immediata couse. Enter UNDERLYING CAUSE (Disease or injury	b. Chronic DUE TO (OR)	Renal	Failu JENCE OF):	re						
AL CERTIFICATION	If any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	b. Chronic DUE TO (OR A	Renal	Failu JENCE OF):		g cause given i	n Part I. 24	a. WAS AN			re autopsy findings
CAL	if any, leading to immediata couse. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	b. Chronic DUE TO (OR A	Renal	Failu JENCE OF):		g cause given i		a. WAS AN PERFOR	MED?	COA	ILABLE PRIOR TO IPLETION OF CAUSE
CAL	if any, leading to immediata couse. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	b. Chronic DUE TO (OR A	Renal	Failu JENCE OF):		ig cause given i		PERFOR	MED?	COA OF	ILABLE PRIOR TO
MEDICAL	if any, leading to immediata couse. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other algnificant condition	b. Chronic DUE TO (OR A	Renal	Failu JENCE OF):	underlyin		1	PERFOR	MED?	COA OF	ILABLE PRIOR TO MPLETION OF CAUSE DEATH?
MEDICAL	if any, leading to immediata couse. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other algnificant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER?	c	Renal As a consequ As a consequ th but not re	Failu JENCE OF): authing in the	underlyin 26. P	LACE OF DEATH (C	Check only one)	PERFOR	MED?	COA OF	ILABLE PRIOR TO MPLETION OF CAUSE DEATH?
MEDICAL	if any, leading to immediata ceuse. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other algnificant condition 25. WAS CASE REFERRED TO MEDICAL	b. Chronic DUE TO (OR A d	Renal As a consequence As a consequence th but not reconstruction (Outpettert 3 [Failu JENCE OF): Builting in the	26. P	LACE OF DEATH (Community of the Community of the Communit	Check only one)	PERFOR YES 2 pecify)	MED?	AVA CON OF 1	ILABLE PRIOR TO MPLETION OF CAUSE DEATH?
PHYSICIAN: MEDICAL	if any, leading to immediata ceuse. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other algnificant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH Natural 5 Pending	b. Chronic DUE TO (OR A DUE TO (OR A d	Renal As a consequence As a consequence th but not reconstruction (Outpettert 3 [Failu JENCE OF): Builting in the	underlyin 26. P IER: Nursing Hor 28c. IN	LACE OF DEATH (C	Check only one)	PERFOR YES 2 pecify)	MED?	AVA CON OF 1	ILABLE PRIOR TO MPLETION OF CAUSE DEATH?
BY PHYSICIAN: MEDICAL	if any, leading to immediata couse. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other algnificant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH Natural 5 Pending	b. Chronic DUE TO (OR A d	AS A CONSEQUENT AS A CONSEQUEN	Failu JENCE OF): Builting in the	28. P	LACE OF DEATH (Come 5 Residence JURY AT DRK? YES 2 NO	Check only one) 6 Other (S) 28d. DESCRI	PERFOR YES 2 pecify) IBE HOW II	MED?	AWA COM OF!	ILABLE PRIOR TO MPLETION OF CAUSE DEATH?
BY PHYSICIAN: MEDICAL	if any, leading to immediata ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events reaulting in death) LAST PART II. Other algnificant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH Netural 5 Pending Investigation 3 Suicide 6 Could not be determined	b. Chroni (DUE TO (OR A c. DUE TO (OR A d	AS A CONSEQUENT AS A CONSEQUEN	Failu JENCE OF): BUILDING OF): BUILDING IN THE OF INJURY No. ferm, street,	underlyin 26. P IER: Nursing Hor 28c. IN I 1	LACE OF DEATH (Command 5 Residence Jusy AT DRK? YES 2 NO	Check only one) 6 ☐ Other (S) 28d. DESCRI 28f. LOCATIC City or 3	PERFOR YES 2 pecify) BE HOW II ON (Street a own, State)	MED? NO NJURY OCCUI	AWA CON OF 1 1	ILABLE PRIOR TO MPLETION OF CAUSE DEATH?
BY PHYSICIAN: MEDICAL	if any, leading to immediata couse. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other algnificant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH Natural 5 Pending Investigation 3 Suicide 6 Could not be determined 29a. CERTIFIER (Check only 1 CERTIFYING PHYS)	DUE TO (OR A C. DUE TO (OR A d. DUE TO (OR A THOSPITAL: 1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1	AS A CONSEQUENT AS A CONSEQUEN	Failu JENCE OF): JENCE OF): auiting in the DOA 4 1 1 26b. TIME OF INJURY Mee, ferm, street,	25. PIER: Nursing Hor 28c. IN 1 1	LACE OF DEATH (to mage 5 Residence Jury AT ORK? YES 2 NO ce	Check only one) 6 Other (S) 28d. DESCRI 281. LOCATI City or 3	PERFOR YES 2 pecify) IBE HOW II ON (Street a own, State)	NJURY OCCUI	AMACON OF I 1	Number
E COMPLETED BY PHYSICIAN: MEDICAL	if any, leading to immediata couse. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other algnificant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH Natural 5 Pending Investigation 3 Suicide 6 Could not be determined 29a. CERTIFIER (Check only 1 CERTIFYING PHYS)	b. Chronic DUE TO (OR A c. DUE TO (OR A d	AS A CONSEQUENT AS A CONSEQUEN	Failu JENCE OF): JENCE OF): auiting in the DOA 4 1 1 26b. TIME OF INJURY Mee, ferm, street,	25. PIER: Nursing Hor 28c. IN 1 1	LACE OF DEATH (to mage 5 Residence Jury AT ORK? YES 2 NO ce	28d. DESCRI 28f. LOCATION or It is to the cause the time, data and	PERFOR YES 2 pecify) IBE HOW II ON (Street a own, State)	MED? NO NJURY OCCUI	AMA COA OOA 1 1 C	Number
COMPLETED BY PHYSICIAN: MEDICAL	if any, leading to immediata ceuse. Enter UNDERLYING CAUSE (Disease or Injury that initiated events reaulting in death) LAST PART II. Other algnificant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	DUE TO (OR A C. DUE TO (OR A d. DUE TO	AS A CONSEQUENT AS A CONSEQUEN	Failu ENCE OF): BUILDING OF): BUILDING IN the	25. PIER: Nursing Hor 28c. IN 1 1	LACE OF DEATH (Come 5 Residence JURY AT ORK? YES 2 NO Dee	28d. DESCRI 28f. LOCATION or It is to the cause the time, data and	PERFOR YES 2 pecify) IBE HOW II ON (Street a own, State)	MED? NO NJURY OCCUI	AMA COA OOA 1 1 C	Number, I manner as stated.



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Раде 6 тау

page 9

funeral director,

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and completely filled to burlal, cremation,

2

6

MARYLAND 21203-3146

BALTIMORE,

DIRECTOR

FUNERAL

BY

COMPLETED

BE notified

2

28e. PLACE OF INJURY — At home, farm, street, factory, offic building, etc. (Specify)

CORREN

2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occur

CORRESPO

29a. CERTIFIER

#Thank aniv 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(e) and manner as stated.

MO

LMC

3 Suicide

31. DATE FILED (M

4 Homicide

8 Could not be determined

ELAYCK

30. NAME AND ADDRESS OF PERSONLINHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

296. SIGNATURE AND TITLE OF CERTIFIER

12/DEE

10

2

291. LOCATION (Street and Number or Rural Route Number, City or Town, State)

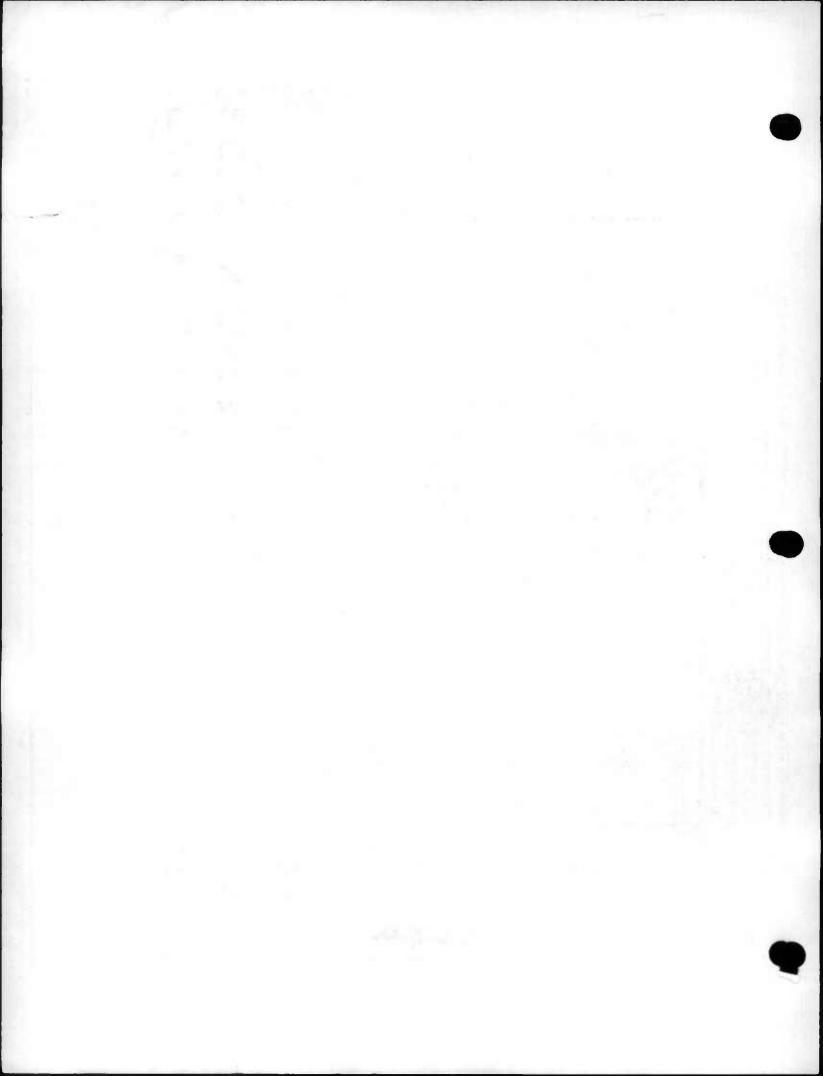
red at the time, date and place, and due to the cause(s) and manner as stated.

29d. DATE SIGNED (Month, Day, Year)

3

29c. LIÇENŞE NUMBER

21901



BALTIMORE, MARYLAND 21203-3146

-	Q	
5	3	1

TO BE COMPL

296. SIGNATURE AND TITLE OF CERTIFIER

31. DATE FILED (Month, Day, DEC 4

WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

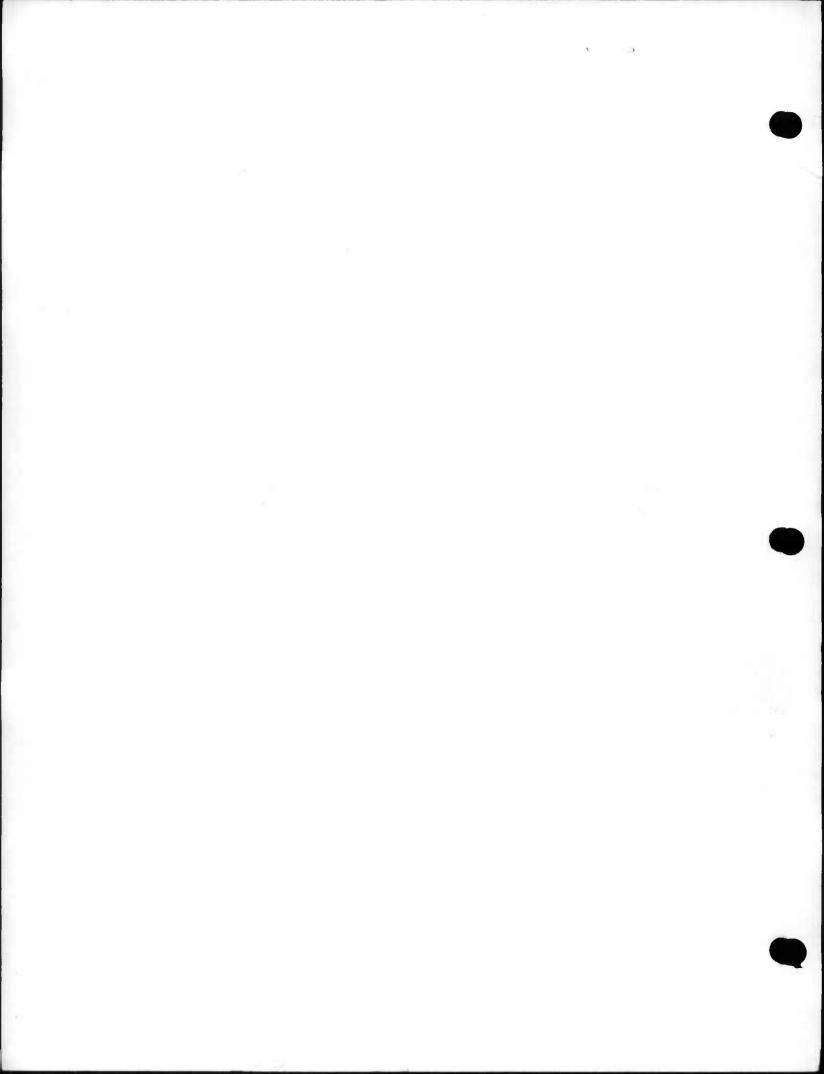
2 (CHARD TO M) G ((S.

	ITEM: 7 per G-670 b	'H						90	3303
	12/6/90 cm	STATE OF MARYLAND /	DEPART	MENT O	F HEALTH AND B	MENTAL HYGIEN	£	20	0003
	1 - STATE REGISTRAR				F DEATH	REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)	INESITEARS (H	OWAR	D BR	ESHEARS)	2. DATE OF DEATH DA	3	YEAR 3. TH	ME OF DEATH
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (in yrs. less		IF UNDER 1 YE	and the same of th	7. DATE OF BIRTH 8/ (Month, Day, Year)	1//2/	6. BIRTHPLACE	E (State or Foreign
	219-20-8712	1 🛛 M 2 🗆 F 63	YRS.	MONTHS DA	YS HOURS MIN.	7/17/27		Country) MARYL	AND
	9a. FACILITY NAME (If not institution, give at	eet and number)		9b. CITY, TO	WN OR LOCATION OF DE	ATH	9c. COUN	TY OF DEATH	10.1
DIRECTOR	DEATON NURSING	номе		BAL'	rimore Ci	TY			
H.	10a. STATE 10b. COUNTY			TOWN OR LO				10d.	INSIDE CITY LIMITS?
	MARYLAND		BA	TTTTM	ORE CITY				YES 2 NO
FUNERAL	10e. STREET AND NUMBER				10f. ZIP CODE		10g. CITIZ	EN OF WHAT	COUNTRY?
l ij	601 S. CHARLES				21202		<u> </u>	USA	
Ξ	11. MARITAL STATUS 1 X Never Married 2 Married	12. WAS DECEDENT EVER IN U.S. AR FORCES? 1 XYES 2 N		it yes	DECENDENT OF HISPAN s, specify Cuban, Maxica	n, Puarto Rican, atc.)	or No-	14. RACE — Ar Black, Whit	nerican Indian, ia, atc.
B	3 Widowed 4 Divorced	IF YES, GIVE WAR OR DATES		_ ¹□	YES 2 XNO Specify			Specify:	LACK
8	15. DECEDENT'S EDUC		CEDENT'S U	ISUAL OCCU	PATION	16b. KIND OF BUS	SINESS/INDL		THICK
once. COMPLETED	(Specify only highest grade : Elamentary/Secondary (0-12)	College (1-4 or 5+)	Do NOT use	retired.)	g most of working	DOMEST	THEFT	STEE	17
A P						BETHI	EHEM	STEE	ı Lı
	17. FATHER'S NAME (First, Middle, Last)					ME (First, Middle, Maiden	Surname)		
ed a	JOHN HOPKINS 190, INFORMANT'S NAME (Type/Print)	40.	MAII INO	ADDRESS (C)	reet and Number or Rural F		Chata Zin	On del	
5	ELLA GREEN				AYSON STI				21217
8	20a METHOD OF DISPOSITION 1 Westel 2 Cremetion 3 Ramo		OF DISPOSI		of cemetery, crematory or			Olty or Town, S	
SOE .	1 ABurlai 2 Cremation 3 Ramo	oval from State other pla		FOR	EST CEMET	TERY OW	NGS	MILL,	MD.
liner	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE A		22. NAN	ROY O. DY	CILITY	NI EI	INEDAT	HOME
ехаш	Karay). Next	7		00 LIBER				HOPE
Ica	23. PART I. Enter the discusses or c	omplications that caused the de	ath. Do no						Approximata
E	ahock, or heart fallure. I	List only one cause on each line	fe						Interval Between Onset and Death
the	disease or condition	CEPSIS DU	LE.	70	CTNHYLOG	CUI AUR	cus	į	1 month
Vent	resulting in death)	DUE TO (OR AS A CONSE	OUENCE OF):					
S Z		DUE TO (OR AS A CONSE	20 10	MUNE	DEFICIE	UCT SYN,	acons	t l	ZMONTHS
E C	Sequentielly list conditions, if any, leading to immediate	DUE TO (OR AS A CONSEC	DUENCE OF):					
F 5	I CHOSE (Disease of Hillary	DUE TO (OR AS A CONSE	OUENOE OF						
or other traumatic event, ERTIFICATION	that initiated events resulting in death) LAST	DOE TO (OR AS A CONSE	JUENCE OF):				į	
E E		1						+	
A H	PART II. Other eignificant condition	a contributing to death but not i	resulting in	n the under	iying ceuse given in	Part i. 24a. WAS AN PERFOI			E AUTOPSY FINDINGS ABLE PRIOR TO
EDICAL						1 _ YES 2	NO		PLETION DF CAUSE EATH?
E E						_		10	YES 2 NO
SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHER:	8. PLACE OF DEATH (Ch	eck only one)			
HYSI	1 YES 2 NO	1 Inpatient 2 ER/Outpetient 3	DOA _	4 - Nursing	Homa 5 - Residence				
A PH	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME	URY	WORK?	28d. DESCRIBE HOW	NJURY OCC	CURED	
28 is m	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide datarmined	28e. PLACE OF INJURY — Al ho building, etc. (Specify)	ome, ferm, at	treet, factory,	offica	28f. LOCATION (Street City or Town, State)		or Rural Route	Number,
m 2									

29c. LICENSE NUMBER
027394

CHARLES ST.

29d. DATE SIGNED (Month, Day, Year)



is certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. INSICIAN: The law requires that the death certificate be executed within 🗻 nours after death. Page 6 may be retained by the hospital or attending physician. BALTIMORE, MARYLAND 21203-3146

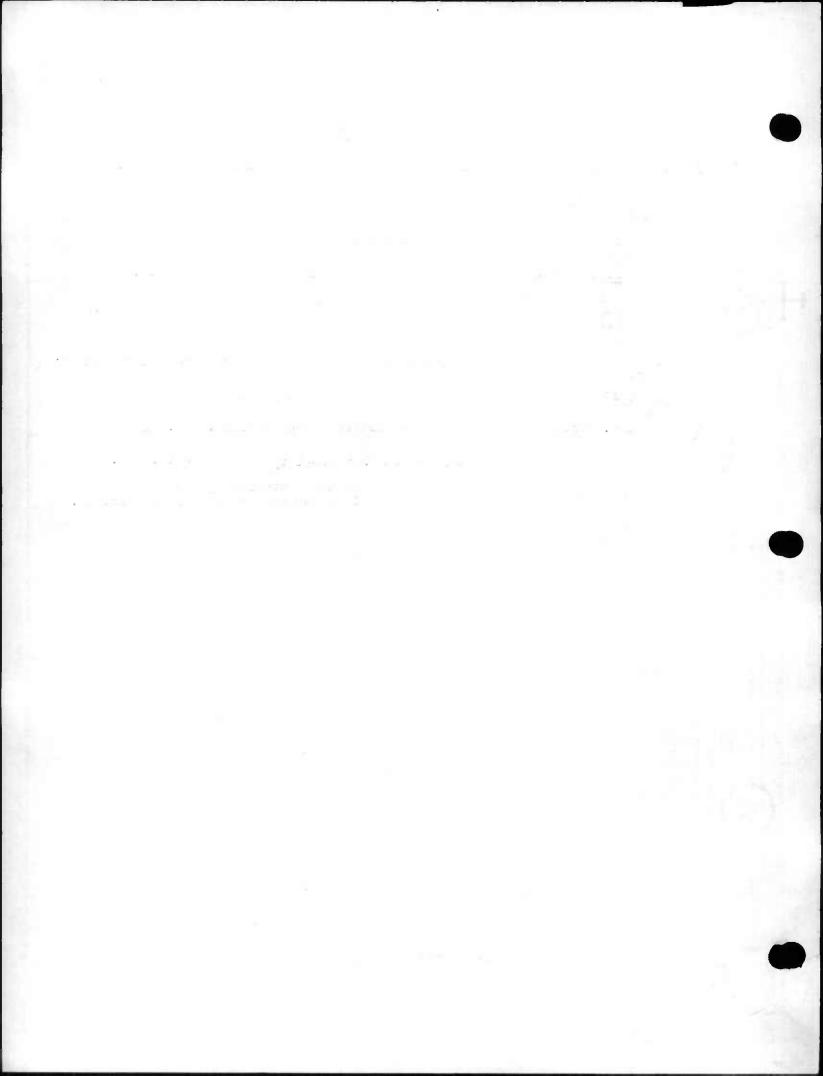
STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

4. SOCIAL SECURITY NUMBER 213-36-2061 9e. FACILITY NAME (If not Institution, give si 4624 O'DONNell S RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY		W. 6. AGE (In yrs. le		IF UNDER 1 YE	Boston	MONT	of OEATH H DA	Y	YEAR 3	TIME OF DEATH
4. SOCIAL SECURITY NUMBER 213-36-2061 9a. FACILITY NAME (If not Institution, give si 4624 O'Donnell S RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY	5. SEX 1 M 2 F	6. AGE (In yrs. la		IF UNDER 1 YE		12-				
213-36-2061 9e. FACILITY NAME (If not Institution, give st 4624 O'DONNell S' RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY	1 M 2 F			7						10:19AM
4624 O'Donnell S- RESIDENCE OF DECEDENT 100. STATE 100. COUNTY				ONTHS DA	AR IF UNDER 24 HRS. YE HOURS MIN.	7. OATE (Morit	of BIRTH		8. BIRTHPL Country) Md.	ACE (State or Foreign
RESIDENCE OF DECEDENT 100. STATE 10b. COUNTY					MN OR LOCATION OF E			9c. COUN	ITY OF OEA	тн
	4		10c. CITY,	TOWN OR LO	DCATION				1	0d. INSIDE CITY LIMITS?
Maryland			Bal	timor	e				1	YES 2 NO
IOe. STREET AND NUMBER					10f. ZIP CODE			10g. CITI	ZEN OF WH	AT COUNTRY?
4509 Eastern Ave	enue				21224			U	.S.A	
11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	FORCES?	NT EVER IN U.S. AI I YES 2 MAR OR DATES		If yes	DECENDENT OF HISP a, specify Cuben, Mexic YES 2 NO Spec	can, Puerto		or No—	Black, 1	- American Indian, White, etc. White
15. DECEDENT'S EOU (Specify only highest grade			ECEDENT'S U		PATION og most of working	161	b. KIND OF BUS	INESS/INC	USTRY	
Elementary/Secondery (0-12)	College (1-4 or 5	+)	chani	retired.)	g most of working	F	Castwoo	d El	ectro	nics Gara
17. FATHER'S NAME (First, Middle, Last)		***	- www.neida		16. MOTHER'S N					
Edwin Boston					Ethel					
19a. INFORMANT'S NAME (Type/Print)		1	b. MAILING	ADDRESS (St	reet and Number or Run			n, State, Zip	Code)	
Nellie . Bosto	n		4509	Easter	rn Avenue	- Ba	lto., 1	1d. 2	1224	
20e. METHOD OF DISPOSITION	and from Parts	20b. PLACE	OF DISPOSI	TION (Name o	of cemetery, crematory of	r	20c. LO	CATION —	City or Town	n, State
4 Donation 5 Other (Specify)	IOVAI ITOM STATE	_ 12/6	- 0a	k Lawi	Cemetery	7	Ва	alto.	, Md.	
21. SIGNATURE OF FUNERAL SERVICE LI		iki		Wa	ne and accress of the liter Dabi 1005 Dundal	owsk				
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	bOUE TO	O (OR AS A CONSI	EOUENCE OF):						
PART II. Other significent condition Diabetes Melli				n the under	riying cause given	In Part I.	24a. WAS AN PERFORMATION OF THE AD CO.	RMED?		WERE AUTOPSY FINDING MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? YES 2 NO
25. WAS CASE REFERRED TO MEDICAL					26. PLACE OF DEATH (Check only		AUI		
EXAMINER?	HOSPITAL:	☐ ER/Outpatient	3 DO4	OTHER:	Home TO Residence					
27. MANNER OF DEATH Whatural 5 Pending	28a. OATE O		28b. TIME	OF 28	c. INJURY AT WORK?	-	ESCRIBE HOW	NJURY OC	CUREO	· · · · · · · · · · · · · · · · · · ·
	28e. PLACE	OF INJURY — At 1 g, etc. (Specify)	nome, farm, a				CATION (Street by or Town, State)		r or Rural Ad	rute Number,
2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide determined										
3 Suicide 8 Could not be 4 Homicide determined	SICIAN: To the best				o, date and place, and d					and manner as stated.

the d, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. DIVISION OF VITAL RECORDS, P.O. BOX 13146, TO THE HOSPITAL OF TO THE FUNERAL DE FILED WITHIN 72 PM IMPORTANT: #

4 1990 Jula Tairdon Bandate

DHMH-18 Rev 1/89



	1, 2, 3 should			
	permit, Pages	Cm		
physician.	burial-transit	116/9	101	
ital or attending	for use as the	2-673		
ed by the hospi	uid be detached	OF ME	ed at once.	
may be retain	lor, page 5 short	A. 77. M	ust be notifi	
The law requires that the death certificate be executed writing 2~ nouts after beath. Page 6 may be retained by the hospital or attending physician.	mention as been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	AL TOPA	mented, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	
ווו ביי ייסער? מתו	ely filled in by t	nation, or remov	, the medica	
executed with	in and complete	to burial, crem	umatic event	
ith certificate by	tending physicia	al Hygiene prior	or other tra	
es that the dea	gned by the at	ealth and Ment	s any injury.	
The law requir	ate has been si	ate Dept. of Hi	tem 23 show	
METISOAN.	Call Piss certific.	And with the Si	marked, or h	

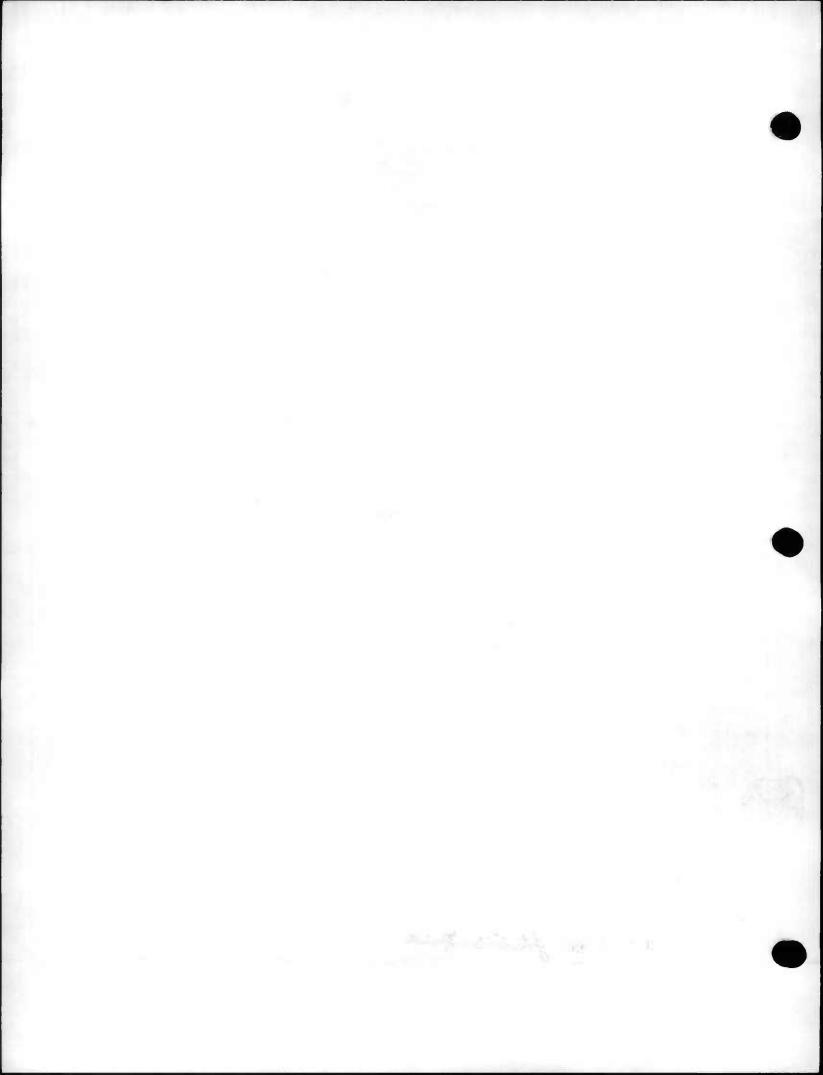
BALTIMORE, MARYLAND 21203-3146

F VITAL RECORDS, P.O. BOX 13146,

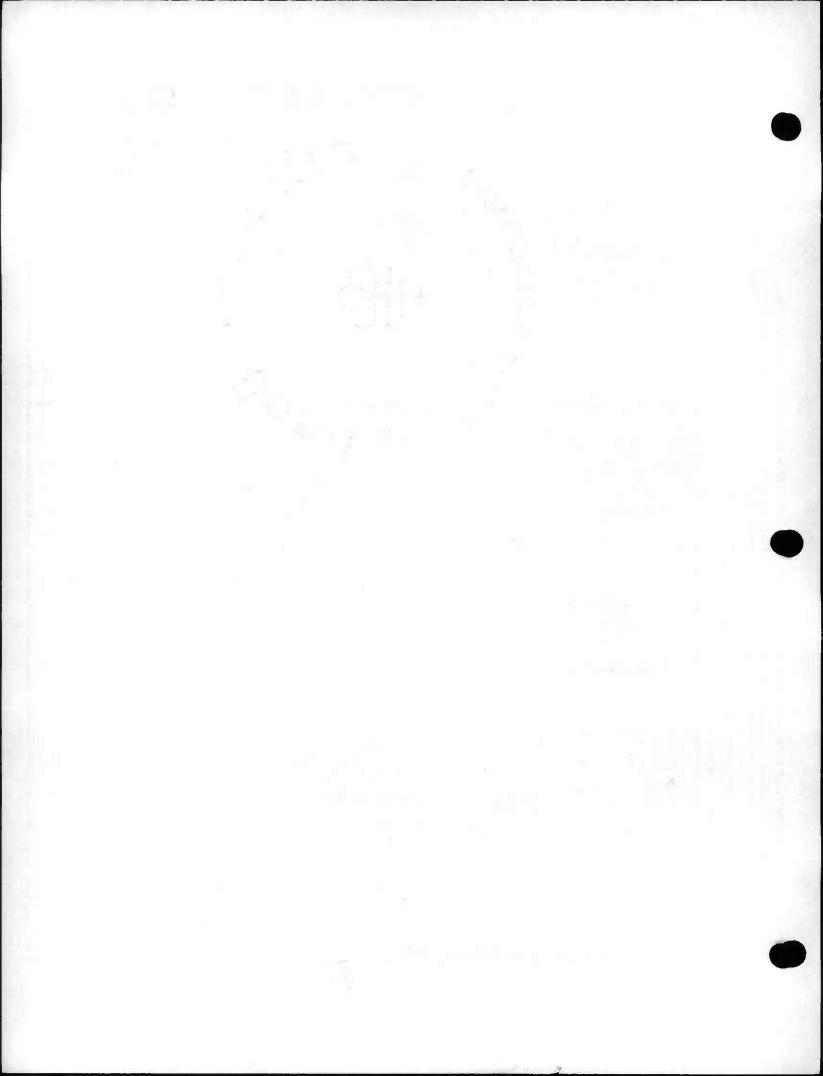
TO THE HOSPITAL OR STATE
TO THE FUNERAL ORBECTY
DE filed within 72 hours see

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH
REG NO.

1 - STATE REGISTRAR		CERTI	FICATE OF	DEATH	REG. NO.		196
1. DECEDENT'S NAME (First, Middle, Last,					2. DATE OF DEATH	YEAR	3. TIME OF DEATH
Shawn	E	•	Bragg		11-20-90		12:05PM
4. SOCIAL SECURITY NUMBER 217-29-7571	5. SEX 8	L AGE (In yrs. last birthda YRS	MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 8/3/90	Coun	HPLACE (State or Foreign try) ryland
90. FACILITY NAME (If not institution, give 2200 Mosby Avenu				Baltimor		9c. COUNTY OF	
10a. STATE 10b. COUN	тү	10c. (Baltimo				10d. INSIDE CITY LIMITS? 1X XYES 2 NO
100. STREET AND NUMBER 2200 Mosby Av	renue		10	21207		109. CITIZEN OF	WHAT COUNTRY?
11. MARITAL STATUS XX Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT FORCES? 1 IF YES, GIVE WAI	EVER IN U.S. ARMED YES X NO R OR DATES	If yes, sp		NIC ORIGIN? (Specify Year in, Puerto Rican, etc.) y:	Spe	E - Amarican Indian, ck, White, etc. chy: White
15. DECEDENT'S ED (Specify only highest grac Elementary/Secondary (0-12) 17. FATHER'S NAME (First, Milddie, Last)	College (1-4 or 5+)	(Give kind life. Do NO	rs usual occupation of work done during me truse retired.) applicat	oat of working	not ap	plicab	le
Leroy Edward K	amzura			Debo	rah Jean	Bragg	
Leroy Kamzura		220	0 Mosby	Avenue	Balto. M	State, Zip Code) ID 212	07
20e. METHOD OF DISPOSITION 1	movel from State	other place)	ount Cr			ation - city or 1	
21. SIGNATURE OF FUNERAL SERVICE L	ICENSEE A	1	22. NAME A	no ADDRESS OF FA	ton Funer ltimore S	al Hom	e, Inc.
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST	b. DUE TO (C	OR AS A CONSEQUENCE	E OF):				
PART II. Other significant condition	d. one contributing to d	leath but not resulting	ng in the underlyin	g cause given in	Part I. 24a. WAS AN / PERFORI	MED?	Ib. WERE AUTOPSY FINDING AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			LACE OF DEATH (C	heck only one)		
27. MANNER OF DEATH Netural 5 🖄 Pending	1 Inpatient 2 I	ER/Outpatient 3 DO. NJURY (, Year) 28b.	TIME OF 28c. IN	JURY AT ORK? YES 2 NO	a Other (Specify) 284. DESCRIBE HOW IN	JURY OCCURED	
2 Accident Investigation 3 Suicide B Could not b 4 Homicide determined	28e, PLACE OF	INJURY — At home, fer tc. (Specify)			28f. LOCATION (Street a City or Town, State)	nd Number or Rura	I Route Number,
(Orack Gray					e to the cause(a) and man e tima, deta and placa, and		e(e) and manner as stated
200 HANATURE AND TITLE OF CERTIF	Und			29c. LICENSE NU OCME	MBER		ED (Morth, Day, Year) 21-90
DO. NAME AND ADDRESS OF PERSON V MARGARITA A. KO	ORELL, MD	E OF DEATH (ITEM 27) (Penn St	reet,Baltin	nore,MD	21201
DEC 4 1990	Julia Davi	doon Amdelle					



1 - STATE REGISTRAR	STATE OF MARY	LAND / DEPARTM CERTIFIC			MENTAL HYGIENE REG. NO.	90	33040
1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH DAY	YEA	3. TIME OF DEATH
Lawrence W. Came					12-2-1990		1:10 P. M
4. SOCIAL SECURITY NUMBER 216-03-8838	1 📉 M 2 🗆 F		UNDER 1 YEAR NTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 7-1-1906	Co	RTHPLACE (State or Foreign unitry) MD
99. FACILITY NAME (If not institution, give 24 Acorn Circle	street and number)		o. city, town o Town	R LOCATION OF DE SON	ATN	Bal	timore
RESIDENCE OF DECEDENT 10e. STATE 10b. COUN	- L		OWN OR LOCAT	ION			10d. INSIDE CITY LIMITS?
MD Balt:	imore	Tows					1 - YES 2 NO
100. STREET AND NUMBER 24 Acorn Circle	Apt. 202		101	21204		USA	OF WHAT COUNTRY?
11. MARITAL STATUS 1 Never Married 2 Merried 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YE IF YES, GIVE WAR OR	S 27 NO	If yes, spi	ENDENT OF HISPAN	IIC ORIGIN? (Specify Yes n, Puerto Rican, etc.)		ACE — American Indian, lisck, White, etc. pechy: White
15. DECEDENT'S ED (Specify only highest grad Elementary/Secondary (0-12)	UCATION le completed) College (1-4 or 5+)	16e. DECEDENT'S US (Give kind of work life. Do NOT use n	UAL OCCUPATION done during montred.)	N at af working		Chemica	v 1 & Fertilize
17. FATHER'S NAME (First, Middle, Last)				16. MOTHER'S NA	ME (First, Middle, Maiden		
George W. Camero	on			Ora	Viola Fox		
19e. INFORMANT'S NAME (Type/Print)	100				Route Number, City or Town		
Grace B Cameron					202 Balto.		
20e. METHOD OF DISPOSITION **To Burlet 2 Cremation 3 Re 4 Donation 5 Other (Specify)	moval from State	206. PLACE OF DISPOSITI other place) Dulaney Va	alley		Ba1	timore,	
21. SIGNATURE OF JUNERAL SERVICE	Secol .		Johns		aum eral Home aven Blvd		
shock, or heert fellung IMMEDIATE CAUSE (Finel disease or condition resulting in desth) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	. Metac	A CONSEQUENCE OF):	ic F	ailer	e Inknowy	710	Interval Between Onset and Death 1 mo. 3-4 mo
cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	cDUE TO (OR A	AS A CONSEQUENCE OF):					
PART II. Other eignificant condition	one contributing to deet	h but not resulting in	the underlyin	g cause given in	Part I. 24a. WAS AN PERFOR 1 TYPES 2	MED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH	HOSPITAL:		26. P	LACE OF DEATH (Ch	neck only one)		
1 VES 2 NO	1 Inpetient 2 ER/C	Outpatient 3 DOA 4	☐ Nursing Hon	- 1	8 Other (Specify)		
III 1 2N Natural 5 Panging	28e. DATE OF INJUI (Month, Dey, Yea		TY WO	DRK? YES 2 NO	28d. DEŞCRIBE NOW II	NJURY OCCURE	ED
	28e. PLACE OF INJ building, etc. (URY — At home, farm, stre Specify)	eet, factory, offic		28f. LOCATION (Street of City or Town, State)	and Number or R	ural Route Number,
(Check only	/SICIAN: To the best of my ki						use(e) and manner as stated.
296. SIGNATURE AND TITLE OF CERTIF		NA		29c. LICENSE NU		29d. DATE SIG	GNED (Month, Pay, Year)
30. NAME AND ADDRESS OF PERSON V					301		21204 Balto., MD
Dr Ruth Kantor	6565 N. Chi		Suite	614 Phys	sican Pavi:	llion	Ralto., MD
DEC 4 1000		Danda 80					



TO THE HOSPITAL, OR ATTENDOM P TO THE FUNERAL CHECKOR AMEN TO be filed within 72 hours after druft v IMPORTANT: If Hum 28 is man

2

because signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should the Health and Mental Hygiene prior to burial, cremation, or removal. mquires that the death certificate be executed within 🗻 rours after death. Page 6 may be retained by the hospital or attending physician.

23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

												90	33041
	FOR STATE REGISTRAR	STATE OF I	MARYLAND C	/ DEPAR					MENTAL	REG. NO.	E		
ŀ	1. DECEDENT'S NAME (First, Middle, Last)								2. DATE	OF DEATH	Y	YEAR 3	. TIME OF DEATH
	Clyde	2	Rus	sel1		Co	ok			-29-90			7:11AM
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In ym. l		IF UNDER		IF UNDER		7. DATE (Dey, Year)		8. BIRTHPL Country)	ACE (State or Foreign
i.	212-26-6436	1 XM 2 F	58	YRS.	MONTHS	DAYS	HOURS	MIN.		5-1932		MARYL	AND
	9a. FACILITY NAME (If not institution, give stre	set and number)			9b. CITY	, TOWN O	R LOCATIO			3 1752		TY OF DEA	
5	University Hospi	tal			5	Ral	timor	0	i + 17		C	ITY	
5	RESIDENCE OF DECEDENT	.cai				Dai	CINOI	<u>. C C.</u>	<u> </u>				
DINECTOR	10a. STATE 10b. COUNTY			10c. CI	ry, town (OR LOCAT	ION					1	0d. INSIDE CITY LIMITS?
	MD ANNE A	ARUNDEL			LEN	BURN	IE					1	YES 2 NO
1	10e. STREET AND NUMBER					101	ZIP CODE				10g. CITI	ZEN OF WH	AT COUNTRY?
	7609 McGowan Ave.						21060)			U.S.	Α	
LONGLAR	11. MARITAL STATUS	12. WAS DECEDED	NT EVER IN U.S.	RMED		WAS DEC	ENDENT O	F HISPAN		? (Specify Yes		14 BACE -	- American Indian,
	1 Never Married 2 Married	FORCES?	NAR OR DATES	NO			2 NO			liceri, etc.)		CW	White, etc.
	3 Wildowed 4 Divorced	1953-1					2 X NO	-,,					WHITE
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade of	ATION completed	18a, (DECEDENT'S	USUAL O	CCUPATIO	N of undin		16b.	KIND OF BUS	SINESS/INC	USTRY	
į.	Elamentary/Secondary (0-12)	College (1-4 or 5		Ma. Do NOT	rse retired.)	uuring mo	st or wording						
	12	2 7	vears	Jo	urna	list			Ba	1timo	re Ne	ows At	merican
5	17. FATHER'S NAME (First, Middle, Last)						18. MOTH	IER'S NA		fiddle, Maiden			
	CLYDE CRISS	COOK					ANN	ΤΔ		T		MORO	AN
20	19a, INFORMANT'S NAME (Type/Print)	OUUK		19b. MAILIN	G ADDRES	S (Street a			Route Numb	er, City or Tow	n, State, Zip		4300
2	MORGAN J. COOK			638	2 Smi	thv	Squa	re A	Apt A	. G1	en Bu	rnie.	MD 21061
	20s, METHOD OF DISPOSITION 1 X Burial 2 Cremation 3 Remo		20b. PLAC	E OF DISPO								City or Tow	
	1 A Buriel 2 Cremation 3 Remo	val from State		land	Vete	rane	Come	ator	37	Cr	Otto	ville	MD
	21. SIGNATURE OF FUNERAL SERVICE LICE	ENSEE	_ Trainy	Tand			ID ADDRES			1 01	OWIIS	VIIIE	, FID
П	- 10 .10	7	1		S	ingl	eton	Fun	eral	Home			
	Vision	Sum	erum	_									MD 21061
	23. PART L'Enter the disesses, pr c	omplications th	et coused the	deeth. Do	not enter	the mo	de of dyi	ng, suci	h es cerd	liec or respi	ratory an	rest,	Approximata Interval Between
	IMMEDIATE CAUSE (Final	Tar billy bile co	use Dil godi il	110.									Onset and Dea
1	disease or condition resulting in death)	Hyper	tensive	arte	rios	cler	otic	car	diova	ascula	r di	sease	
	Tooling in deatily		OR AS A CONS										
2													
2	Sequentielly list conditions, if eny, leading to immediate	DUE TO	OR AS A CONS	SEOUENCE (OF):								
3	CAUSE (Disesse or Injury												<u> </u>
	that initiated events	DUE TO	OR AS A CONS	SEOUENCE	OF):								
CEMILITICATION	resulting in death) LAST	l											
- 4	DARY II Other algolfland applition	- annielbuilen i	a death hut an	t manifold	In the re	m al a arb alan		alassa In	David I	04- 1400 00	ALTTOROV	Lan	WEST ALTERNAL PRODUCT
۱ ۱	PART II. Other significent conditions	contributing to	o demin but no	c resulting	in the u	naeriyin	g csuse (given in	Part I.	24a. WAS AN PERFO		105	WERE AUTOPSY FINDING AWAILABLE PRIOR TO
3 I										MX YES 2	NO 🗌		COMPLETION OF CAUSE OF DEATH?
										XX			YES 2 NO
-													
₹	25. WAS CASE REFERRED TO MEDICAL				,		LACE OF D	EATH (Ch	eck only or	10)			
7	* EXAMINER?	HOSPITAL:	☐ ER/Outpatient	3 🗆 DOA	OTHE 4 □ Nu		10 5 🗆 Re	sidence	6 🗆 Othe	r (Specify)			
PHTSICIAN: MEDICAL	27. MANNER OF DEATH	28a. DATE O		28b. Ti		28c. IN.	URY AT		28d. DES	CRIBE HOW	NJURY OC	CURED	
	XXMistural 5 Pending Investigation	(MONN),	Day, Year)		M		YES 2	NO					
2	2 Putalda	28e. PLACE	OF INJURY — AI	home, farm	, street, fac	ctory, offic				ATION (Street		r or Rumi Ro	oute Number,
	4 Homicide 6 Could not be determined	building	g, etc. (Specify)						Clfy	or Town, State)		
COMPLETED	29a, CERTIFIER	CIAN: To the heat	of my knowledge	dooth nec	mad pt th	Name of Co.	and star	and A	to the se	una(a) and a		ded /	
2	(Check only one) 1 CERTIFYING PHYSIC ONE)												and manner on stated
3					at my	opmount, t				and black &			
N N	296. SCHATURE AND TITLE OF CERTIFIER	1/ 0.						ense nui CME	MBER		29d. DA	11-3	Month, Day, Year)
- 1	I I I I I I I I I I I I I I I I I I I	A STATE OF THE STA											

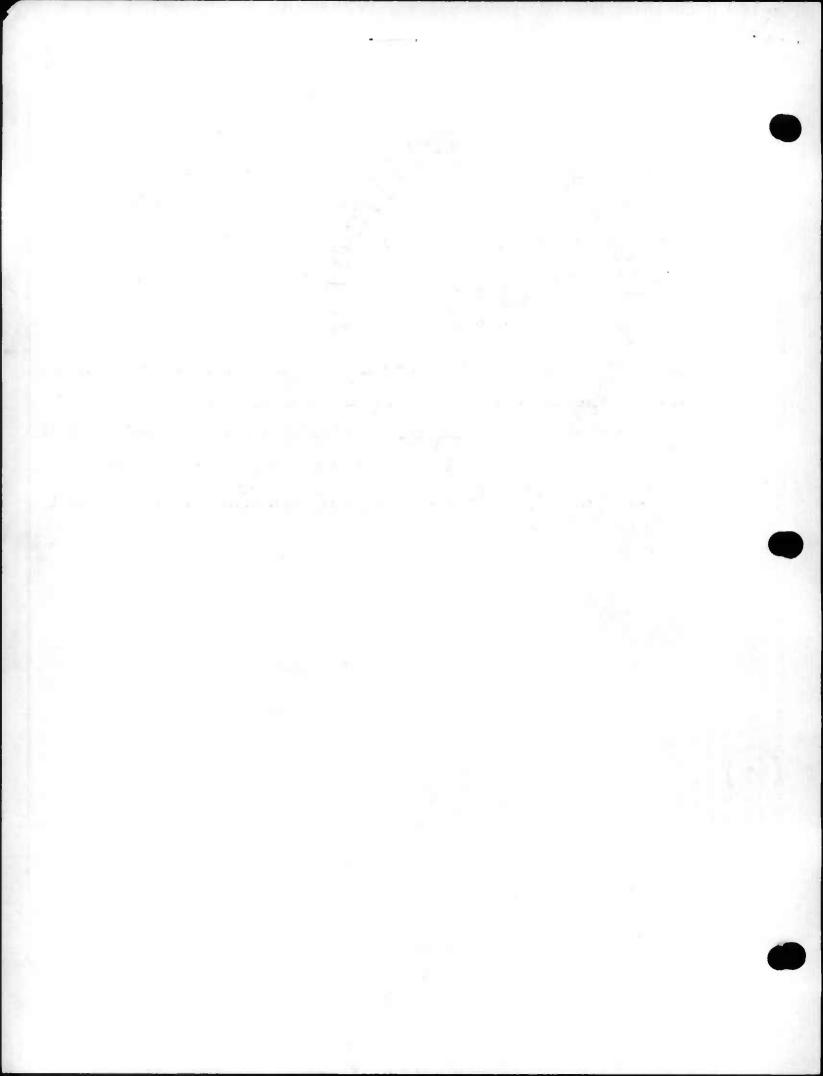
111 Penn Street, Baltimore, MD 21201

32. REGISTRAR'S SIGNATURE

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)
MARGARITA A. KORELL, MD

296. SONATURE AND TITLE OF CERTIFIER

DHMH-16 Rev 1/89



OF VITAL

BALTIMORE, MARYLAND 21203-3146	after death. Page 6 may be retained by the hospital or attending physician.	certifications are among the stranged physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be set as the burial-transit permit. Pages 1, 2, 3 should be set as the burial-transit permit. Pages 1, 2, 3 should be set as the burial-transit permit. Pages 1, 2, 3 should be set as the burial-transit permit. Pages 1, 2, 3 should be set as the burial-transit permit.	cal examiner must be notified at once.	
DIVISION OF WITAL RECORDS, P.O. BOX 13146,	TO THE HOSPITAL OR ATTENDIME PRESIDAN. The president of the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this challicate man again to the attending physician and completely filled in by the filed within 72 hours after death with a State Company or remove).	IMPORTANT: If item 28 is married, or item 23 shores any injury, or other traumatic event, the medical examiner must be notified at once.)

TO BE COMPLETED BY PHYSICIAN:

25. WAS CASE REFERRED TO MEDICAL EXAMINER?

1 YES 2 NO

ET. MANNETS OF DEATN

31. DATE FILED (Month, Day, Year)

1 1990

1 Natural
2 Accident

1. DECEDENT'S NAME (FI	irst, Middle, Last)				ICATE O	DEA		REG. NO		T	. TIME OF DEATH
		Inez C.	Ful ford					монтн р	LOO	YEAR	236
4. SOCIAL SECURITY NU		5. SEX 1 M 2 K F	6. AGE (In yrs. la	et birthday) YRS.	IF UNDER 1 YEAR		R 24 HRS. MIN.	7. DATE OF BIRTN (Month, Day, Year)		8. BIRTNPI Country)	LACE (State or Foreign
9a. FACILITY NAME (# no	9 <u>8303</u>	Y	8	30	9b. CITY, TOW	N OR LOCATI	ON OF DE	10-6-	10	TY OF DEA	West Virgi
2617 Larchm		and namedy				dlawn			60	timor	1.
10a. STATE	10b. COUNT	Y		10c. CIT	Y, TOWN OR LO	CATION				T	od. INSIDE CITY
Maryland		Baltimor	e		Woo	dlawn				1	LIMITS?
10e. STREET AND NUMBI	ER	5.00				10f. ZIP COD	E		10g. CITIZ	EN OF WN	AT COUNTRY?
2617	Larchmont	Dr.					2120	7			U.S.A.
11. MARITAL STATUS 1 Never Mented 2 3 WWildowed 4 D			T EVER IN U.S. AT YES 2 X	RMED NO	If yes,		en, Mexico	IIC ORIGIN? (Specify Ya n, Puerto Rican, atc.) /:	e or No—	14. RACE - Black, Specify:	– American Indian, White, etc.
100	ECEDENT'S EDU				USUAL OCCUP			16b. KIND OF BU			Caucasian
					Sal	es Cle	de -		Men	ement.	I Five & Di
17. FATHER'S NAME (First, LANG NAME) 19e. INFORMANT'S NAME Mo. Edward 20e. METHOD OF DISPOS 1 CXBuriel 2 Creme	E (Type/Print) To Fulfor Sition atton 3 Ref	ble			ADDRESS (Stre	et and Numbe	TOP TOP or or Rural	Route Number, City or Tov	NKNOU	Code)	
19a. INFORMANT'S NAME May Edward 20a. METHOD OF DISPOS	E (Type/Print) T Fulfor SiTION atton 3 - Ren her (Specify) FRAL SERVICE LI	novel from State		105 V E OF DISPO	Cathrod SITION (Name of Temperial	et and Numbe	TO A or or Rural matory or ESS OF FA	ROUND Number, City or Tow	NKNOU vn. State, Zip levid 21 vkesvil eral Di	Code) Code) City or Tow	n, Stata Maryland
19a. INFORMANT'S NAME No. Edward 20a. METHOD OF DISPOS 1 ©Burlal 2 © Crems 4 © Donation 5 © Ott 21. SIGNATURE OF FUNE	E (Type/Print) T Fulfer Strice Stric	noval from State	20b. PLACE officer &	105 V E OF DISPO Disco)	Cathrock SITION (Name of	et and Number Dr. permetery, cres E AND ADDRE	TO A To A	ROUTE Number, City or Townson, City or T	WKNOU wn, State, Zip Wkesvilleral Di lstown	Code) Code) City or Tow Le rector	Maryland rs, Inc Maryl21133
19e. INFORMANT'S NAME No. Edward 20e. METHOD OF DISPOS 1 Quarter 2 Creme 4 Donetton 5 Ott	T Fulfor Sirion atton 3 G Rem her (Specify) RAL SERVICE LI decesea, or r heert feilure. (Final	complications the	20b. PLACE officer &	E OF DISPO	STITION (Name of Name	et and Number of and Number of and Number of Section 1988.	TO A TO A	ROUTE Number, City or Townson, City or T	wn, State, Zip kesvil eral Di lstown plratory arro	Code) Code) Coty or Tow le rector	Maryland

28e. PLACE OF INJURY — At home, farm, street, fectory, office building, etc. (Specify) 281, LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 8 Could not be determined 4 Nomicide

28b. TIME OF INJURY

29a, CERTIFIER (Check only one) 1) CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated.

26. PLACE OF DEATN (Check only one)

28c. INJURY AT WORK?
1 YES 2 NO

5 Residence 8 - Other (Specify)

28d. DESCRIBE HOW INJURY OCCURED

MEDICAL EXAMINER: Of the Desir of Ballminerion and/of	investigation, in my opinion, dea	nn occured at the time, data and place, and	due to the cause(s) and manner as stated
290 MONATURE AND TYTLE OF CERTIFIER	Danty)	28c. LICENSE NUMBER	29d. DATE SIGNED (Month, Day, Year)
AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITE	M 27) (Type, Print) 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	TO WAT 'L PK	CATONPULL

OTHER:

32. REGISTRAR'S SIGNATURE - Randa #

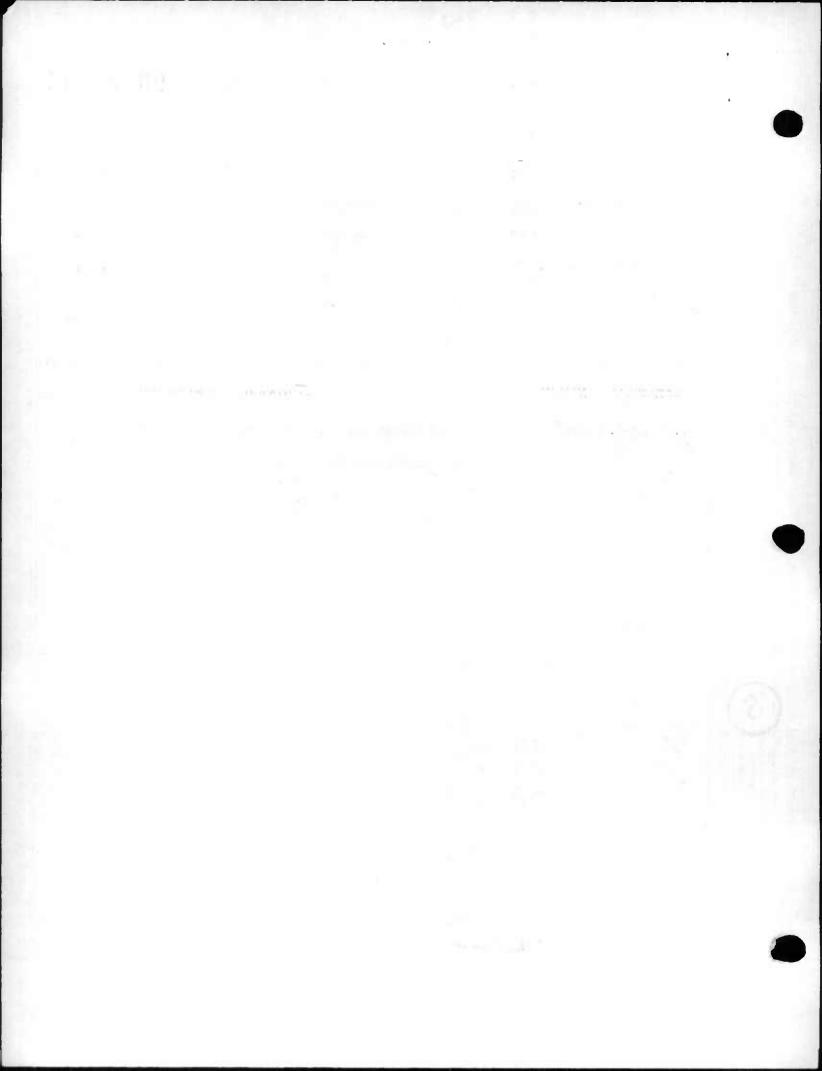
HOSPITAL:
1 | Inpetient 2 | ER/Outpetient 3 | DOA

28a. DATE OF INJURY (Month, Day, Year)

DHMN-16 Rev 1/89

8

1 - YES 2 - NO

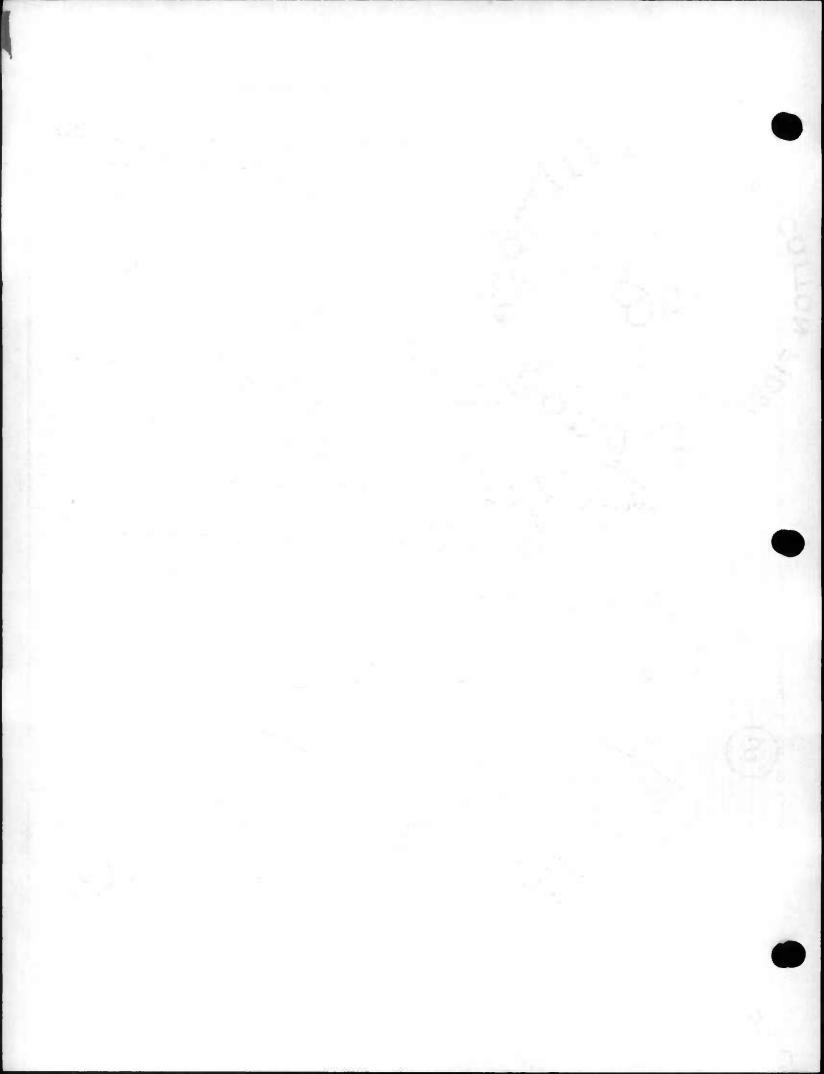


DEC 4 1990

32. REGISTRAR'S SIGNATURE

or attending physician.	ter in contract on signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should		
h. Page 6 may be retained by the hospital	eral director, page 5 should be detached for		niner must be notified at once.
ate be executed within an inours after deat	ysician and completely filled in by the fun	prior to burial, cremation, or removal.	marked or that its shows any injury, or other traumatic event, the medical examiner must be notified at once.
e we impuires that the death certifica	in the in signed by the attending ph	Der of Health and Mental Hygiene	as shows any injury, or other
4G PHISICIAN: IN	ter the confidence	ath with the State	marked, or itsu

	1 - FOR STATE REGISTRAR	STATE OF MARY		RTMENT OF I FICATE OF		MENTAL HYGIEN REG. NO			
	1. DECEDENT'S NAME (First, Middle, Lest) WILI	LIAM H.	FUKA			2. DATE OF DEATH	MY	YEAR	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 215-16-5020		GE (In yrs. lest birthday) 7 6 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 9 - 8 - 191	1	Country	yland
PO	9a. FACILITY NAME (If not institution, give so 10 Penny La				or Location of Di adena	EATH	Ann		rundel
FUNERAL DIRECTOR	10a. STATE 10b. COUNTY	Arundel		sadena	ATION				10d. INSIDE CITY LIMITS? 1 YES 2 X NO
ERAL	100. STREET AND NUMBER 10 Penny Lane	0.00		10	01. ZIP CODE 2112	2 2	U.S		HAT COUNTRY?
BY FUN	11. MARITAL STATUS 1 Never Married 2 CMerried 3 Widowed 4 Divorced	12. WAS DECEDENT EVE FORCES? 1 Y IF YES, GIVE WAR OF	ES 2 NO	If yes, s		NIC ORIGIN? (Specify Yean, Puerto Ricen, etc.) ly:	s or No—	Black, Specify	- American Indian, White, atc. y: White
	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5+)	16a. DECEDENT (Give kind o life. Do NOT	'S USUAL OCCUPAT of work done during m use retired.)	ION nost of working	16b. KIND OF BU		STRY	
COMPLETED	6th. grade 17. FATHER'S NAME (First, Middle, Last) Joseph	 Fı	Pain uka	nter		Chem AME (First, Middle, Melder ddie			mpany
TO BE	19a. INFORMANT'S NAME (Type/Print) Mrs. Selma Heat	t h		enny L		Pasadena,			nd 21122
	20s. METHOD OF DISPOSITION X Buriel 2 Cremation 3 Rem	oval from State	20b. PLACE OF DISP other place)	OSITION (Name of co	emetery, cremetory or	20c. LC	OCATION — C	Ity or Toy	wn, State
	4 Donation 5 Other (Specify)		Glen Hav		_		ne 320	4 M	ountain R
		complications that cau List only one cause of	Glen Hav	MC C1	ully Fun	neral Hom	ne 320 Pas	4 M ade	ountain R na, Md, 2112
ERTIFICATION	21. SIGNATURE OF PUNERAL SERVICE OF CONTROL OF CONTRO	complications that cau List only one cause of a. OUE TO (OR A DUE TO (OR A	Glen Hav	22. NAME A MC C1	ully Fun	neral Hom	ne 320 Pas	4 M ade	ountain F
MEDICAL CERTIFICATION	21. SIGNATURE OF JUNERAL SERVICE	complications that cau List only one cause of a. OUE TO (OR A b. DUE TO (OR A c. OUE TO (OR A	Glen Hav	22. NAME A MC C1 D not enter the m OF): OF):	and address of Fu ully Fur ode of dying, suc	neral Hon ch as cardiac or resp Ch as readiac or resp Ch as cardiac or resp	Pas Plratory arre	4 M ade	Interval Batween
	23. PART I. Enter the diseases, or ahock, or treat failure. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	complications that cau List only one cause of a. OUE TO (OR A b. DUE TO (OR A c. OUE TO (OR A	Glen Hav	22. NAME MC C1 O not enter the m OF): OF): OF): OF): OTHER:	and address of Full 1 y Full Full Full Full Full Full Full Fu	neral Hom ch as cardiac or resp LL Mu n Part I. 24a. WAS A PERFO 1 YES	Pas Plratory arre	4 M ade	Ountain R na, Md_2112 Approximate Interval Between Onset and Death Onset and Death were Autopsy Findings AMALABLE PRIOR TO COMPLETION OF CAUSE OF GEATH?
BY PHYSICIAN: MEDICAL CERTIFICATION	23. PART I. Enter the diseases, or shock, or beart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificant conditions. 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 DIO 27. MANNER OF DEATH 1 Natural 8 Pending investigation	Complications that cau List only one cause of a. OUE TO (OR A b. DUE TO (OR A d. OUE TO (OR A HOSPITAL: 1 Inpatient 2 ERA 28a. DATE OF INJU (Month, Day, Ye	Glen Hav	22. NAME / MC C1 O not enter the m OF): OF): OF): OTHER: 4 Nursing Ho TIME OF NUJURY M 1	ng cause given in place of Death 100 mo 5 Phesidence Natury at 100 mo 10	neral Hon ch as cardiac or resp Ch as cardiac or resp Ch as cardiac or resp The ch as cardiac or r	Pas Plratory arre	4 M ade	Ountain R na, Md_2112 Approximate Interval Between Onset and Death
ED BY PHYSICIAN: MEDICAL	23. PART I. Enter the diseases, or shock, or treat failure. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificant conditions. 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 DAO 27. MANNER OF DEATH 1 Natural 8 Pending investigation 3 Suicide 6 Could not be determined	Complications that cau List only one cause of a. OUE TO (OR A b. DUE TO (OR A c. OUE TO (OR A d	Used the death. Do on each line. AS A CONSEQUENCE AS A CONSEQUEN	22. NAME / MC C1 O not enter the m OF): OF): OF): OF): OF): OF): OTHER: 4	ng cause given in place of Death (9) proper 5 [Pasidence NJURKY AT 19] YES 2 NO	neral Hon ch as cardiac or resp Ch was cardiac or resp Ch was a penero 1 yes Whock only one) 28d. Describe How 28f. LOCATION (Street, City or Town, Steff	N AUTOPSY PRIMED? 2 INJURY OCC	24b.	Ountain R na, Md_2112 Approximate Interval Between Onset and Death Onset and D
D BY PHYSICIAN: MEDICAL	23. PART I. Enter the diseases, or shock, or treat failure. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificant conditions. 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 DNO 27. MANNER OF DEATH 1 Natural 8 Pending Investigation 3 Suicide 6 Could not be determined. 29a. CERTIFIER (Check only 1 CERTIFYING PHYS)	Complications that cau List only one cause of B. OUE TO (OR A C. OUE TO (OR A d	Used the death. Do on each line. AS A CONSEQUENCE AS A CONSEQUEN	22. NAME / MC C1 O not enter the m OF): OF): OF): 26. OTHER: 4 Nursing Ho Time OF Null	ng cause given in place of DEATH (a) PLACE OF DEATH (a) PLACE OF DEATH (b) PLACE OF DEATH (c) PLACE OF DEATH	The Part I. 24a. WAS A PERFO. 1 YES The Charles of the Cause (a) and must be to the cause (b) and must be to the cause (a) and must be to the cause (b) and must be to the cause (a) and must be to the cause (a) and must be to the cause (b) and must be to the cause (c) and must	N AUTOPSY PRIMED? 2 INJURY OCC	24b.	Ountain R na, Md_2112 Approximate Interval Batweer Onset and Death



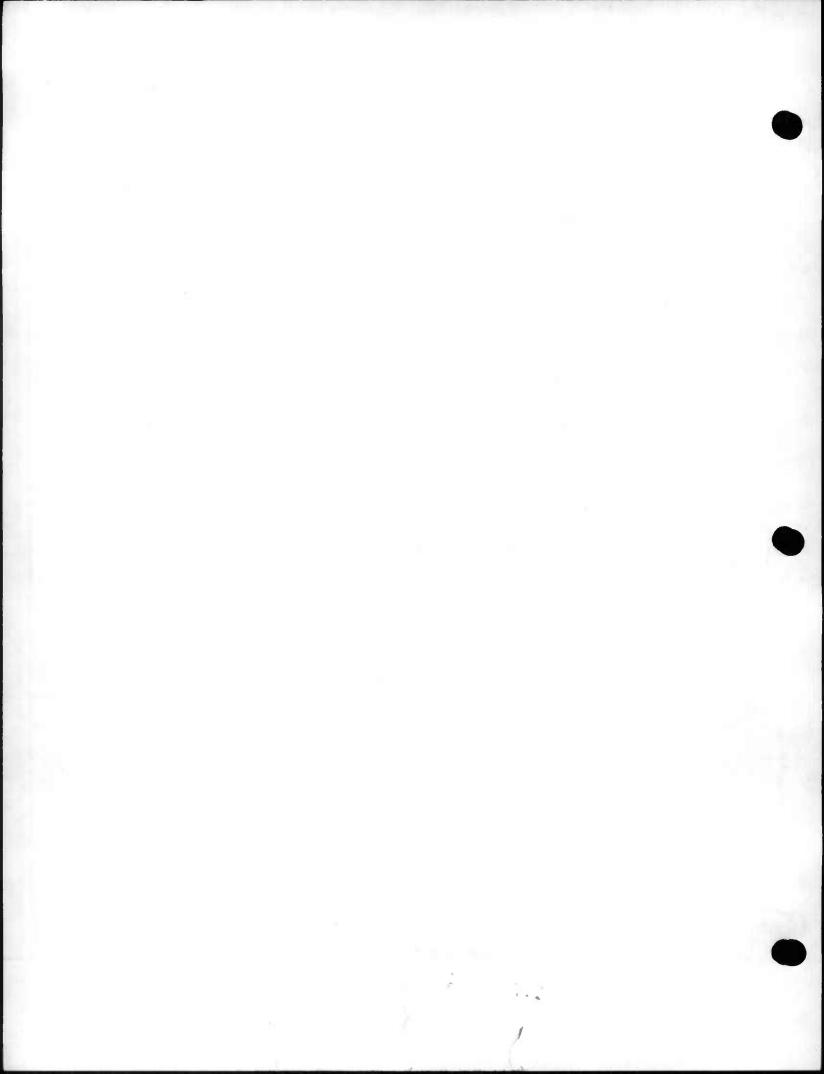
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 4-x-rours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, be finded within 12 burial be finded within 12 burial and Mental Hygines prior to burial or removal. Or removal.	The manual of th
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1. DECEDENT'S NAME (First, Middle, Last)	CE	RTIFICATE O		REG. NO	. 3	0 330 Ly Ly
Burlin		FRALEY		Dec. 3,	10:25 A _M	
220 10 1011	ы 2 □ F 74	YRS. IF UNDER 1 YEAR	1101000 1001	May 16, 1		Rentucky Kentucky
9e. FACILITY NAME (If not Institution, give street and Franklin Square	Hospital	9b. CITY, TOW	ROSSVIL		9c. COUNTY Bal	of DEATH timore
Franklin Square RESIDENCE OF DECEDENT 100. STATE Md. Ba	ltimore	10c. CITY, TOWN OR LO	ESSEX			10d. INSIDE CITY LIMITS? 1 YES 2 MHO
10e. STREET AND NUMBER 900 ESSEX Squa 11. MARITAL STATUS 12. Warried 13. Navyer Married 14. Navyer Married	re		101. ZIP CODE 21	221	10g. CITIZEN	OF WHAT COUNTRY?
3 Wildowed 4 Divorced	AS OECEDENT EVER IN U.S.AR DRCES? 1 1 YES 2 1 N YES, GIVE WAR OR DATES	IO If yes,	ECENDENT OF HISPANIC specify Cuban, Mexican, ES 2 NO Specify:			RACE — American Indian, Black, White, etc. Specify, White
15. OECEDENT'S EDUCATION (Specify only highest grade complet Elementary/Secondary (0-12) 17. FATHER'S NAME (First, Middle, Last) 18. Taliliam Fyaloxy	(Gi	CEDENT'S USUAL OCCUPI he kind of work done during Do NOT use retired.) Iron Work	most of working	16b. KIND OF BU	SINESS/INDUST	RY
17. FATHER'S NAME (First, Middle, Leet) William Fraley				Stitum	Surname)	
190. INFORMANT'S NAME (1)POPPINT)		b. MAILING ADDRESS (Stre				
Henrietta Fnale 20e. METHOD OF DISPOSITION 1. Burlet 2 Cremetton 3 Removal fro		900 Essex of DISPOSITION (Name of Sens of F.			e Ma. cation - city OSSV1	
Donetion 5 Other (Specify)					ossvi.	lle Md.
21. AGNATURE OF FUNERAL SERVICE LICENSEE	ural Hon	Con	nellyFune	ralHome	300MA	ceAve.21221
23. PART I. Enter the diseases, or complications, or hear failure. List or	cations that caused the da nly one ceuse on each line	eth. Do not enter the	mode of dying, such	es cardiec or resp	iratory arrest,	Interval Between
IMMEDIATE CAUSE (Final disease or condition resulting in death)	Biventricu		Failure			Onset and Death
Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A CONSEC	· ·				
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A CONSEC	QUENCE OF):				
PART II. Other algnificent conditions cont Insulin depend				PERFO	RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE
Right below Kr			us	1 TYES	NO NO	OF DEATH?
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	BPITAL:	OTHER:	. PLACE OF OEATH (Check	k only one)		
1 YES 2 NO 1 D	npatient 2 ER/Outpatient 3 28s. DATE OF INJURY		INJURY AT	Other (Specify)	INJURY OCCUR	ED
2 Accident Investigation	(Month, Day, Year)	INJURY M 1	WORK? YES 2 NO			
3 Suicide 4 Homicide 5 Could not be determined 29s. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: 1 One) 2 MEDICAL EXAMINER: On the country of the country	26a. PLACE OF INJURY — At he building, etc. (Specify)	ome, rarm, street, ractory, o	ffice	201. LOCATION (Street City or Town, State		Plural Ploute Number,
29s. CERTIFIER 1 CERTIFYING PHYSICIAN: 1	To the best of my knowledge, de					
2 MEDICAL EXAMINER: On t	the basis of examination end/or	investigation, in my opinio	n, death occured at the th	me, date end place, e	na ave to the c	suse(s) and manner as stated.

Nadine Thomas, MD. 9000Franklin Sq. Dr. Balto. MD. 21237

31. DATE FILED (MONTH, Day, Year)

DF. C 4 1990 Suka Davidson Rands

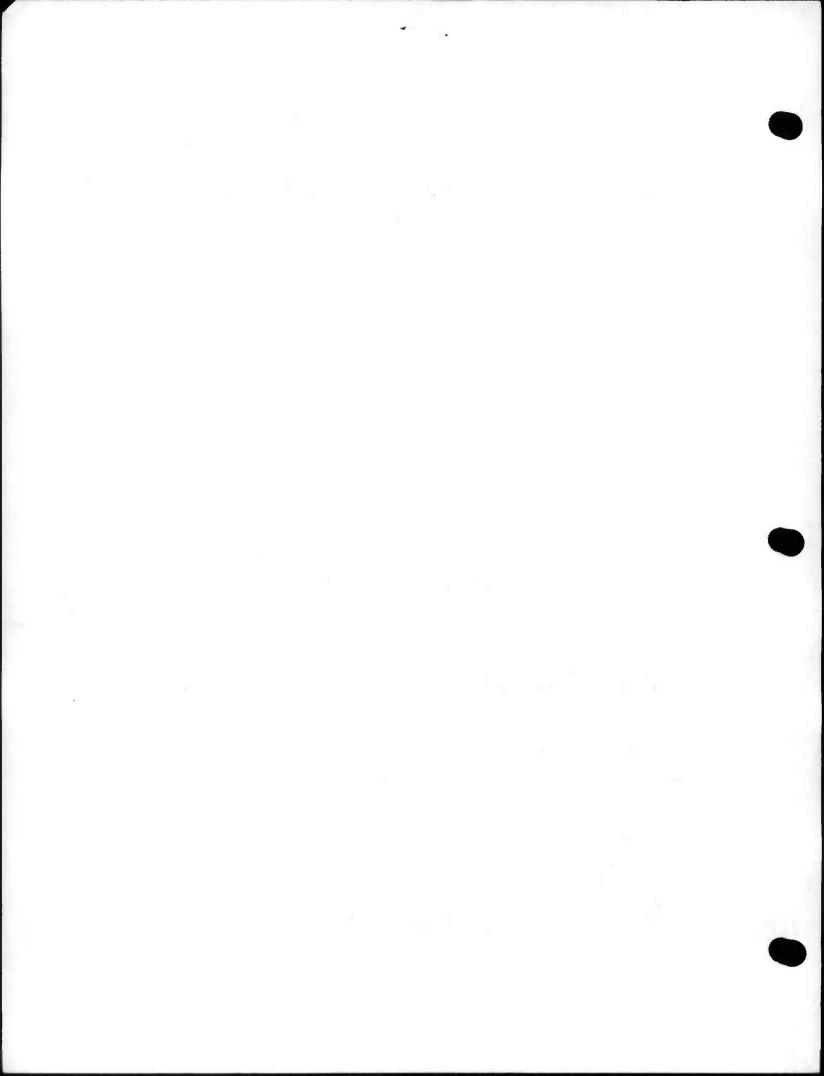


10 THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 25 mours after death. Page 6 may be retained by the hospital or attending physician.	TO THE RUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	other traumatic event, the medical examiner must be notified at once.
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be execu	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fined within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	FOR STATE REGISTRAR	STATE OF MARYL			ENT OF H		MENTAL HYG		90 33043
	1. DECEDENT'S NAME (First, Middle, Last)	ETHELE	THEL	FLEE	FLE	EFT	2. DATE OF DEAT	TH DAY	YEAR J. TIME OF DEATH M
	4. SOCIAL SECURITY NUMBER 212-24-8972	5. SEX 8. AGE ((in yrs. lest bi	77	UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRT (Month, Day, Ye 6/06/1	ar)	BIRTHPLACE (State or Foreign Country) MARYLAND
e 1	Se. FACILITY NAME (If not institution, give	street and number)	+4	9b	. CITY, TOWN C	OR LOCATION OF DE			NTY OF DEATH
DIRECTOR	RESIDENCE OF DECEDENT	1-31/-		40. 0/77/ 77	OWN OR LOCAT	Ju 67	1000		alli
DIRE	MARYLAND	•	[ALTIMO				10d. INSIDE CITY LIMITS? 1 X YES 2 NO
RAL	10e. STREET AND NUMBER					ZIP CODE			ZEN OF WHAT COUNTRY?
FUNERAL	2818 MAISEL ST	12. WAS DECEDENT EVER IN FORCES? 1 YES	N U.S. ARME	ED	13. WAS DEC	21230 ENDENT OF HISPAN		fy Yes or No-	JSA 14. RACE — American Indian, Black, White, atc.
B	1 Never Married 2 Married 3 Wildowed 4 Divorced	IF YES, GIVE WAR OR DA				ecify Cuban, Maxica 2 XNO Specify		E-,)	Specify: BLACK
COMPLETED	15. DECEDENT'S EDI (Specify only highest grad Elementary/Secondary (0-12)	JCATION e completed) College (1-4 or 5+)	(Give	DENT'S USL kind of work o NOT use re	JAL OCCUPATION done during months tired.)	ON st of working	16b. KIND O	F BUSINESS/INC	DUSTRY
MPL									
BE CO	17. FATHER'S NAME (First, Middle, Lest) WILLIAM FLEET					BESS]	ME (First, Middle, M LE FL	aiden Sumame) EET	
0 B	19a. INFORMANT'S NAME (Type/Print) EDNA FLEET		-			and Number or Rural i			1
	20a. METHOD OF DISPOSITION 1 X Burtal 2 Cremation 3 Ren	20b	L PLACE OF	DISPOSITIO	ON (Name of cer	metery commetory or			AND 21230 City or Town, Stata
	4 Donation 6 Other (Specify)	The same of the sa	MT. C	CALVAF	RY CEME	ETERY	CILITY	BROOKL	YN, MARYLAND
	Hexel	M. Oste	V		ESTER	BROTHER EUTAW PL	RS FUNER	AL HOME	P.A.
	23. PART I. Enter the diseeses, or shock, or heert fellure.	complications that cause. List only one cause on e		h. Do not					
1 1	IMMEDIATE CAUSE (Finsi					-			
1 1	disease or condition	. Condi	nce	rino	ton S	2	سم		Onset and Death
		BUE TO (OR AS A	A CONSEOU	ENCE OF):	try &	ailu	~~	10. t	Onset and Death Onset and Death
TION	disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate	b. Cerel	byo V	Das	scul	an a	accid	lent	4 days
IFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that intilated events	· Cerel	byo V	Das	scul	alu an a	a ccid	lent-	4 days
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	b. Cerel	byo V	Das	scul	a a niscl	a ccid	lest-	4 days
CAL CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. CRYE DUE TO (OR AS A DUE TO (OR AS A d.	A CONSEQUE	Day HENCE OF): HENCE OF):	arte	nizel	Part I. 24a. W	AS AN AUTOPSY ERFORMED?	4 day) Lear 204) 24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO
4	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. Cevel DUE TO (OR AS A DUE TO (OR AS A d.	A CONSEQUE	Day HENCE OF): HENCE OF):	arte	nizel	Part I. 24a. W	AS AN AUTOPSY	4 days lar 20/5 lear 20/5
MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. CRYE DUE TO (OR AS A DUE TO (OR AS A d.	A CONSEQUE	Day HENCE OF): HENCE OF):	ant c	g ceuse given in	Part I. 24a. W	AS AN AUTOPSY ERFORMED?	24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
SICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant conditions are supported by the conditions of	b. Ceye DUE TO (OR AS A DUE TO (OR AS A d. Ins contributing to death b Y) HOSPITAL: 100 Inpetient 2 ER/Out	A CONSEQUI	JOHN CE OF):	the underlyin	nizel	Part I. 24a. W Pi 1 1 1 1	AS AN AUTOPSY ERFORMED? TES 20X NO	24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
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D BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant conditions are sufficiently in the conditions of the conditions	b. DUE TO (OR AS A c. DUE TO (OR AS A d. DUE	A CONSEQUIA A CONSEQUIA LE MARCHAN A CONSEQUIA But not res Y — At home	DOA THE OF STREET	the underlyin 26. P THER: Nursing Hon Nursing Hon T Nursing Hon T T T T T T T T T T T T T	g ceuse given in LACE OF DEATH (Cr. The S Assidence JURY AT 79K? YES 2 NO tale and place, and due	Part I. 24a. W Pl 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	AS AN AUTOPSY ERFORMED? YES 20X NO Street and Number State) Ind manner as eta	24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 VES 2 NO
E COMPLETED BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions are suiting in death) LAST 25. WAS CASE REFERRED TO MEDICAL EXAMMER? 1 YES 2 NO 27. MANNER OF DEATH Natural 5 Pending investigation are suiting in death investigation are suiting in the suiting investigation are suiting investigation are suiting in the suiting investigation are suiting in the suiting investigation are suiting in the suiting in th	b. DUE TO (OR AS A DUE TO (OR	A CONSEQUIA A CONSEQUIA Dut not res Dut not res A CONSEQUIA Dut not res Expetient 3 Output A consequia A consequia Dut not res Expetient 3 Experience 3 Experience 4 Experience	DOA 4 28b. TIME O INJURY e, farm, street	the underlyin 26. P THER: Nursing Hon F 28c. IN. W THER: Nursing Hon F 28c. IN. W The state of the time, dett. In my opinion, we were the state of the time.	g ceuse given in LACE OF DEATH (C) na 5 Residence JURY AT ORK? YES 2 NO na and place, and due death occured at the	Part I. 24a. W Pl 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	AS AN AUTOPSY ERFORMED? YES 20X NO Street and Number State) Ind manner as eta	24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO CCURED or or Rural Route Number, sted. the cause(a) and manner as stated.



ST. DATE FILED (Month, 491990)



DHMH-16 Rev 1/89

FOR STATE REGISTRAR

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THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Degr. of Health and Mental Hygerie prior to burial, certainon, or removal.

	1. DECEDENT'S NAME (First, Middle, Last) Henry	Farmer Jr.		2. DATE OF DEATH	GEAR 1010
		i. last birthday) IF UNDER 1 Y	EAR IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	8. BIRTHPLACE (State or Foreign Country)
	216-58-2279 40	YRS.		(Month, Day, Year) 4/3/50	Md.
E E	Se. FACILITY NAME (If not institution, give street and number) Lock Raven V.A. Hospital		wn on location of dea altimore	TH S	e. COUNTY OF DEATH
5	RESIDENCE OF DECEDENT 10s. STATE 10b. COUNTY	10c. CITY, TOWN OR L	OCATION		10d. INSIDE CITY
DIRECTOR	Md.	Balti			LIMITS?
	10e. STREET AND NUMBER		101. ZIP CODE	1	IOg. CITIZEN OF WHAT COUNTRY?
FUNERAL	614 N. Chapel Gate Rd.		21229		USA
F	11. MARITAL STATUS 1 Never Metried 2 Metried 12. Was DECEDENT EVER IN U.S FORCES? 1 1 YES 2 IF YES, GIVE WAR OR DATES	□NO If yo	B DECENDENT OF HISPANII B, specify Cuban, Mexican, YES 2 NO Specify:	, Puerto Rican, etc.)	No— 14. RACE — American Indian, Black, White, etc. Specify:
) BY	3 Widowed 4 Divorced				Black
H	(Specify only highest grade completed)	. DECEDENT'S USUAL OCCL (Give kind of work done duri life. Do NOT use retired.)	IPATION ng most of working	16b. KIND OF BUSIN	ESS/INDUSTRY
COMPLETED	Elementary/Secondary (0-12) College (1-4 or 5 +)	D.A.V.			
at once.	17. FATHER'S NAME (First, Middle, Last)		16. MOTHER'S NAM	IE (First, Middle, Maiden Su	rname)
111	Henry R. Farmer Sr.	19b. MAILING ADDRESS (S		NICE BURRO	
TO BI	Jacqueline Farmer		stown Ct.		21229
must be		ACE OF DISPOSITION (Name or place)	of cemetery, cremetory or		TION — City or Town, State
	4 Donation 5 Other (Specify)	arrison Fore			ngs Mills, Md.
examiner	21. SIGNATURE OF PUNERAL SERVICE LICENSEE		me and address of fac step Brothe		Home P.A.
	23. PART I. Emer the diseases, or complications that counsed the		300 Eutaw P		
шедіса	shock, or heart failure. List only one cause or each		e mode or dying, such	ss cardiec or respira	tory srreet, Approximats Interval Between Onset and Death
2	IMMEDIATE CAUSE (Finel disease or condition resulting in deeth)	-			
event	DUE TO (OR AS A CO	NSEQUENCE OF):	и		
shows any injury, or other traumatic event, MEDICAL CERTIFICATION	Sequentially list conditions, Due TO (OR AS A CO	NSEQUENCE OF):	rathe	novie	}
CAT	cause. Enter UNDERLYING	RUSPICE	atory	Pastress	Sunday
ry, or other traumatic	CAUSE (Disease or injury thet initiated events resulting in deeth) LAST	NSEQUENCE OF):	7 1	- 1	
CER C	d. VISSEN	renated	Jatrau	ascu ac	Coa platie
AL	PART II. Other significant conditions contributing to death but r	not resulting in the unde	rlying cause given in I	Part I. 24s. WAS AN AL PERFORM	EO? AVAILABLE PRIOR TO
MEDICAL	H Z O B			1 □ YES 2	or bearing
					1 TYES 2 NO
ed, or item 23 PHYSICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?		26. PLACE OF DEATH (Che	ck only one)	
or item YSICI	1 YES NO 1 Impatient 2 ER/Outpatie		Home 5 - Residence		
Y PH	27. MANNER OF DEATH 1 Natural 5 Pending (Month, Dey, Year)	INJURY	ic. INJURY AT WORK? 1 YES 2 NO	28d. DEŞCRIBE HOW INJ	URY OCCURED
28 is marked TED BY PI	2 Accident Investigation 3 Suicide 6 Could not be determined 28e. PLACE OF INJURY — building, etc. (Specify)	At home, farm, street, factory	, office	28f. LOCATION (Street and City or Town, State)	d Number or Rural Route Number,
LET	29e. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge	e, death occurred at the time	, date and place, and due	to the cause(e) and mann	er en stated.
ANT: If Item 2 COMPLET	(Check only one) 2 MEDICAL EXAMINER: On the besie of examination en				
BE BE	29b. SIGNATURE AND TITLE OF CERTIFIER		29c. LICENSE NUM		29d. DATE SIGNED (Month, Day, Year)
₹ 2	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH	(ITEM 27) (Type, Print)	I+ M	D 7121	27.
1	31, DATE FILED (Month, Day Mapr) 32. REGISTRAR'S SIGNATU		-		
	TEG 1990 Julia Savidon-V	Pande 12			

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

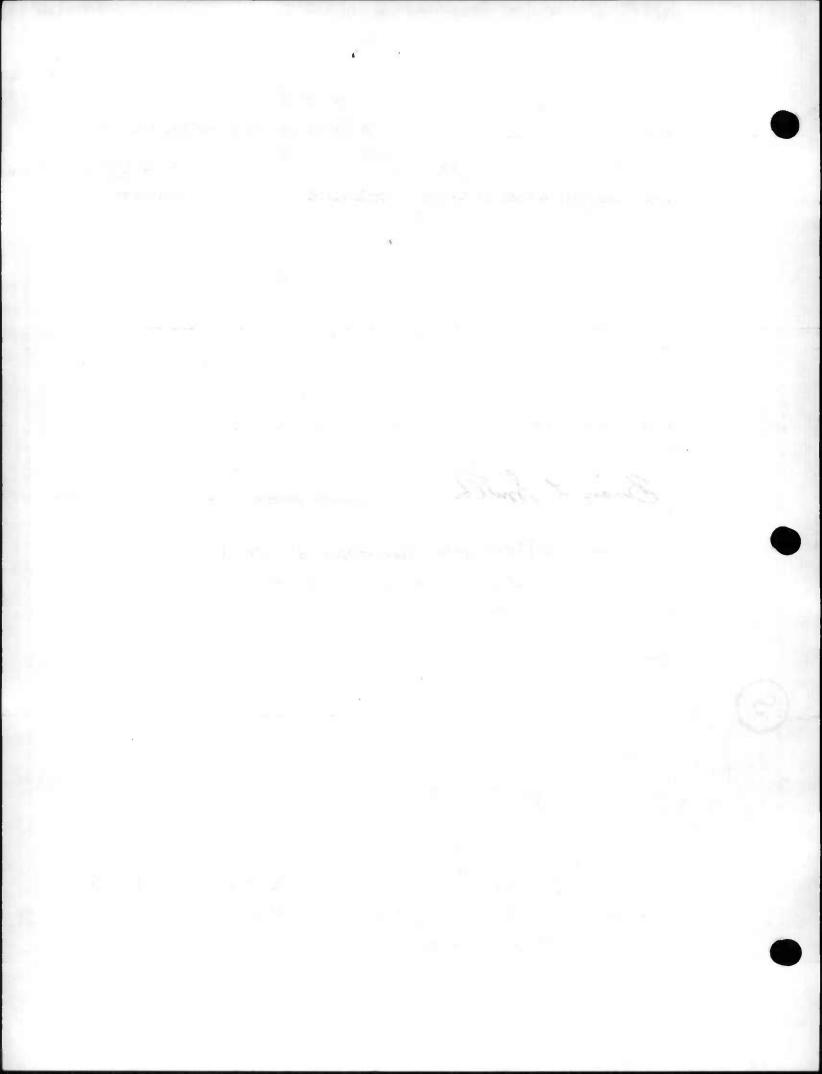
cuted within 24 hours after utatil. rage o may be fetalised by the	d completely filled in by the funeral director, page 5 should be detact	urial, cremation, or removal.	lic event, the medical examiner must be notified at once
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THE PRINCIPAL IN THE PERSON OF	the this certificate has been property the a	eath with the State was a season and Me	marked, or Item 22 street why Injur
ENGINE PTITOLONY, ILL. ST. CO. CO. CO. CO. CO. CO. CO. CO. CO. CO	OR. After this certificate his transport of the a	figr death with the State and Me	8 is marked, or Item 22 street why Injur
OR ALLENDING PHITOLOGY, US AN AND AN AND US US	NAMEDTOR. After this certificate has been proportion the a	ours after death with the State and Me	em 28 is marked, or Item 22 des 74y Injur
I'M, UR ALLEMDING PHITOLONIA, IIM, AND AND AND USE US	144 DEFECTOR: After this certificate his transport of the a	72 hours after death with the State and Ale	If Item 28 is marked, or Item 22 or a control injur
PLEATING OR ALLENDING PHILDINGAM. LINES AND AND USE US	FUNERAL DRECTOR. After this cartificate has been proported by the a	within 72 hours after death with the State and age and Me	TANT, If Item 28 is marked, or Item 22 and 34th Injur
10 HE HELD A. CHANTENDER PRINCE TO THE SECOND OF THE SECOND WINNING A FINAL SECOND SIZE OF THE SECOND OF THE SECON	TO THE PINNERS DEFECTOR. Annut this contribute to the contribution of the detach to the funeral director, page 5 should be detach	Sad within 72 hours after death with the State was a few and Me	IMPORTANT: It has 28 is marked, or hath the second injury, or other traumatic event, the medical examiner must be notified at once.

1 . 3	FOR STATE REGISTRAR		STATE OF M	ARYLAND C	DEPART	MENT C	OF I	ALTH AND	MENTA	L HYGIEN		U	00011
1. DE	CEDENT'S NAME (First, Mic		FIELD	S					2. DATE MONT)3 - 9(EAR	TIME OF DEATN
2 9a. F/	OCIAL SECURITY NUMBER 15-30-96 ACILITY NAME (If not institu	72 1 ntion, give street	M 2 F	8. AGE (In yrs. Ia	YRS.	9b. CITY, TO	OWN OF	IF UNDER 24 HRS. HOURS MIN. LOCATION OF	7. DATE (Mont 08	of Birth th, Day, Year) — 28—	0.	Country) Mary	CE (State or Foreign
61	10 B Nort		Drive			Ba	alt.	imore	Cit	У		none	
1000	ryland ryland	none)			timo		City					1. INSIDE CITY LIMITS? YES 2 NO
10a. S	STREET AND NUMBER				-		101.	ZIP CODE			10g. CITIZE	N OF WNA	COUNTRY?
61.	10 B Nort					T		1212					States
	ARITAL STATUS Never Married 2∑Ma Widowed 4 □ Divorce	rriad	P. WAS DECEDENT FORCES? 1X IF YES, GIVE WA	XYES 2		If y	es, spec	NDENT OF HISP lify Cuban, Mexi NO Spe	can, Puerlo		1.	Specify: Negr	American Indian, hita, atc.
17. FA	15. DECEDE (Specify only his lementary/Secondary (0-12)	1		(S	ECEDENT'S U Give kind of wo e. Do NOT use tired	rk done duri retired.)	ing most	of working Supe	De	epartn	SINESS/INDUS	TRY	al Servi
17. FA	ATNER'S NAME (First, Middle	e, Last)						18. MOTHER'S			Surname)		
	Lafayett		lds							ae Tho			
198. 1	INFORMANT'S NAME (Type							d Number or Run					
	Vonne Fie							thwood			CATION — CIT		1212
1 🗆 1	Buriel 2 Cremation Donation 5 Other (Sp	3 - Ramova	I from State	other c	olace)			nmount					Marylan
	Calver		Crey	260	2 co	22. NA	ME ANO	ADDRESS OF 7 in B. E. Pre	FACILITY			-	
Sequifier cause	abock, or hear lEDIATE CAUSE (Final lease or condition liting in death) uentially list condition ly, leading to immedie se. Enter UNDERLYING USE (Disease or injury initiated events liting in death) LAST	a	Tons, oue to	DR AS A CONSI	SCULA EQUENCE OF)	er	cci	dent					Interval Batween Onset and Daeth IR hours 3 Months
25. W E 1 27. M	T II, Other eignificent	conditions of		leath but not	resulting in	the unde	erlying	ceuee given	in Part i.	24a. WAS AN PERFOI 1 TYES 2	AMEQ?	CC Of	ERE AUTOPSY FINDINGS AILABLE PRIOR TO MPLETION OF CAUSE OEATH? YES 2 NO
25. W	MAS CASE REFERRED TO NEXAMINER?		IOSPITAL:			OTHER:	28. PL/	CE OF DEATN	Check only	one)			
1	YES 2 NO		☐ Inpatient 2 ☐		3 DOA	4 - Numin	_	5 Residence	_		IN HIRK OCC.	DED	
1 2	Natural 5 Per	nding estigation	28a. DATE OF (Month, Da	y, Year)	286. TIME	M M		ES 2 NO		EŞCRIBE HOW			
4		uld not be ermined		INJURY — At to te. (Specify)	iome, rarm, at	reet, ractory	y, omce			CATION (Street y or Town, State,		r Muniii Noui	e Number,
	CHECK ONLY		N: To the best of on the basis of ex					•					nd manner as stated.
296.	SIONATURE AND TITLE OF	YORU	an N	10				29c. LICENSE I	23/	/	29d. DATE :	SIGNED (M	grith, Day, Year)
	Tan R ST	ERSON VINO	COMPLETEO CAUS	407	EM 27) (Type,	Print) RV	7	Ste 30	5	Litter	ville i	MD	21093
31. 0	DEC 4 19	990 <	32. REGISTRA	S SIGNATURE	62								

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The TO THE FUNERAL DIRECTOR: After this certificate be filed within 72 hours after death with the State Decime within 72 hours after death with the State Decime WPORTANT: If Item 28 is marked, or Uem 23 in DIVISION OF VITAL

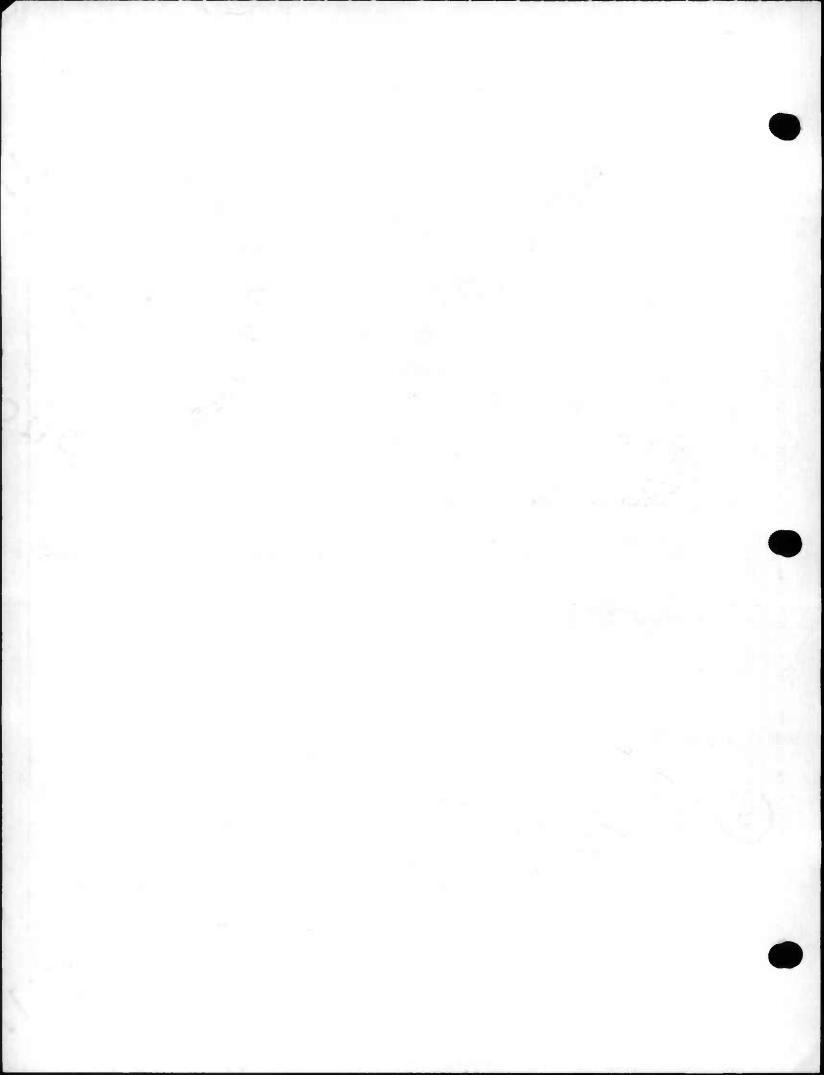
_	FOR STATE	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND N	MENTAL	HYGIENE
	REGISTRAR	CERTIFICATE OF DEATH		REG. NO.
_				

1 - STATE REGISTRAR	SIAIL OF IM	ARYLAND / CE		ICATE					EG. NO.				
1. OECEDENT'S NAME (First, Middle, Last)								2. OATE OF	DEATH		VEAD .	3. TIME OF DEAT	Н
THOMAS	В.			FE	RRE	BEE	Sr.	Novem	ber	26,	1990	8:30P	М
4. SOCIAL SECURITY NUMBER		6. AGE (In yrs. less	t birthday)	IF UNDER 1 1	_	HOURS	24 HRS.	7. OATE OF I	BIRTH y, Year)		8. BIRTHE Country	PLACE (State or Fo	oreign
214-07-0194	1 № M 2 🗆 F	86	YRS.	alonina (uni s	HOUNS	mire.				eville,	WV	
9s. FACILITY NAME (If not institution, give s	treet and number)			9b. CITY, T	OWN OF	I LOCATIO	ON OF DE	EATH			INTY OF DE		
Memorial Hospital	& Medica	1 Cente	r	Cumberland Allegany					У				
RESIDENCE OF DECEDENT	w		L 40 - 047	Y. TOWN OR	1.00171	011						10d. INSIDE CITY	
			10C. CIT						LIMITS?				
Md. A	llegany		Rawlings					1 TYES 2 X	NO				
					101.			_		10g. CI			
15250 Bier Lai	12. WAS DECEDENT	EVER BULLO AR	4450	40.10	0.0505	_	2155	VIC ORIGIN? (S	14 · W-	No	T -	SA — American Indi	
1 Never Married 2 Married 3 Wildowed 4 Divorced		YES 2 N		:If y	yes, spe	cify Cuba		n, Puerto Rice		or No—	Black, Specify	, White, etc.	en,
16. DECEDENT'S EDU	CATION			USUAL OCC				16b. KIN	D OF BU	SINESS/IN	DUSTRY		
Flementery/Secondary (0-12)	College (1-4 or 5+)	H/a	ive kind of Do NOT u	work done dui se retired.)	ring mos	t of workin	ng						
			nolon	zee				K	allv	Spr	inafi	eld Tir	6
17. FATHER'S NAME (First, Middle, Last)	-					18. MOT	HER'S NA	ME (First, Midd					
Charles H. Fe	rrebee					I	ella	a Kitz	nille	er			
19a. INFORMANT'S NAME (Type/Print)		191	b. MAILING	ADDRESS (Street an	d Number	or Rural i	Route Number, (City or Tow	n, State, Z	ip Code)		
Mrs. Edna E. F	errebee		15250	Bier	La	ne,	Raw.	lings,	Md.	21.	557		
20a. METHOD OF DISPOSITION	owel from State	20b. PLACE other pla	OF DISPO	SITION (Name	e of cem	etery, crer	natory or		20c. LO	CATION -	- City or Tox	wn, State	
Spurial 2 Cremation 3 Ram 4 Donation 6 Other (Specify)				ac Mem	ori	al (Sarde	ens	Ke	eyse:	r, W.	Va.	
21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE	0		22. N/	AME AN	D ADDRE	SS OF FA	CILITY		85	s. Ma	in St.	
Draw of	· Soul	CK		RC	tru	ck F	າ ກeາ	ral Hor	ne i	Kevs	er. W	N. 2672	6
ahock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in dasth) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in dasth) LAST	b. Chr. DUE TO (State OR AS A CONSECUTION AS A CONSECUTI	OUENCE C	enal					ale			Interval B Onset an	
resulting in death) LAST	d	death but not i	reaulting	In the und	eriving	Cause	alven in	Part I. 24	a. WAS AN	AUTOPSY	/ 24b.	WERE AUTOPSY F	INDINGS
								_ 1	PERFO			AVAILABLE PRIOR COMPLETION OF DEATH?	CAUSE
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			07117		ACE OF E	EATH (C	heck only one)					
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH	1 Inpatient 2	ER/Outpatient 3	DOA	4 Number		5 🗆 B	asidenca	6 Other (S	pecify)				
27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	28a. DATE OF (Month, De		28b. TII	ME OF 2 JURY M		URY AT RK? 'ES 2 [] NO	28d, DESCR	BE HOW	INJURY O	CCURED		
		F INJURY — At ho etc. (Specify)	ome, farm,	street, factor	ry, office			281. LOCATIO	DN (Street lown, State	and Numb)	er or Rural R	Route Number,	
(Grack orm)	ER: On the basis of ex											i) and menner as	stated.
29b. SIGNATURE AND TITLE OF SHITTER	The state of the s	1				29c. LIC	ENSE NU	7 9 .		29d. D/	ATE SIGNED	(Month, Day, Year,	
30. HAME AND ADDRESS OF FERSON W	17 Old To				and	MD	21	.502					
31. DATE FILED (Month, Day, Year)		R'S SIGNATURE	, ,			,							
	Julia Davidso		2										



1314
BOX
P.0.
RECORDS,
VITAL
OF
NOISION -

	* REGISTRAR 1. DECEDENT'S NAME (First, Middle, Las		CERTIFI	CAIL	OF DEATH	2 DATE	REG. NO.		3. TIME OF DEATH
	Ва	rbara Joan	Gisch	nel		MONT	ec. 2	,199 0	AR
	4. SOCIAL SECURITY NUMBER		(In yrs. last birthday)	#FUNDER 1 YE		7. DATE	of BIRTH 1, Day, Year) 0/194	6. B	IRTHPLACE (State or Fore
	216-42-8678 9e. FACILITY NAME (If not institution, give	21 2	8 YRS.	9b. CITY. 107	WN OR LOCATION OF D		0/194	9c. COUNTY	laryland of DEATH
E	5215 Harford				Balto.Ci		5.77		
CL	RESIDENCE OF DECEDENT 10e, STATE 10b, COU	NTV	I see CIT	, TOWN OR L					10d. INSIDE CITY
DIRECTOR	Md	<u>A.A.Co.</u>			Co., Md.				LIMITS?
	10a. STREET AND NUMBER				101. ZIP CODE			10g. CITIZEN	OF WHAT COUNTRY?
FUNERAL	5713 Johnson				2122			US	
B	11, MARITAL STATUS 1 Never Married 2 Never Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER I FORCES? 1 YES	₽₩0	If yo	DECENDENT OF HISPAL s, specify Cuben, Mexico YES 2 NO Specific	in, Puerto I			RACE — American Indien Black, White, atc. Specify: White
E	15. DECEDENT'S El (Specify only highest gra	DUCATION ade completed)	16a. DECEDENT'S I	vork done durin	PATION g most of working	16b	. KIND OF BUS	INESS/INDUST	HY
LET	Elementary/Secondary (0-12) 12th.Grade	College (1-4 or 5+)	Dorot O		or Vehèc	100		Ctata	Gov't
COMPL	17. FATNER'S NAME (First, Middle, Last)		Dept.O.	I MOU	18. MOTHER'S NA		Middle, Maiden		GOV
ш	William	J.	Lo	renz	Kat	hryn	M.	Carro	11
TO B	19a. INFORMANT'S NAME (Type/Print)	04	T 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1		reet and Number or Rural				
	Mr.William E				hnson St	.Bal	_	ATION — City	
	200. METHOD OF DISPOSITION 12 Buriel 2 Cremation 3 Re 4 Donation 5 Other (Specify)	amount from Ctate	other place)		morial P	ark			rnie, Md.
	21. SIGNATURE OF FUNERAL SERVICE				NE AND ADDRESS OF FA				.Md.21230
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	b. To lo DUE TO (OR AS	A CONSEQUENCE OF	n: In:	lives	ra	of lly	/ Kus	y 5 mgs
1 55	reaulting in death) LAST	d							
MEDICAL	PART II. Other algoriticant condit	d	but not resulting I	in the under	rlying cause given ir	Part I.	24a. WAS AN PERFOR	MED?	AMALABLE PRIOR 1 COMPLETION OF CO OF DEATH?
MEDICAL			but not resulting I		riying cause given in		PERFOR	MED?	24b. WERE AUTOPSY FIN MARILABLE PRIOR I COMPLETION OF CI OF DEATH? 1 YES 2 N
MEDICAL	PART II. Other algoriticant conditions to the condition of the condition o	HOSPITAL: 1 Inpetient 2 ER/Ou	repetions 3 DOA	OTHER:	28. PLACE OF DEATH (C	heck only o	PERFOR 1 YES 2 ne)	MED?	AMALABLE PRIOR T COMPLETION OF CO OF DEATH?
PHYSICIAN: MEDICAL	PART II. Other algnificant conditions to the condition of	HOSPITAL: 1 Inpatient 2 ERVOu 28a. DATE OF INJURY (Month, Day, Year)	tpatient 3 DOA	OTHER: 4 Nursing	28. PLACE OF DEATH (C	heck only o	PERFOR 1 YES 2 ne)	MED?	AMALABLE PRIOR T COMPLETION OF CO OF DEATH?
ED BY PHYSICIAN: MEDICAL	PART II. Other algoriticant conditions to the condition of Death	HOSPITAL: 1 Inputiont 2 Inpution 2 Re. DATE OF INJURY (Month, Day, Year) 26e. PLACE OF INJURY building, etc. (Sp	ripationt 3 DOA 28b. TIM	OTHER: 4 Nursing E OF 28 JURY M 1	26. PLACE OF DEATH (C Home 5 Theoldence C. INJURY AT WORK? 1 YES 2 NO	heck only o	PERFOR 1 VES 2 ne) or (Specify) SCRIBE NOW I	MED?	AMALABLE PRIOR T COMPLETION OF CO OF DEATH?
COMPLETED BY PHYSICIAN: MEDICAL	PART II. Other algnificant condit	HOSPITAL: 1 Inpetient 2 ERVOu 28e. DATE OF INJURY (Month, Day, Year) 28e. PLACE OF INJUR be duilding, etc. (Sp 4YSICIAN: To the best of my kno MINER: On the basis of examinati	repetient 3 DOA 28b. TIM (NJ TY — At home, farm, cecify) wriedge, death occurre	OTHER: 4 Nursing E OF 28 JURY M 1 street, factory,	26. PLACE OF DEATH (C Home 5 Peeldence c. INJURY AT WORK? YES 2 NO office dete and place, and du lon, death occured at the	a Othe 28d. DE 28f. LOC	PERFOR 1 VES 2 Ine) Ine (Specify) SCRIBE NOW I CATION (Street or Fown, State)	NJURY OCCURI	AMALABLE PRIVOR TO COMPLETION OF COOPLETION OF COOPLETION OF COOPLETION OF COOPLETION OF COMPLETION
MPLETED BY PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigatic 2 Accident 3 Suicide 6 Could not determined 29e. CERTIFIER (Check only)	HOSPITAL: 1 Inpetient 2 ERVOu 28e. DATE OF INJURY (Month, Day, Year) 28e. PLACE OF INJUR be duilding, etc. (Sp 4YSICIAN: To the best of my kno MINER: On the basis of examinati	repetient 3 DOA 28b. TIM (NJ TY — At home, farm, cecify) wriedge, death occurre	OTHER: 4 Nursing E OF 28 JURY M 1 street, factory,	28. PLACE OF DEATH (C) Home 5 Residence C. INJURY AT WORK? 1 YES 2 NO office	a Other 28d. DE 28f. LOCAL Chy to to the cree time, dat	PERFOR 1 VES 2 Ine) Per (Specify) SCRIBE NOW I CATION (Street or Town, State)	NJURY OCCURI	AMALABLE PHIOR I COMPLETION OF COMPLETION OF COORDINATE OF COORDINATE OF COMPLETION OF



BALTIMORE, MARYLAND 21203-3146

TO THE HOSPITAL OR ATTENDING PHYSICIAN THE THE SET THE GRAD CARRIGATE DE EXECUTED WITHIN 24-MOURS after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the transfer of the second by the attending physician and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or tem 2 and injury, or other tranmatic event, the medical examiner must be notified at once. DIVISION OF VITAL RECORDS, P.O. BOX 13146,

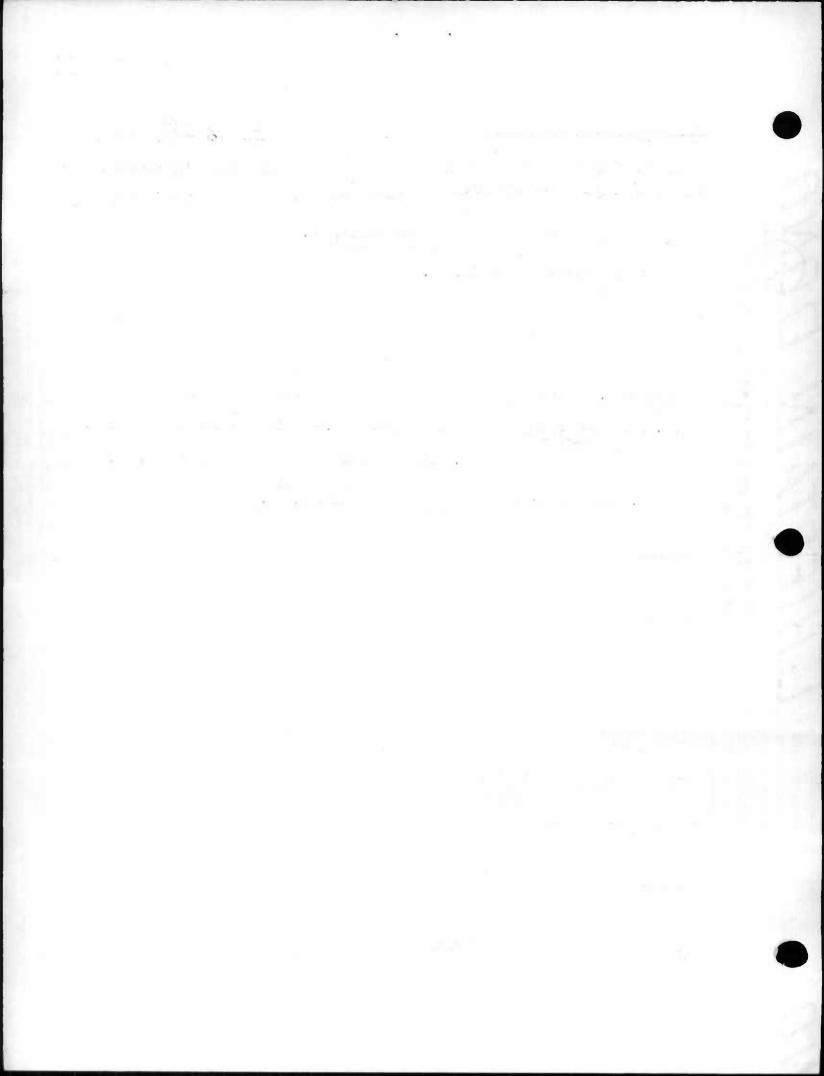
	FOR STATE REGISTRAR	TATE OF MARYLAND / CE			F HEALTH AND I OF DEATH	MENTAL	REG. NO.	9	10-3	33050
	1. DECEDENT'S NAME (First, Middle, Last)	STANLEY JOSEP	H - GR	OND71K		2. DATE	OF DEATH		YEAR .	IMPUTACION V
	Stanky Jos	seph Gron	ZI	5115211			26	199	70	1000 PM
-1	6 11	SEX 8. AGE (In yrs. last		IF UNDER 1 YE		7. DATE ((Month	OF BIRTH I, Day, Year)		8. BIRTHPLA Country)	CE (State or Foreign
	0 0 000	%M2□F 68	YRS.			06	2-07	-22	Con	necticut
æ	9a. FACILITY NAME (If not institution, give street in	and number)		96. CITY, TOV	VN OR LOCATION OF DE		wson		timor	
DIRECTOR	RESIDENCE OF DECEDENT	ospiral		100	2-1-1-111101	-C		Dd	T TIIIOT	e
Ä	10a. STATE 10b. COUNTY			Y, TOWN OR LO		1	David V		100	I. INSIDE CITY LIMITS?
ā		undel Co.	R	altimo		clyn	Park)			YES 2 X NO
FUNERAL	10a. STREET AND NUMBER				101. ZIP CODE 21225			10g. CITIZ	ZEN OF WHAT	
NE I	124 Camrose Avenu	US. AR	MED	13. WAS	DECENDENT OF HISPAN	NIC ORIGIN	I? (Specify Yea	or No.		American Indian.
BY FL	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? IXX YES 2 N IF YES, GIVE WAR OR DATES 1944-1946	10	if yes	, specify Cuban, Maxica YES 2 NO Specifi	in, Puerto F			Black, Wi Specify:	
	16. DECEDENT'S EDUCATION	ON 18a, DE		USUAL OCCU			KIND OF BUS			
	(Specify only highest grade complete (Specify only highest grade complete (Specify only highest grade complete)	illege (1-4 or 5+)	Do NOT u	se retired.)	g most of working		US Fed			nment
COMPLETED	9th Grade	Dis.	Ret	. Meat	Cutter		For	t Me	ade	
8	17. FATHER'S NAME (First, Middle, Last)	ما الماسية الماسية الماسية			16. MOTHER'S NA		Middle, Meiden :		zik	
B	Frank 19a. INFORMANT'S NAME (Type/Print)	Grondzik	MAILING	ADDRESS /Sw	eet and Number or Rural					
임	Mrs. Teresa Martha				e Ave., Ba			212		
	20a. METHOD OF DISPOSITION	20b. PLACE	OF DISPO	SITION (Name o	of cemetery, cremetory or		7 .	CATION —	City or Town,	Btete
	MXBurial 2 ☐ Cremation 3 ☐ Removal 4 ☐ Donation 5 ☐ Other (Specify)	Ceda	r Hi		etery				-	aryland
	21. SIONATURE OF FUNERAL SERVICE LICENS	Kevin E. Eck	er		e and address of fa fully Funer E. Pataps					. 21225
	23. PART 1. Enter the diseases, or com	plications that caused the de	ath. Do					•		Approximate
	shock, or heert failure. Liet IMMEDIATE CAUSE (Finel disesse or condition	only one cause on each line Possible cardi		rrthyn	nia					Interval Between Onset and Death
ł	resulting in deeth) e	DUE TO (OR AS A CONSE								
z	b	Possible early	acu	ite my	cardial :	infar	ction			
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A CONSEC	DUENCE O	P):						
	CAUSE (Disease or Injury that initiated events	DUE TO (OR AS A CONSE	DUENCE O	F):						
토	resulting in deeth) LAST									
	PART II. Other significant conditions of	ontributing to death but not a	esulting.	In the under	lying cause given in	Part I	24s. WAS AN	AUTOPSV	24b W	ERE AUTOPSY FINDINGS
CAL	, and the agriculture of the contraction of	on the state of th	osoning	in the diffeet	tynig couse given in		PERFOR	MED?	AM	MILABLE PRIOR TO IMPLETION OF CAUSE
MEDI						_	TES 2	□ NO		DEATH? YES 2 NO
2									- "	
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?				S. PLACE OF DEATH (C	heck only or	ne)			
Sic	1 Tes No	OSPITAL: Propetlent 2 - ER/Outpetlent 3	□ DOA	OTHER: 4 - Nursing	Home 5 - Residence	8 🗆 Othe	er (Specify)			
	27, MANNER OF DEATH Natural 5 Pending	28s. DATE OF INJURY (Month, Day, Year)	28b. TII	JURY	: INJURY AT WORK?	28d. DES	SCRIBE HOW II	NJURY OC	CURED	
) BY	2 Accident Investigation 3 Suicide e Could not be	26s. PLACE OF INJURY — At he building, stc. (Specify)	ome, term,	atreat, factory,	office	28f. LOC	CATION (Street a	and Number	or Rural Rout	e Number,
COMPLETED	4 Homicide detarmined	bunding, are. (opocity)				City	or lown, state)			
PE	290. CERTIFIER (Check only	: To the best of my knowledge, de	eth occur	red at the time,	date and place, and du	a to the cer	use(e) end mar	mer as stat	ted.	
OM	One) MEDICAL EXAMINER: C	n the basis of examination and/or	Investigati	on, in my opini	on, death occured at the	e time, data	a and place, an	d due to th	e cause(a) ar	nd manner as stated.
BE	29b. SIGNATURE AND TITLE OF CERTIFIER	14.49	M		DO 623	MBER	1	29d. DAT	11/27	/90
2	30. NAME AND ADDRESS OF PERSON WHO C	OMPLETED CAUSE OF DEATH (ITE	M 27) (Typ	Print)						
	Samuel C. H . Lee, N	D. ST. JOSEPH	H HÓS	PITAL,	TOWSON, I	MD 2]	1204			
	DEC 4. 1990	J. BOISTAN SIGNATURE	rilation							
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BALTIMORE, MARYLAND 21203-3146	6 тау	ctor, p	nust
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DIVISION OF VITAL RECORDS, P.O. BOX 13146,	HYSI(this ce with th	ked,
N	JING F	After death	mar
ISIC	TTEN	after after	28 19
20	DR A	DIREC	Item
	PITAL	ERAL in 72	T. S.
	E HOS	E FUN	HTAN
	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Aurs after death. Page 6 may be retained by the hospital or attending on second or attending or atten	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burna turning perm. Pages 1, 2, he fleed within 72 hours after death with the State Dect. of Health and Mental Hygiene prior to burlal, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

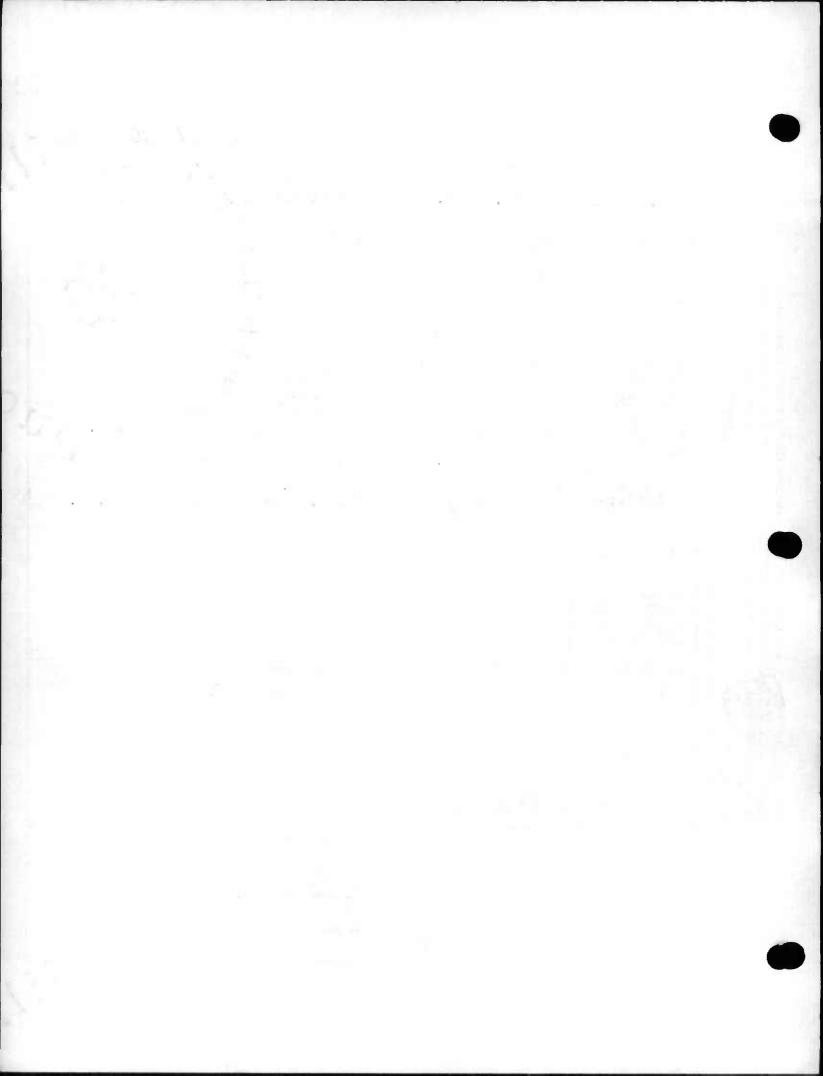
	REGISTRAR		CERTIF	ICATE OF	DEATH	AE	G. NO.	
	1. DECEDENT'S NAME (First, Middle, Last)	Roberto	ROBERTA		en street	2. DATE OF DE MONTH	16 -1879	m 1030P M
	4. SOCIAL SECURITY NUMBER 216-01-0553	1 🗆 M 2 📈 F	(In yrs. last birthday)	IF UNDER 1 YEAR MONTHS DAYS	HOURS MIN.	7. DATE OF BIF (Month, Day,	3 1899 A	BIRTHPLACE (State or Foreign Country)
TOR	98. FACILITY NAME (If not institution, give s VI) LST MICHAEL RESIDENCE OF DECEDENT	4800 Ston D	e.	100	OR LOCATION OF DE	EATH	BAIT!	MORE IND
DIRECTOR	10a. STATE 10b. COUNT	Arundel		y, town or Loc en Burn				10d. INSIDE CITY LIMITS? 1 YES 2 X NO
FUNERAL	100. STREET AND NUMBER 1124 Leonard Driv				21061		U	OF WHAT COUNTRY?
B	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER II FORCES? 1 TYES IF YES, GIVE WAR OR D	2 NO	If yes,	ecendent of Hispar specify Cuban, Mexica ES 2 (NO Specifi	in, Puerto Ricen,		RACE — American Indian, Black, Whita, atc. Specify:
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)		life. Do NOT u	work done during i	most of working	18b. KIND	OF BUSINESS/INDUST	FRY
OM	17. FATHER'S NAME (First, Middle, Last)	197.11	Occide,	, Dippe.	18. MOTHER'S NA	ME (First, Middle,	Malden Surname)	
	Rufufus T. Ch	esser			Elnor	a Della	statious	
BE	19e. INFORMANT'S NAME (Type/Print)	0000	19b, MAILING	ADDRESS (Street			y or Town, State, Zip Co	de) 22443
2	Mrs. Mary Lee	Bortle	513 CI	hrystal	RdPlac	id Bay-	Colonial	Beach, Va.
	20a. METHOD OF DISPOSITION	-29-90 201			cemetery, crematory or		20c. LOCATION — City	
	1 № Buriel 2 □ Cremation 3 □ Rem 4 □ Donation 5 □ Other (Specify)	Ioval from Stata	Mt. Oliv	et Ceme	tery		Baltimor	e, Md.
	21. SIGNATURE OF FUNERAL SERVICE LI			35	and address of fa 12 Freder 1timore,	ick Ave		
	23. PART I. Enter the diseases, or	complications that cause						, Approximate
	shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. DUE TO (OR AS	A CONSEQUENCE O	nag			(interval Between Onset and Daeth
ATION	Sequentially list conditions, if sny, leading to immediata cause. Enter UNDERLYING	b DUE TO (OR AS /	A CONSEQUENCE O	₩F):				
CERTIFICATION	CAUSE (Disesse or injury that initiated events resulting in death) LAST	DUE TO (OR AS A	A CONSEQUENCE O	PF):				
EDICAL	PART II. Other algnificant condition	na contributing to death t	but not resulting	in the underly	ing cause given in		WAS AN AUTOPSY PERFORMED? YES 2 1 NO	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
AN	25. WAS CASE REFERRED TO MEDICAL				NI AGE OF DEATH (C)			
PHYSICIAN: M	EXAMINER?	HOSPITAL:		OTHER	PLACE OF DEATH (CI			
1YS	27. MANNER OF DEATH	1 Inpatient 2 ER/Out	patient 3 L DOA 28b, Till		ome 8 Residence		cify) E HOW INJURY OCCUP	nen
	1 Natural 8 Pending	(Month, Day, And)	IN	JURY	WORK? YES 2 NO	200, 0200,110	THOU MICHIEL COOL	
TED BY	2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide determined	28a. PLACE OF INJUR building, etc. (Spe	Y — Al home, farm,			281. LOCATION City or Tow	(Street and Number or n, State)	Rural Route Number,
COMPLETED	one)	ER: On the basic of axemination						ause(a) and manner as stated.
TO BE	296. SIGNATURE AND TITLE OF CESTIFIE HELDER	506W	M	1	DIS	870	29d. DATE S	IGNED (Month, pey, Year)
	30. NAME AND ADDRESS OF PERSON WITH HAROLD B.	BOB T	27) (Type	Parke	Hear	to A	re 21	208
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGN			U		-	



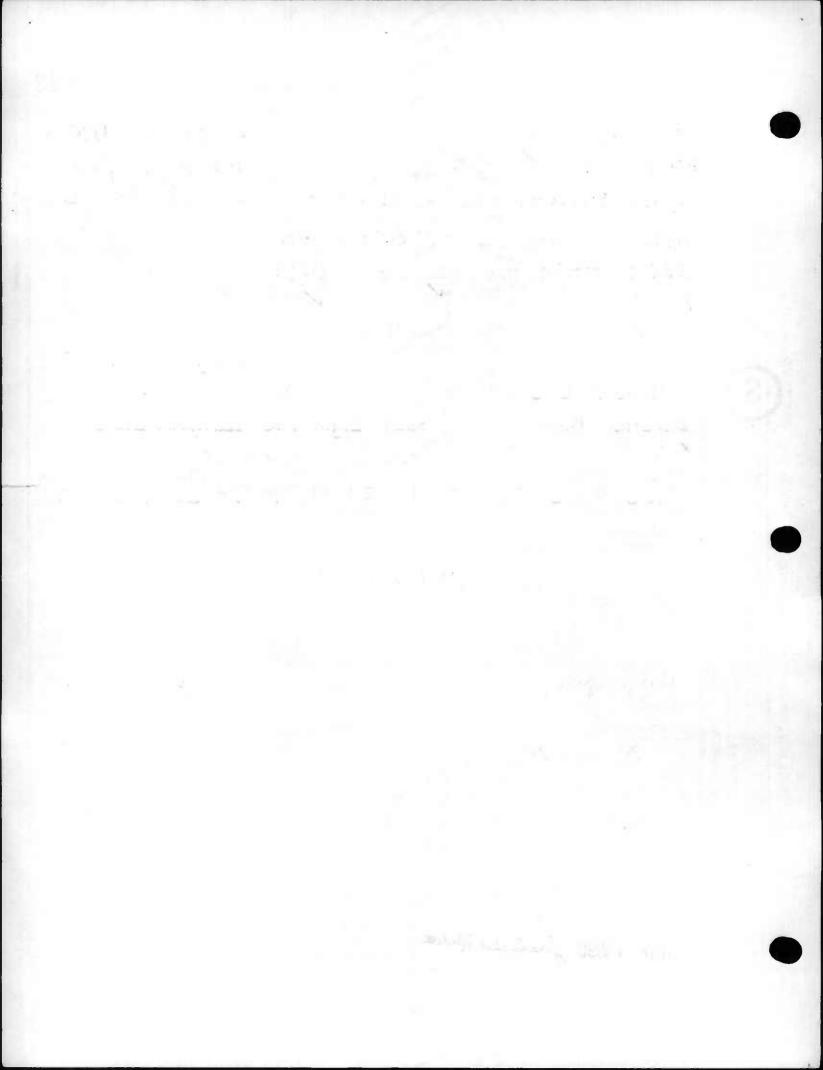
in ary, or other traumatic event, the medical examiner must be notified at once.

The attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should if Mental Hygiene prior to burial, cremation, or removal. DIVISION OF VITAL FIELD TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law TO THE FUNERAL DIRECTOR. After this certificate has be field within 72 hours after death with the State Beag. IMPORTANT: If Item 28 is marked, or Item 23.

	1 - STATE OF M	ARYLAND / DEPAR	RTMENT OF		REG. NO.		50 3303
,	1. DECEDENT'S NAME (First, Middle, Last)) SHAMEIK			2. DATE OF DEATH DAY	1 57	3. TIME OF DEATH 2:35PM
	4. SOCIAL SECURITY NUMBER 5. SEX NONE 1 M 2 F	8. AGE (In yrs. last birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Dey, York)	e. BIR	THPLACE (State or Foreign
OR	9a. FACILITY NAME (II not institution, give street and number) Mt. Washington Ped.	Hosp.		or Location of DE	ATH	nor	
FUNERAL DIRECTOR	10e. STATE 10b. COUNTY Maryland none	10c. Cf	ry, town or Loc Balt	ation imore Ci	.ty		10d. INSIDE CITY LIMITS? THYES 2 NO
ERAL	100. STREET AND NUMBER Mt. Washington Fed	Hosp-	1	Of. ZIP CODE			WHAT COUNTRY? States
BY	11. MARITAL STATUS 12. WAS DECEDEN	TEVER IN U.S. ARMED YES 2 NO AR OR DATES	If yes,	ECENDENT OF HISPANI apecify Cuben, Mexicen ES 2000 Specify:		Sp	CE — American Indian, ack, White, atc. ecity: egroid
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5 + NON C	(Give kind of		TION nost of working	186. KIND OF BUSIN	NESS/INDUSTRY	
BE CON	17. FATHER'S NAME (First, Middle, Last) Rodney Gladden			Laura			
10	190. INFORMANT'S NAME (Type/Print) Ba City DSS - WILLIAMS 200. METHOD OF DISPOSITION	20b. PLACE OF DISPO	3-7 EA	st BiddL		Balt(
	X Burlisi 2 Cremation 3 Removal from State 4 Donation 8 Other (Specify)	Mt. Zic	n Ceme	tery	Bal	timore	e, Maryland
	· Cahin B. Scri	uggs &	Cal 1412	vin B. S. E. Pres	Scruggs F ston Stre	et Bal	Lto, Md. 212
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING		Knet	ion	CNS insi	1.1	Approximate Interval Between Onset and Death Unlihown
	resulting in death) LAST d. PART II. Other algnificant conditions contributing to	death but not requiting	in the underly	ing cause given in	Part I. 24s. WAS AN A	UTOPSY	24b. WERE AUTOPSY FINDINGS
PHYSICIAN: MEDICAL	PART II. Cultural agrinicant contributing to	death but not resuming	, in the directly	my couse given m	PERFORM 1 (YES 2 (IED?	AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 VES 2 NO 1 Inpattent 2	☐ ER/Outpatient 3 ☐ DOA	OTHER:	PLACE OF DEATH (Chi			
	27. MANNER OF DEATH 1 Netural 5 Pending 28a. DATE OF (Month, E	INJURY 28b. T	IME OF 28c.	INJURY AT WORK? YES 2 NO	286. DESCRIBE HOW IN	JURY OCCURED)
TED BY	2 Suicide 28a. PLACE C	OF INJURY — At home, farm etc. (Specify)	, street, factory, o	ffice	261. LOCATION (Street ar City or Town, State)	nd Number or Ru	ral Route Number,
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFVING PHYSICIAN: To the best of examiner: On the best of examiner:						se(a) and menner ea stated.
TO BE C	29b. SIGNATURE AND TITUE OF CERTIFIER 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAU	Adjuvant	Staff	29c. LICENSE NUI	19ER 317	≥ 12	NEO (Morith, Oay, Year)
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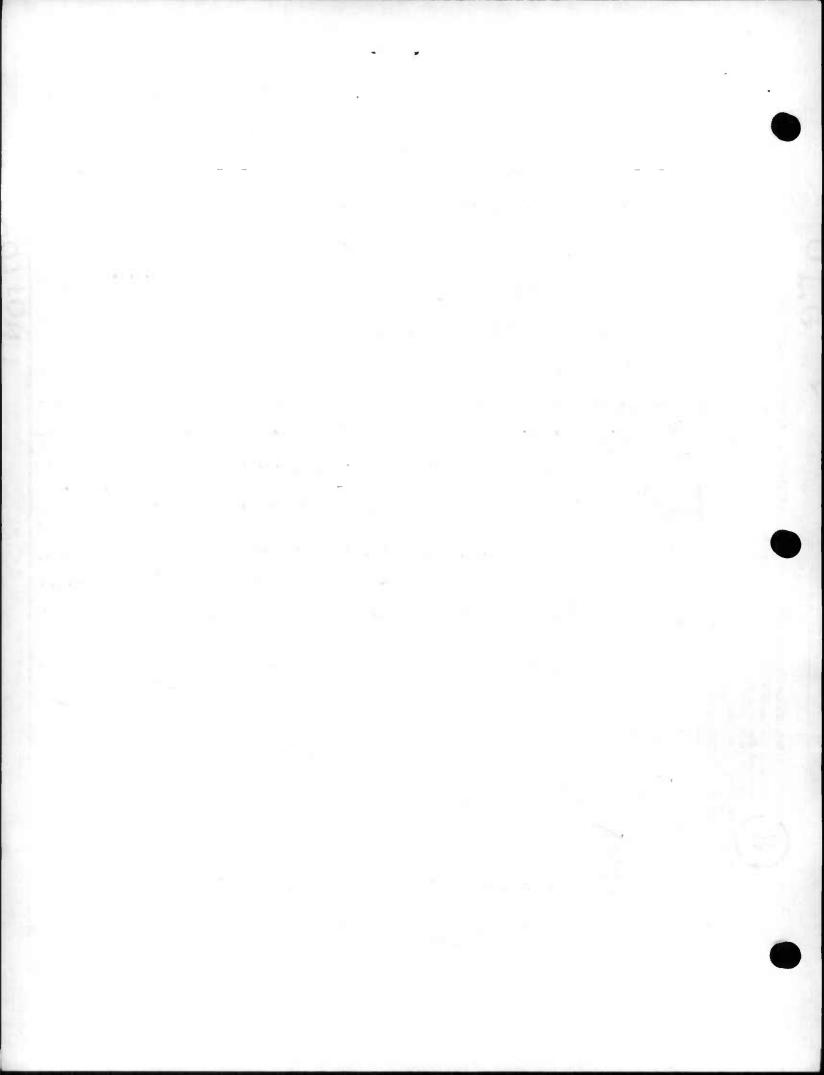


IND NUMBER 10b. CI	S EDUCATION t grade completed) College (1-4 or 5+) C. Green Ramoval from State	YES 2 ROR DATES 16a. 20b. PLAN other	PO TE	Balt TOWN OR LOCAT 101 13. WAS DEC If yes, ap 1 YES BUAL OCCUPATIC R done during modified.) DDRESS (Street a P ELO ION (Name of cert) WUS	1. ZIP CODE 2 1 2 1 4 CENOENT OF HISP- secity Current, Mexica 3 2 1 1 NO Special ON past of working	DEATH THE PROPERTY OF THE PROP	Specify Yea or No-can, etc.) (Specify Yea or No-can, etc.) (City or Rown, State, atto, MD 20c. COCATION A COUNTY TO LEAD T	Section of the property of the	INSIDE CITY LIMITS? VES 2 NO COUNTRY? A, nericen Indian, a, etc. DIACLC
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il 6 Pending	(Month, Da	ly, Year)		WC WC	ORK?	200. DES	CHIBE HOW INJURY	OCCORED	
6 Could n	28e. PLACE OF building.	FINJURY — At Inc. (Specify)	t home, farm, str	eet, factory, offic	CO CO	281. LOCA City o	TION (Street and Number Town, State)	ber or Rural Route N	lumber,
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O re de ld	OF DEATH rel 6 Pendin Investig idde 6 Could i detarm	OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH 28e. DATE OF (Month, Date of the Death of the Dea	R? 1 Copetion 2 Could not be determined HOSPITAL: 1 Copetion 2 Could not be determined HOSPITAL: 1 Copetion 2 Could not be determined	HOSPITAL: 1 Inpetient 2 ER/Outpetient 3 DOA 4	NO DEATH rel 6 Pending Investigation dent lide 6 Could not be detarmined NOP DEATH 28e. DATE OF INJURY (Month, Day, Year) 28e. DATE OF INJURY At home, farm, street, factory, officide	HOSPITAL: 1 postent 2 ER/Outpettent 3 DOA 4 Nursing Home 5 Residence OF DEATH dent 6 Pending Investigation lide 6 Could not be detarmined ER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and did not be set of my knowledge, death occurred at the time, data and place, and did not be set of my knowledge, death occurred at the time, data and place, and did not be set of my knowledge, death occurred at the time, data and place, and did not be set of my knowledge, death occurred at the time, data and place, and did not be set of my knowledge, death occurred at the time, data and place, and did not be set of my knowledge, death occurred at the time, data and place, and did not be set of my knowledge, death occurred at the time, data and place, and did not be set of my knowledge, death occurred at the time, data and place, and did not be set of my knowledge, death occurred at the time, data and place, and did not be set of my knowledge, death occurred at the time, data and place, and did not be set of my knowledge, death occurred at the time, data and place, and did not be set of my knowledge, death occurred at the time, data and place, and did not be set of my knowledge, death occurred at the time, data and place and did not be set of my knowledge.	HOSPITAL: 1 Inpetient 2 ER/Outpatient 3 DOA 4 Nursing Home 5 Residence 6 Other OF DEATH rel 6 Pending Investigation dent investigation dent dete 6 Could not be detarmined 28e. PLACE OF INJURY — At home, farm, street, factory, office 28e. PLACE OF INJURY — At home, farm, street, factory, office 28f. LOCA City of the detarmined ER 1 DESTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause of the country of the detarmined of the cause of	HOSPITAL: 1 content to the destarmined content to the basis of axamination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(e) and my opinion, death occurred at the time, date and place, and due to the cause(e) and my opinion, death occurred at the time, date and place, and due to the cause(e) and my opinion, death occurred at the time, date and place, and due to the cause(e) and my to the basis of axamination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(e) and manner as the time, date and place, and the time, date and place, and the time, date and place, and the time, date and place,	NOSPITAL: Normaling Home S Residence S Other (Specify)



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	TO THE SECTION OF MINIMARY PROBLEMS. The law requires that the death certificate be executed within L 6 may be retained by t	THE REPORTED MET THIS Certificate has been signed by the attending physician and compierely filled in by the funeral director, page 5 should be	the first state of the state Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT THEM 28 Is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at

REGISTRAR		CEF				1	REG. NO.			
1. DECEDENT'S NAME (First, Middle, Last)		0411	, ,			2. DATE O	DA		YEAR	3. TIME OF DEATH
NORMA ELI	ZABETH Ts. sex	GAV	-	NDER 1 YEAR	IF UNDER 24 HRS.	7. DATE O	2		90	PLACE (State or Foreign
			YRS. MONT		HOURS MIN.	(Month,	Day, Year)		Countr	y)
216-10-8162 Sa. FACILITY NAME (If not institution, give a	1 M 2V F	72					8-191	8 gc. COUN		aryland
			90.		OR LOCATION OF D			9c. COUN	TYUFU	EATH
Francis Scott Ke	y Medical	<u>Center</u>		Balti	more Cit	ty				
10a. STATE 10b. COUNT			10c. CITY, TO	MN OR LOCA	TION			-		10d, INSIDE CITY
Maryland Bal	timore		Edge	emere						LIMITS?
10e. STREET AND NUMBER	04		5-		. ZIP CODE			10g. CITIZ	EN OF V	VHAT COUNTRY?
2121 Lodge Farm	Road				21219			1	.S.	4
11. MARITAL STATUS	12. WAS DECEDENT	T EVER IN U.Ş. ARME	ED	13. WAS DEC	ENDENT OF HISPA	NIC ORIGIN?	(Specify Yes	T .	14. RACE	- American Indian.
1 Never Married 2 Merried	FORCES? 1	YES 2 NO		If yes, sp	ecify Cuban, Mexic 2 ☑ NO Speci	en, Puerto Ric			Speci	c, White, etc.
3 💢 Widowed 4 🔲 Divorced	11 160, 5112	IN ON DAIL			***************************************	·y.			Op.	White.
15. DECEDENT'S EDU (Specify only highest grade		18a, DECE	EDENT'S USW	L OCCUPATI	ON	16b. I	UND OF BUS	SINESS/IND	USTRY	NATIONAL
Elementary/Secondary (0-12)	College (1-4 or 5+))	kind of work of NOT use retir	ed.)	NET OF WORKING					
11 Years		Home	maker			0	wn Ho	me		
17. FATHER'S NAME (First, Middle, Last)					18. MOTHER'S N.	AME (First, Mi	ddle, Meiden	Surname)		
Sidney Land	.on				Minnie		Sava	nah		
19a. INFORMANT'S NAME (Type/Print)		19b. I			and Number or Rural				Code)	
Michael T. Gavel	. Jr.		911	Elton	Avenue,	Balt	imore	. MD	21:	224
20g: METHOD OF DISPOSITION 1 (3 Burlel 2 Cremation 3 Ren		other place	F DISPOSITIO	N (Name of ce	metery, crematory or		20c. LO	CATION —		
4 Donation 5 Other (Specify)		Meadow	ridge	Mem.	Park 12/	1/90	Do	rsey.	Ma	ruland
21. SIGNATURE OF FUNCHAL BETWICE LI	ICENSEE/			22. NAME A	ND ADDRESS OF F	ACILITY				
191	VV			Vuda-	Ruck Fur	ierax	Home :	08 vu	naa	lk, Inc.
	The state of the			7977	fileto nere		DAVT.	MAHA	A Contract	03000
23: PART I. Enter the diseases, or shock, or heart failure.	complications than				Wise Ave					
	List only one cau		th. Do not e							Approximete Interval Batwe
IMMEDIATE CAUSE (Finel		se on each line.		enter the mo	ode of dying, su	ch as cardi	ac or reap	iratory am	est,	Approximete
IMMEDIATE CAUSE (Finel disease or condition resulting in death)	- All	se on each line.		enter the mo	ode of dying, su	ch as cardi	ac or reap	iratory am	est,	Approximete Interval Batwe
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disease or condition resulting in death) Sequentially list conditione, if any, leading to immediate	- All	se on each line.		enter the mo	ode of dying, su	ch as cardi	ac or reap	iratory am	est,	Approximete Interval Batwe
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Pages 1, 2, 3 should

permit.

burial-transit Page 6 may be retained by the hospital or attending physician. the funeral director, page 5 should be detached for use as the once. notified at must be examiner nours after death. medical filled in by 0 cremation, event, the physician and completely ne prior to burial, crematic executed within traumatic requires that the death certificate be other the attending p 0 Injury. been signed by the pt. of Health and Market Dept. DR ATTENDING PHYSICIAN: The law tem this certificate has with the State Carked, or Item marked, After to DIRECTOR: A hours after do item 28 is 40 BA AL 2 MPORTANT: IT

WVMA

gula Davidson-Aanda Me

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 CERTIFICATE OF DEATH REG. NO. 2. DATE OF OEATH DAY 1. DECEDENT'S NAME (First, Middle, Last) Virginia L. Holbrook 11/30/90 8. BIRTHPLACE (State or Foreign Country) 4. SOCIAL SECURITY NUMBER 7. DATE OF BIRTH (Month, Day, Year) 8. AGE (In vrs. last birthday IF UNDER 1 YEAR IF UNDER 24 HRS. DAYS 1 M 2 V F YRS 217-07-8924 3/15/17 Mary land 9a. FACILITY NAME (If not institution, give atreet and 9b. CITY, TOWN OR LOCATION OF GEATH 9c. COUNTY OF DEATH DIRECTOR 2412 Golupski Road Baltimore Coun N Essex RESIDENCE OF DECEDENT 10d. INSIDE OTY 10c. CITY. TOWN OR LOCATION 10a. STATE 10b. COUNTY Baltimore Maryland Essex 1 TES 2 NO 10g. CITIZEN OF WHAT COUNTRY? FUNERAL 10e. STREET AND NUMBER 101, ZIP CODE 2412 Golupski Road 21221 U.S.A. 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-11. MARITAL STATUS 14. RACE — American Indian, Black, White, etc. If yes, specify Cuben, Mexican, Puerto Rican, etc.)

1 YES 2-7 NO Specify: FORCES? 1 YES 1 Never Married 2 Married IF YES, GIVE WAR OR DATES Specify BY 3 Widowed 4 Divorced White COMPLETED 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (So cify only highe Jameptary/Secondary (0-12) Collega (1-4 or 5+) Homemaker 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) BE Roy Lyons Carrie Wookesser 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADORESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 20b. PLACE OF DISPOSITION (Name of cametery, cremetory or Mr. Ezra Holbrook Baltimore MD 21221 90s. METHOD OF DISPOSITION

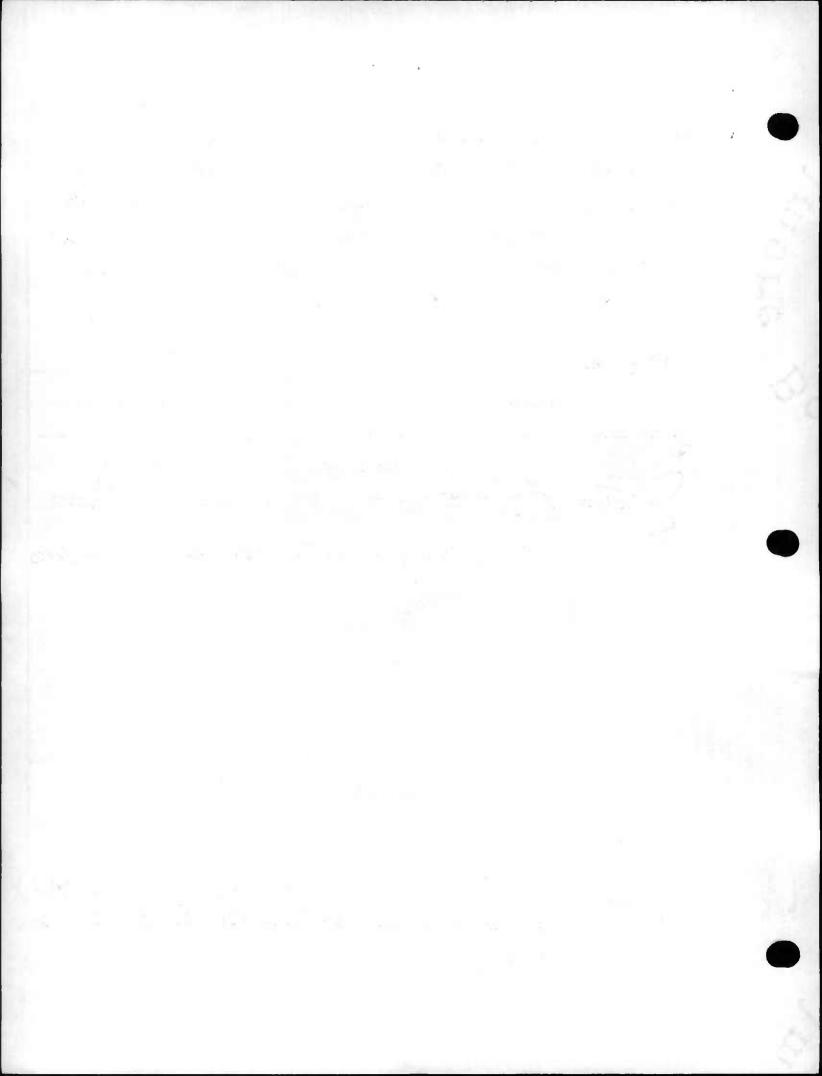
4 Burlal 2 ☐ Cremation 3 ☐ Ramoval from State

4 ☐ Donation 5 ☐ Other (Specify) 20c. LOCATION - City or Town, State View Memorial Park

22. NAME AND ADDRESS OF FACILITY
LOTING Byers Funeral Directors, Inc

Maryl MATURE OF FUNERAL SERVICE LICENSEE 750 Mary 121133 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, **Approximate** shock, or heart fallure. List only one cause on each lige. Interval Between **Onset and Death** IMMEDIATE CAUSE (Final disease or condition resulting in death) lung Luco U SEQUENCE OF CERTIFICATION Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING DUE TO (OR AS A CONSEQUENCE OF) CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events reaulting in death) LAST PART ii. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part i. 24s. WAS AN AUTOPSY PERFORMEO? 24b. WERE AUTOPSY FINDINGS MEDICAL AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 YES 2 NO OF DEATH? 1 | YES 2 | NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF OEATM-(Check only one) HOSPITAL: OTHER petiant 2 DER/Outpatient 3 DOA 1 | YES 2 | NO 4 🗌 Nursi 6 Other (Specify) 27. MANNER OF DEATH 28a, DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT 26d. OESCRIBE HOW INJURY OCCURED 1 Netural 5 Pending 1 YES 2 NO BY 2 Accident 28s. PLACE OF INJURY — At home, farm, etreet, factory, office building, etc. (Specify) 28t. LOCATION (Street and Number or Rural Route Number, City or Tawn, State) 3 Sulcide 8 Could not be COMPLETED 4 Homicide 1 CERTIFYING PHYSICIAN: To the best of my knowledge, deeth occurred at the time, deta and place, and due to the cause(s) and manner as stated. 2 MEDICAL EXAMINER: On the basis of axan 296. SIGNATURE AND TITLE OF CERTIFIE BE 2

DHMH-18 Rev 1/89



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	TO THE HOSPITAL OR ATTENDING PHYSICIAN Trace remains that the death certificate be a	TO THE FUNERAL DIRECTOR. Also this certificant has been somethed by the attending physician of	ile
	0	0	6
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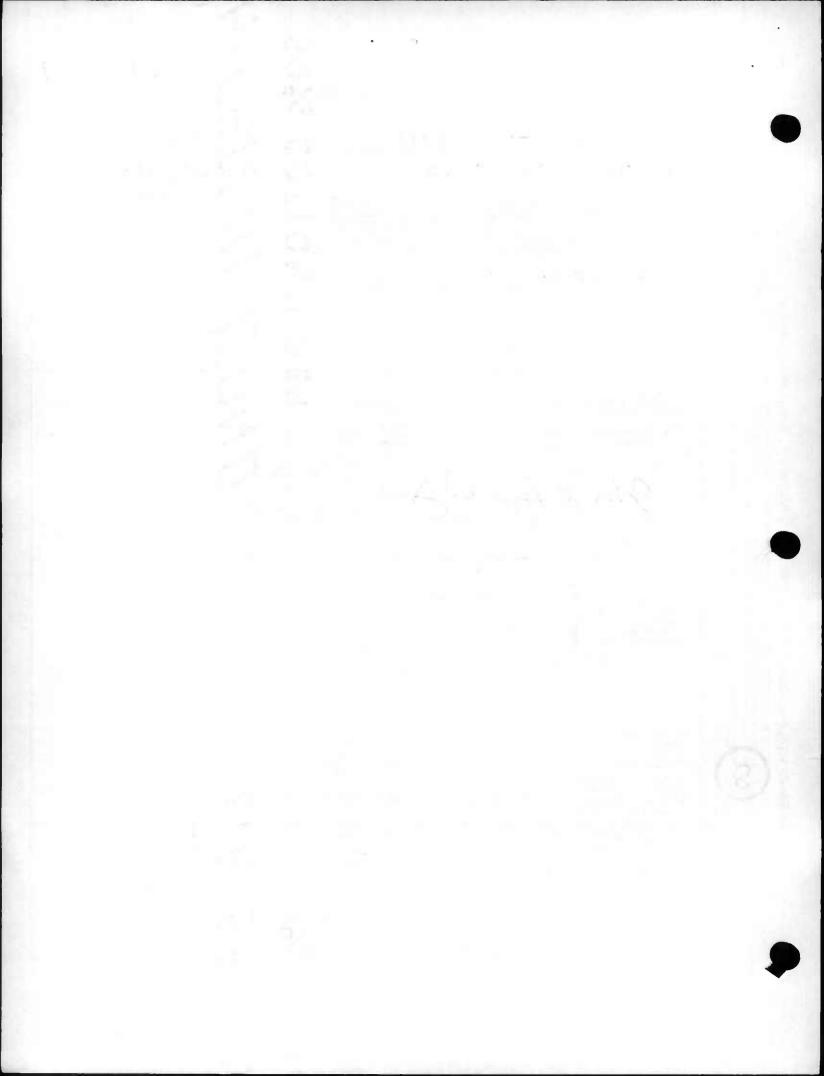
	1 - STATE REGISTRAR	STATE OF MARYL		MENT OF I			IENE . NO.	
	1. DECEDENT'S NAME (First, Middle, Lent)	WANS	ANNA	M. HAI	NSEL	2. DATE OF DEA	TH 01 - 9	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 212-76-2100	5. SEX 6. AGE		IF UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRT	H 8.	BIRTHPLACE (State or Foreign Country) MARYLAND
NC N	9e. FACILITY NAME (If not institution, give etr	nd medical		DAL	To M	EATH	9c. COUNTY	
5	RESIDENCE OF DECEDENT 100, STATE 10b, COUNTY			TOWN OR LOCA	*			10d. INSIDE CITY
DIRECTOR	MD. Baltin	nore		timore	(Baltime	ore High		LIMITS? 1 YES 2 X NO
FUNERAL	2833 ALABAN	MA AVEI	vue -		2/22	7	1.5	S.A.
BY FUN	11. MARITAL STATUS 1 Never Merried 2 Merried 3 M Widowed 4 Divorced	12. WAS DECEDENT EVER I FORCES? 1 YES IF YES, GIVE WAR OR D		If yes, s	DENDENT OF HISPA Decity Cubers, Mexic S X X NO Spec	NIC ORIGIN? (Speci en, Puerto Ricen, et thy:	Ify Yee or No— 14.	RACE — American Indian, Black, White, etc.
ED	15. DECEDENT'S EDUC (Specify only highest grade		16e. DECEDENT'S L	ISUAL OCCUPATION done during metired.)	ON ost of working	16b. KIND C	F BUSINESS/INDUS	TRY
PLET	Elementary/Secondery (0-12) 5th GRADE	College (1-4 or 5+)	Ho. Do NOT use				HOME	
COMPL	17. FATHER'S NAME (First, Middle, Last)		I HOME!	IANEN	16. MOTHER'S N	AME (First, Middle, N	faiden Surname)	
6 111	FRANK H	EIKBAUER			М	ARY ?		
TO B	190. INFORMANT'S NAME (Type/Print) GERTRUDE A. H	OFFMAN					or Town, State, Zip Co MD. 2122	
ne lenu	20e. METHOD OF DISPOSITION 1 Burlet 2 Cremetion 3 Remo	oval from State	CEDAR HIL	L CEME	metery, crematory or TERY	20	BALTIMORI	or Town, State , MD.
SAGRETINES INC.	21. SIGNATURE OF FUNERAL SERVICE LIC		rer		IND ADDRESS OF F	RAL HOME		APSCO AVE. MD. 21225
CERTIFICATION	Sequentially list conditions,	Cancer & DUE TO (OR AS.	A CONSEQUENCE OF):				Interval Between Onset and Death I mench 3 work 2 days
MEDICAL	PART II. Other significent condition	s contributing to death	but not resulting in	n ths underlyin	ng ceuse given i	P	AS AN AUTOPSY ERFORMED? YES 2 NO	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
AN	25. WAS CASE REFERRED TO MEDICAL			26, F	PLACE OF DEATH (C	Check only one)		
SIC	EXAMINER? 1 YES 2 NO	HOSPITAL: 1 Inpatient 2 ER/Out		OTHER:		6 Other (Speci	fy)	
PHÝSICIAN:	27. MANNER OF DEATH 1 N Natural 5 Pending	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME INJU	JRY W	JURY AT ORK?	28d. DESCRIBE	HOW INJURY OCCUP	RED
TED BY PH	2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJUR building, etc. (Spe	Y — At home, ferm, socily)		YES 2 NO	28f. LOCATION (City or Town	(Street end Number or , State)	Rural Route Number,
빌	(Ciroch Orny	CIAN: To the best of my known						couse(e) and manner so stated.
MPORTANT: IF	29b. SIGNATURE AND TITLE OF CERTIFIER	1		_	29c. LICENSE N			IGNED (Month, Day, Year)
TO BE	comenter, r				D34	974	>	
-	30. NAME AND ADDRESS OF PERSON WHO				43 21	04-5		
1	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIG						

TO THE HOSPITAL DR ATTENDIAS TO THE FUNERAL DIRECTOR: Jue be filed within 72 hours after IMPORTANT: If Item 28 I man

shows ony injury, or other traumatic event, the medicel examiner must be notified at once.

1 - STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

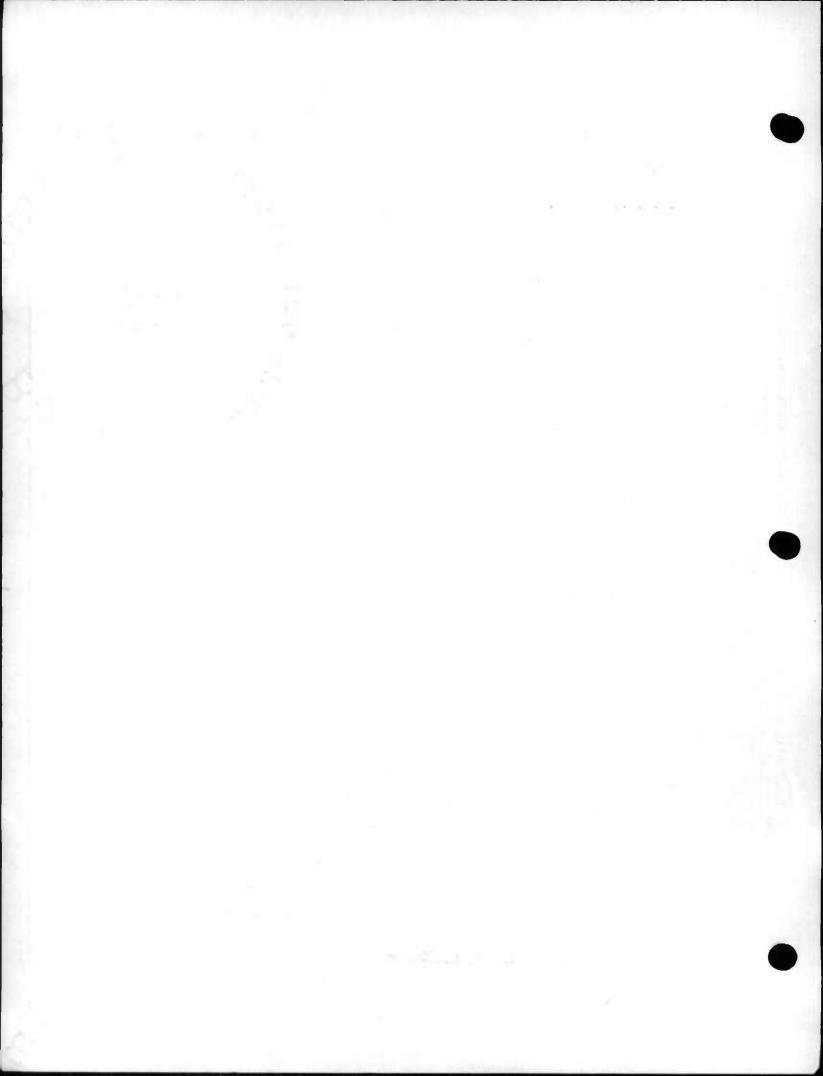
	REGISTRAR	CERTIF	ICALE (JE DEATH	REG.	NO.		
	1. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF DEAT MONTH	H DAY	YEAR	3. TIME OF DEATH
	James E.	Itari			12	1	90	/ AM -
		L AGE (in yrs. last birthday)	IF UNDER 1 YE	AR IF UNDER 24 HRS. YS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Ye		Countr	PLACE (State or Foreign
	386-12-6664 18M2 OF	65 YRS.		INOUNS WALL	1 15	25	mi	TCHIGAN
	9a. FACILITY NAME (If not institution, give atreet and number)		9b. CITY, TO	WN OR LOCATION OF O	EATH	9c. COL	INTY OF O	EATH
뛰	Stella Maris Hospice		TO	vson		Ba	ltimo	re
۲Į	RESIDENCE OF DECEDENT			15011		1 200.	LUZIK	71.0
DIRECTOR	10a. STATE 10b. COUNTY	10c. Cf1	Y, TOWN OR L	OCATION				10d. INSIDE CITY
ā	Maryland Baltimore	Co	ckeys	7111e				1 YES 2 X NO
	10e. STREET AND NUMBER			101, ZIP CODE		10g. CI1	IZEN OF V	VHAT COUNTRY?
3	10 Warren Lodge Ct.			21030		1	JSA	
FUNERAL	11. MARITAL STATUS 12. WAS DECEDENT	EVER IN U.S. ARMED	1 12 MMG	DECEMBENT OF HISPA	NIC ODIGINZ (Secoli			- American Indian,
	1 Never Married 2 X Married FORCES? 1X	XYES 2 NO	If yo	s, specify Cuban, Mexico	an, Puerto Rican, etc		Black	r, White, etc.
B	3 Wildowed 4 Divorced IF YES, GIVE WAR	WW 2	113	YES 2 X NO Specif)y;		Speci	White
	15. DECEDENT'S EDUCATION	16a. DECEDENT'S	LISUAL OCCU	PATION	165 KIND O	BUSINESS/IN	DUSTRY	WILLCE
ËI	(Specify only highest grade completed)	(Give kind of life. Do NOT u	work done durir	g most of working				
ا ڄ	Elementary/Secondary (0-12) College (1-4 or 5+)	Sales			F D	Winner	r I+	·d
COMPLETED	17. FATHER'S NAME (First, Middle, Last)	Daresi	itati	T an anomicono su	ME (First, Middle, M.		, 11	.u.
				120 000 000		Silling and the second		
BE	Albert B. Harris				e Unkno			
2	19a. INFORMANT'S NAME (Type/Print)	A CONTRACTOR	er case and	reet and Number or Rural	-110 /25 18/4			
- 1	Mrs. Ramona Harris	10 Wa	irren l	Lodge Ct.				21030
	20a. METHOO OF DISPOSITION 1XXBurial 2 Cremation 3 Removal from State	20b. PLACE OF DISPO	SITION (Name	of cemetery, cremetory or	20	LOCATION -	- City or To	wn, State
	4 Donation 5 Other (Specify)	Lake Viev	Memor	rial Park	S	ykesvi	lle,	MD
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	- 11		E AND ADDRESS OF F		2.		
	· Colon V Alam	201		ing Byers				
-	23. PART I. Enter the disesses, or complications that		THE RESERVE OF THE PERSON NAMED IN	28 Liberty				MD 21133
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	G CANC						Interval Between Onset and Death
	that initiated events	OR AS A CONSEQUENCE O	PF):					
E	resulting in death) LAST							
	PART II. Other significant conditions contributing to d	eath but not regulting	In the unde	dada sausa ahaa la	Dort I 24- M	S AN AUTOPSY	244	WERE AUTOPSY FINDINGS
EDICAL	TATT II. Other agriculture conditions conditioning to d	mean but not resulting	m ure unue	lying cause given in		RFORMED?	240	MAILABLE PRIOR TO
ă					1 🗆 Y	ES 2 NO		OF DEATH?
2								1 YES 2 NO
SICIAN M								
¥	25. WAS CASE REFERRED TO MEDICAL EXAMINER?			N. PLACE OF DEATH (C	heck only one)			
š	HOSFITAL.	ER/Outpatient 3 🗆 DOA	OTHER:	Home 5 - Residence	6X Other (Specify	Ho	spice	2
E	27. MANNER OF DEATH 28s. DATE OF II	NJURY 28b. TH	E OF 28	c. INJURY AT	28d. DESCRIBE			
t	1 Natural 5 Pending (Month, Day.	, rear) are	JURY M	WORK?				
8	3 Suicide 28e. PLACE OF	INJURY — At home, farm,	street, factory,	office	281, LOCATION (S	treet and Numb	er or Rural i	Route Number,
	4 Homicide determined building, et	tc. (Specify)			City or Town,	State)		
9	29a, CERTIFIER							
COMPLETED	(Check only one) 1 CERTIFYING PHYSICIAN: To the best of mone) 2 MEDICAL EXAMINER: On the bests of examiners							s) and manner as stated.
BE	29b. SIGNATURE AND TITLE OF CERTIFIER	Jande	10	20c. LICENSE NU D 27		29d. DA	TE SIGNED	(Month, Day, Year)
유	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE						0-11	170
	Carla S. Alexander, M.D	Stella Mar		pice - Dul	aney Val	ley Rd	!	Powson 21204
	31. DATE FILED (Month, Day, Year) 32. REGISTRAR			111111111111111111111111111111111111111				
	DEC 4 1990 July Davidson	_Aandale						



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	MEDICAL
	PHYSICIAN:
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	ETED.
	MPL

	FOR STATE REGISTRAR		STATE OF I			ICATE OF			MENIAL	REG. NO.	Ė.		
-	1. DECEDENT'S NAME (First, I	Middle, Last)							2. DATE	OF DEATH			3. TIME OF DEATH
	CAE	RRIE	HILSON	/ CAR	RIE	L. HIL	SON		MONTH 1 1			EAR	3:15P w
	4. SOCIAL SECURITY NUMBE		5. SEX	8. AGE (In yrs. Is	and fall-thoday	IF UNDER 1 YEAR	1 = 1000	R 24 HRS.	7. DATE O	3(901	PLACE (State or Foreign
						MONTHS DAYS	HOURS	MIN,	(Month	Day Year!		Country	4
	219-12-6448	3	1 □ M 2 💢 F	80 YRS			0		02	2/13/1910			VA.
	9a. FACILITY NAME (If not inst		9b. CITY, TOWH	OR LOCAT	ION OF DE	EATH		9c. COUNT	Y OF DE	ATH			
Œ	CPMC	ידי	TOWS	ON				BALT	TMO	DE			
5	G.B.M.C., 6	1003	OIA	_			DALI	LITO	IXLi				
DIRECTOR		10b. COUNT				Y, TOWN OR LOCA	TION						tod. INSIDE CITY
E	MADSZT ANTD				D.	LTIMORE							LIMITS?
	MARYLAND				DA								
₹	10e. STREET AND NUMBER		000VE T	E D D		, ,	of. ZIP COS						HAT COUNTRY?
FUNERAL	2920 POP	LAR	GRUVE I	EKK.			21	216			U	SA	
5	11. MARITAL STATUS		12. WAS DECEDEN			13. WAS DE	CENDENT	OF HISPAI	NIC ORIGIN	(Specify Yea	or No- 1	4. RACE	- American Indian, White, etc.
	1 Never Married 2 A			MAR OR DATES	JNO			Specif	n, Puarto R	icen, etc.)		Specifi	v :
ВУ	3 💢 Widowed 4 🗌 Divord	ced					141				4-1		BLACK
0		DENT'S EDU		16a, S	ECEDENT'S	USUAL OCCUPAT	ION		16b.	KIND OF BUS	SINESS/INDUS	STRY	
E	(Specify only				Give kind of fe. Do NOT L	work done during n se retired.)	nost of work	dng					
ا ت	Elamentary/Secondary (0-1	12)	College (1-4 or 5		OMES	TIC/CO	OV						
Σ				U	OME 3	110/00							
COMPLETED	17. FATHER'S NAME (First, Mid	ddle, Last)								liddle, Malden			
BE	SANDY CO	LEMA	N				F	ALBE	RTA	MAR:	SHALL		
	19a. INFORMANT'S NAME (7)	pe/Print)		1	9b. MAILIN	ADDRESS (Street	and Numb	er or Rural	Route Numb	er, City or Tow	n, State, Zip C	ode)	7
2	CAROLYN	BRICE	F		1934	SWANS	FA	RD.	-BAI	TIMOR	RF. M	D.	21239
	AND DESCRIPTION OF DISCOURTS	201		20h DI 40		SITION (Name of c			DITE		CATION — CI		
	X Burial 2 □ Cremettor	n 3 🗆 Rem	noval from Stata	R 9/19	place) M C	RE CEM	FTFF	2 Y				•	
	4 Donation 5 Other	(Specify)		_ 0/12	11110					BAI	TIMO	KE.	MU.
	21. SIGNATURE OF FUNERAL	, SERVICE LI	CENSEE			22. NAME							
3	> UND C	0				WM.C	. M/	ARCH	F.H	. 110	01 E.	NO	ORTH AVE.
	* Xaa	gung	Wa	wen									
	23. PART I. Enter the dis			at coused the	death. Do	not enter the pr	ode of d	vina, suc	ch ss card	lec or resp	ratory erre	BT.	Approximate
				use on each lie		not office the fi	ooe bi u	,,					interval Between
	IMMEDIATE CAUSE (Fine	si	List Dilly One ce	use on eech li		not enter the n	000 01 0						interval Between Onset and Death
	IMMEDIATE CAUSE (Fine disease or condition	el -				not onto the n	1000 Di G	,,			•		
		el ->	STRO		ne.						•		
	disease or condition	•I →	STRO	KE	ne.								
NO	disease or condition resulting in death) Sequentially list condition	ons,	STRO	KE O (OR AS A CONS	REOUENCE	PF):							
ATION	disease or condition resulting in death) Sequentielly list condition if any, leading to immed	ons, flete	STRO	KE	REOUENCE	PF):							
ICATION	disease or condition resulting in death) Sequentially list condition	ons, flete	b. DUE TO	OKE O (OR AS A CONS O (OR AS A CONS	REQUENCE (PF):							
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A/BERTO J.
31. DATE FILED (MANT), Qoy, Your)

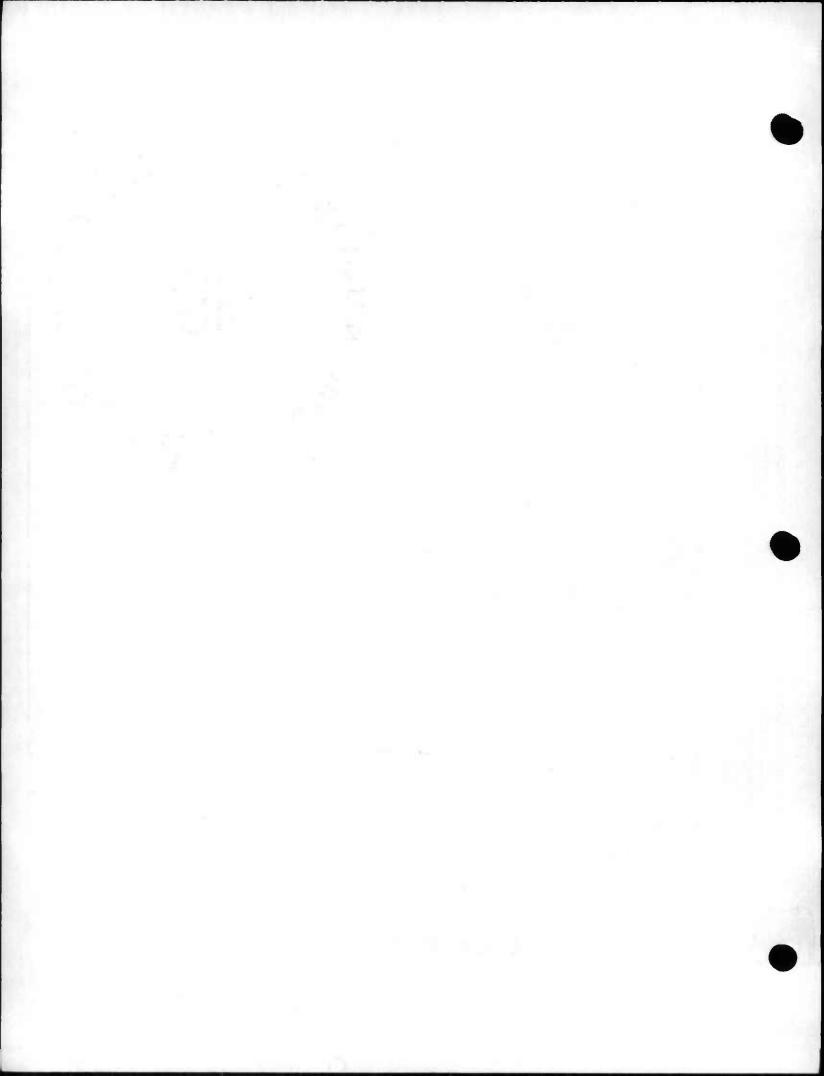


	1. DECEDENT'S NAME (First, Middle, Last)				F DEATH	REG. NO		3. TI	ME OF DEATH
	Josep	oh 1	Ē.	Highsmi	th	11-29-9		EAR	11:39PM
	4. SOCIAL SECURITY NUMBER 218-62-56-78	5. SEX 8. AG	E (In yrs. last birthe	day) IF UNDER 1 YEA	R IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year) 10-1-195	B.		E (State or Foreign
	9a. FACILITY NAME (If not institution, give str 3821 Lyndale Aver RESIDENCE OF DECEDENT	reet and number)	, ,		n on Location of D	EATH	9c. COUNTY	OF OEATH	11.0.
	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY		10c	Baltimo	CATION			V	INSIDE CITY LIMITS? YES 2 NO
	100. STREET AND NUMBER 1052 Ellicott D	riveway			101. ZIP CODE 21216		10g. CITIZEN		COUNTRY?
	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YE IF YES, GIVE WAR OR	S 2 NO	If yes,	DECENDENT OF HISPA specify Cuben, Mexico (ES 2 NO Specific	NIC ORIGIN? (Specify Yearn, Puarto Rican, etc.) fy:	a or No 14	. RACE — A Black, Whi Specify:	merican Indian, ite, atc. Black
	15. DECEOENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)		16a. OECEDE (Give kin life. Do N	NT'S USUAL OCCUP of of work done during IOT use retired.)	ATION most of working	16b, KIND OF BU	SINESS/INDUS	TRY	
	17. FATHER'S NAME (First, Middle, Lest) John W. Highsmith					AME (First, Middle, Meider e Johnson	Sumame)		(h)
	19a. INFORMANT'S NAME (Type/Print)		10.407.2101			Route Number, City or Tox			
	Marie Highsmith					way Baltim			
	20a. METHOD OF DISPOSITION 1. Burlel 2 Cremation 3 Remo	oval from State	other place)		cometery, crematory or	1 Park Ar	CATION - CH		State
1	4 Donation 5 Other (Specify)	ENSEE			AND ADDRESS OF F		butus,	Mu	
	Bernard D	arh rom							
	22 PART I Enter the diseases Dr.	nomblestlens that caus	red the death		Sh F/H We		Ireton erree	• 1	Annovimate
	23. PART I. Enter the diseases, prosphock, or haart failure. IMMEDIATE CAUSE (Finel disease or condition resulting in death)	a. Blunt ne	aach line.	Do not antar the			olratory erres	t,	
	shock, or haart fallure. IMMEDIATE CAUSE (Fine) disease or condition	a. Blunt necous on our TO (DR A. DUE TO (DR A.	ck trau	Do not anter the ma CE OF):			piratory erres	t,	Interval Betwe
	shock, or heart failure. IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentielly list conditions, if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	Blunt necouse on oue to (or A o	ck traus s a consequen s a consequen s a consequen	Do not antar the Ma CE OF): CE OF):	moda of dying, sud	ch as cardiec or reap	N AUTOPSY PRMED?	24b. WEF	Approximate interval Betwee Onset end Dea
	shock, or haart fallure. IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentielly list conditions, if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other aignificant condition	Blunt necouse on oue to (or A o	ck traus s a consequen s a consequen s a consequen	Do not anter the MA CE OF): CE OF): ting in the underlying the center of the center	moda of dying, suc	n Part i. 24a. WAS A PERFC	N AUTOPSY PRMED?	24b. WEF	Interval Betwee Onset end Dea
	shock, or haart failure. IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificant condition 25. WAS CASE REFERREO TO MEDICAL EXAMINER?	Blunt ned out to (DR A out to (ck traus s a consequen s a consequen s a consequen h but not resul	Do not antar the Ma CE OF): CE OF): ting in the underl	moda of dying, such	n Part I. 24s. WAS A PERFC XX YES	N AUTOPSY PRMED?	24b. WEF	Interval Betwee Onset end Dee Onset end Dee E. AUTOPSY FINDING LABLE PRIOR TO PULSTION OF CAUSE DEATH?
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	shock, or haart failure. IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentielly list conditions, if erry, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? LEXAMINER? 1. Death of the condition of the condi	Blunt nerous on our to	CK trau S A CONSEQUEN S A CONSEQUEN S A CONSEQUEN Dutpetient 3 D D Dutpetient 3 D D D D D D D D D D D D D D D D D D D	DD not anter the	ying cause given in	heck only one) 24a. WAS A PERFC XXYES heck only one) 28d. OESCRIBE HOW Subject 28f. LOCATION (Street, Start), Start 28f. LOCATION, Start City or Rown, Start	N AUTOPSY PRMED? 2 NO INJURY OCCUI STYUCK	24b. WEF AMAL COM OF I XDX REO about	Interval Betwee Onset end Dec Onset end End E
	shock, or haart failure. IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentielly list conditions, if erry, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? LEVES 2 NO 27. MANNER DE DEATH 1 Netural 5 Pending Investigation 3 Suicide 6 Could not be determined 29a. CERTIFIER (Check only 1 CERTIFYING PHYSIC)	Blunt nerous on our TO (DR A. DUE TO (DR A. DUE TO (DR A. OUE TO (OR A. OUE TO (OR A. DUE T	Ck trau S A CONSEQUEN S A CONSEQUEN S A CONSEQUEN S A CONSEQUEN Dutpstlent 3 D D Dutpstlent 3 D D Dutpstlent 3 D D D D D D D D D D D D D D D D D D D	DD not anter the	ying cause given is s. PLACE OF DEATH (C) Home TOTAL Address INJURY AT WORKY YES 2 HO office	The Part I. 24s. WAS A PERFO MXYES Theck only one) 6 Other (Specify) 28d. OESCRIBE HOW Subject: 28f. LOCATION (Street City of Town, String 3821 Lync is to the cause(s) and missing the cause(s)	N AUTOPSY PRMED? 2 NO INJURY OCCU STruck and Number or 3 ale Av enner as stated	246. WEF AMALO CON OF XOX REO About Fouril Route Je., Bi	NE AUTOPSY FINDINGLABLE PRIOR TO MPLETION OF CAUSE DEATH? J YES 2 NO t neck Number, altimore

32. BEGISTRAR'S SIGNATURE Aunder



VC



traumatic event, the medical examiner must be notified at once. TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires INTO THE FUNEAU DIRECTOR: After this certificate has been signed be filed within 72 hours after death with the State Dept. of Headman IMPORTANT: If Item 267's marked, or Item 23 shows and the contraction of the contraction

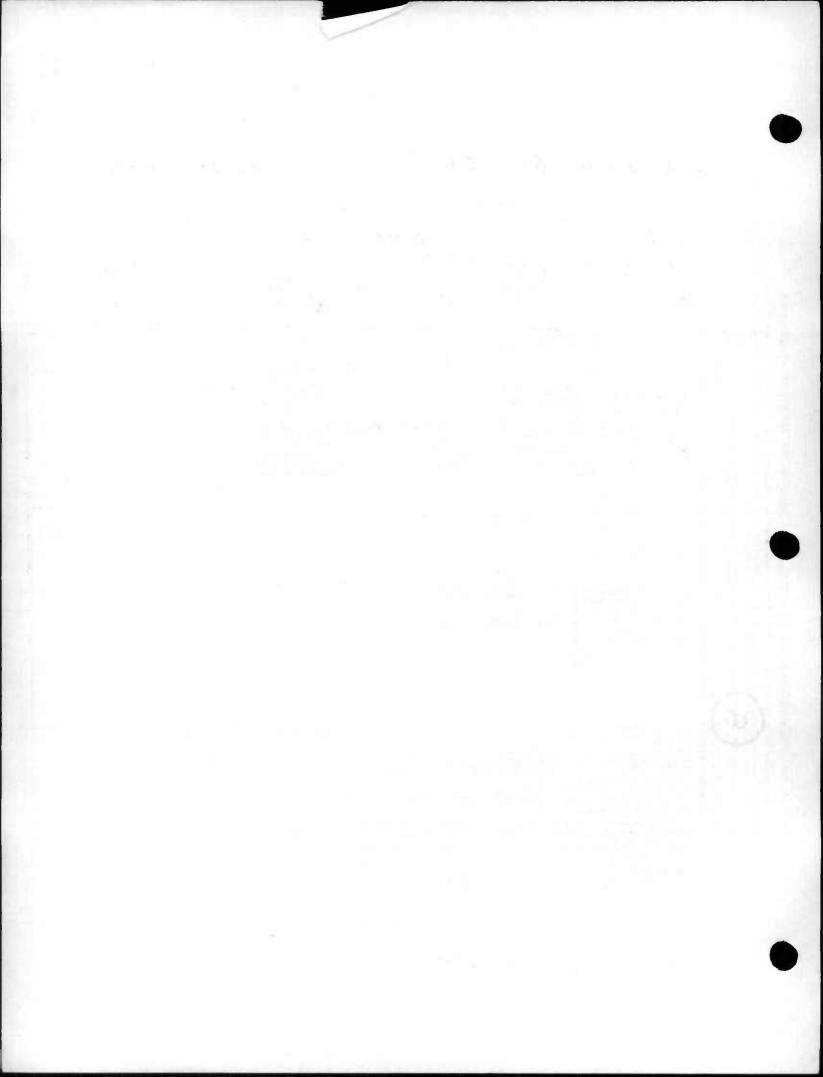
	1. DECEDENT'S NAME	ME (First, Mid	Idle, Last) C	laude E	lward H	luesma	n				2. DATE OF MONTH		AY	YEAR	3. TIME OF DEATN
	CLA	HUDE	E	Н	UESMA	7N						11	30	90	10:50 am
	4. SOCIAL SECURIT		-		6. AGE (In yrs. I		IF UNDER	1 YEAR DAYS	HOURS	R 24 HRS.	7. DATE OF (Month, D	ny, Year		8. BIRTN Count	IPLACE (State or Foreign ry)
	215 16			1 X M 2 🗆 F	67	YRS.						7	3		yland
~	BALTIMORE				DAILER	RIVIN		BALTIMORE C							
5	RESIDENCE O			THE LOCA	4 MANG 10	1000	OA.	L111	nok	5		_	Up	LIVI	ioke 417
DIRECTOR	10a. STATE 10b. COUNTY						Y, TOWN C			^					10d. INSIDE CITY LIMITS?
		MD Baltimore					MAN	CH	FSTI	ER					1 X YES 2 NO
FUNERAL	10e. STREET AND NUMBER							101	. ZIP COL	2110	2				WHAT COUNTRY?
Ä				+ CT			1							USA	
	11. MARITAL STATUS 1 Never Married			12. WAS DECEDEN' FORCES? 1 IF YES, GIYE W	YES 2	ARMED NO	1	f yea, sp	ecity Cub	an, Maxica	NIC ORIGIN? (5 in, Puerlo Rici		s or No—	Black	E — American Indian, k, White, atc.
BY	3 Widowed 4			02/03/43			'	YES	2 NO) Specifi	y:			Speci	White
COMPLETED	(So	15. DECEDE	NT'S EDUCA	TION	16a, I	DECEDENT'S (Give kind of	USUAL O	CUPATIO	ON set of work	ilna	16b. KI	ND OF BU	SINESS/IN	DUSTRY	
	Elementary/Seco			College (1-4 or 5+) /	ite. Do NOT u	e retired.)				C.	T	72 444	To	cal # 438
M P	8				we	lder								r Lo	Cal # 438
	17. FATHER'S NAME Claude			an							ME (First, Midd • Kells		Sumame)		
BE	19a, INFORMANT'S			-		405 MAR INC	ADDRESS	/Street			Route Number,		un Ctela 7	n Codel	
2	Claudia										Manch				1102
	200 METNOD OF D	ISPOSITION				E OF DISPO	SITION (Na	me of ce	netery, cre	ematory or		20c. LC	CATION -	City or To	own, State
	1 Burial 2 C 0			al from State	1000	place) rkwoo	d-Cer	nete	237			Pan	ckwi 1	16	Maryland
	21. SIGNATURE OF	FUNERAL SE	RVICE LICE	NSEE						ESS OF FA	CILITY				Home, Inc.
	De Ja	ey	. 1	yprelet	l		7	110	Bela	air F					. 21206
	23. PART I Ente	r the dise	ses, or co	mplications the	ceused the	death. Do	not enter	the mo	de of d	ying, auc	h ea cardia	or resp	iratory a	reat,	Approximate
	IMMEDIATE CAU			et only one ceu							(D)				Interval Between Onset and Death
	diseeea or cond recuiting in deat		a.	END-STA	65 ADE	FNO CA	RCIN	oma	- 01	F 1757	E LUNG	7			2 marcha
				DUE TO	(OR AS A CONS	SEOUENCE O	F):								
NO	Sequentially list			DUE TO	OR AS A CONS	SEOUENCE O	F):		_						
ATI	If any, leading to ceuse. Entar UN	DERLYING													
Ħ	CAUSE (Disease that initiated eve	ents	1.	DUE TO	(OR AS A CONS	SEOUENCE O	F):								
CERTIFICATION	resulting in deat	th) LAST	d.												
	PART II. Other 6	Ignificant (conditione	contributing to	death but no	t reculting	In the ur	deriyin	g cause	given in	Part I. 2		N AUTOPSY	248	. WERE AUTOPSY FINDINGS
MEDICAL											Ι,	PERFO	RMED?		AWAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?
ÆD											_		- LJ		1 YES 2 54 NO
ä															
PHYSICIAN:	25. WAS CASE REFE EXAMINER?	ERRED TO M		HOSPITAL:			OTHE		LACE OF	DEATN (C)	heck only one)				
YSI	1 🗌 YES 2 🔀	7		1 N Inpetient 2			4 🗆 Nur	sing Non		Rasidenca	6 Other (S				
PH	27. MANNER OF DE	ATN Pen	dina	28a. DATE OF (Month, D	INJURY ay, Year)	28b. TIA	URY M	W	JURY AT	_ wa	28d. DESCF	IIBE NOW	INJURY O	CURED	
ВУ	2 Accident		stigation	28a PLACE O	F INJURY — At	home ferm			YES 2	LINU	281 LOCATI	ON /Street	and Numb	er or Rumi	Route Number,
ED	3 Suicide 4 Nomicide	6 Cou	ild not be irmined		atc. (Specify)	1101110 101111		,	-			Town, State			
COMPLETED	29a. CERTIFIER	S CERTIEV	ING PNYSICI	IAN: To the best of	my knowledge	death occur	and at the t	Ime deta	and olar	re and du	e to the course	(a) and ma	nnor as et	hete	
MP	(Check only														s) and manner as stated.
	29b. SIGNATURE AN	ND TITLE OF	CERTIFIER	- /					29c. LI	CENSE NU	MBER		29d. DA	TE SIGNED	O (Month, Day, Year)
BE	/	chat 1	- llow	es mp/	Darla	by MS	W						•	11/3	30/00
2	30. NAME AND ADD			COMPLETED CAUS			, Print)		1	-				117	110
	Lock	+ RAV	EN	VA I	AUSP17	AL									
	31. DATE FILED (Mo	onth, Day, You	r)	32. REGISTRA	R'S SIGNATURE	E									
	7 2														- 1
	DEC	4 199	0 4.	he Swidson											DHMH-16 Rev 1/89

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al examiner must be notified at once.	IMPORTANT: If item 28 is marked; or ill management in July, or other traumatic event, the medical examiner must be notified at once.
loval.	be filed within 72 hours after death with the second hours and Mental Hygiene prior to burial, cremation, or removal.
the funeral director, page 5 should be detached	TO THE FUNERAL DIRECTOR: After this certifications are not by the attending physician and completely filled in by the funeral director, page 5 should be detached
fter death. Page 6 may be retained by the hosp	TO THE HOSPITAL OR ATTENDING PHYSICIAR THE THE THE THE death certificate be executed within 25 hours after death. Page 6 may be retained by the host
BALLIMORE, MARYLAND	DIVISION OF VITAL RECORDS, P.O. BOX 13146,

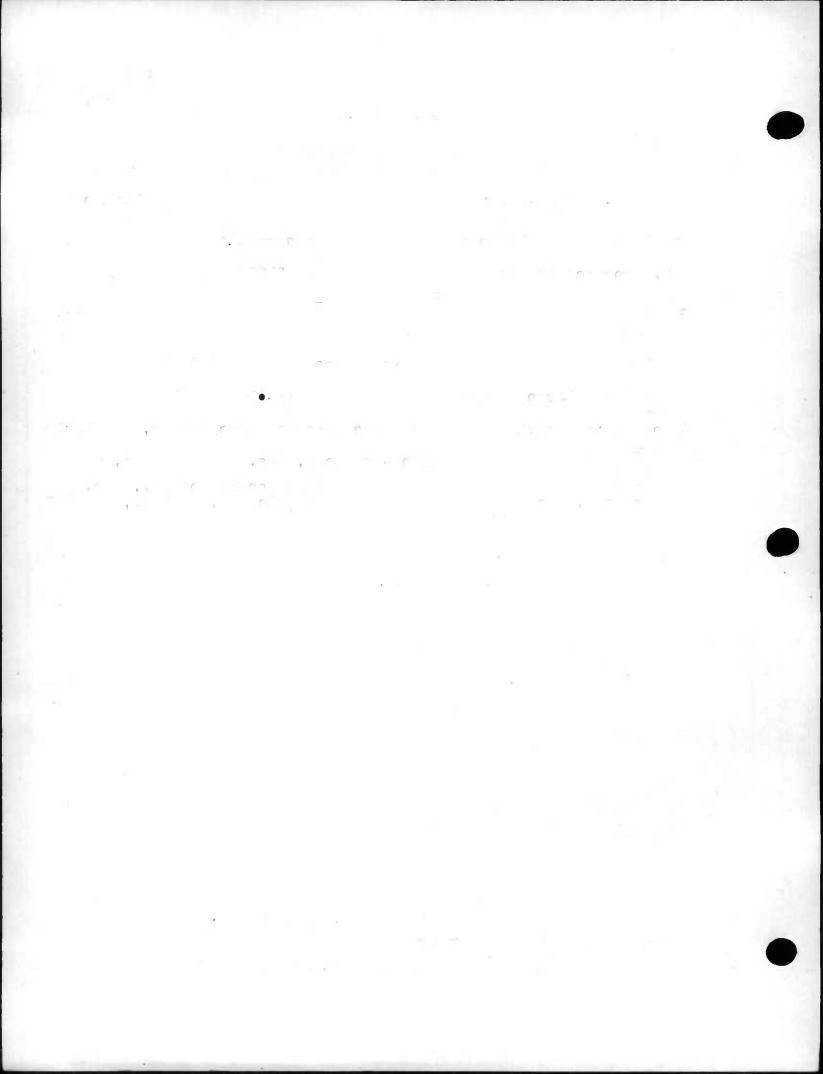
STATE OF MARYLAND	/ DEPARTMENT	OF HEALTH	AND MENTA	AL HYGIENE
	CERTIFICATE	OF DEAT	ГН	REG. NO.

REGISTRAR 1. DECEDENT'S NAME (First, Middle, Last	1	CERTIFIC	OAIL OI L	LAIII	REC				711
	HARRIS				2. DATE OF DEA	DAY	RASY	3. TIME OF DEA	uH.
4. SOCIAL SECURITY NUMBER		SE (In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIR	TH	~~~	9:05A	Forelan
220-74-713				HOURS MIN.	(Month, Day,)		Coun		
De. FACILITY NAME (If not institution, give	street and number)		9b. CITY, TOWN OR	LOCATION OF DE		9c. CC	DUNTY OF		
MARYLAND GENERA	L HOSPITAL		BALTIMO	RE CITY					
RESIDENCE OF DECEDENT 10a. STATE 10b. COUN	TV	1 00 0000	TOWN OR LOCATIO						
MA A	•	BA.	1+imo	RE				10d. INSIDE CIT	
10e. STREET AND NUMBER	,	Shoke.		OP CODE		100 0	TIZEN OF	WHAT COUNTRY?	NO
908 N. MOG	int St "	2-6.	101. 2	0052		1.00.0	11	TA	
11. MARITAL STATUS	12. WAS DECEDENT EVE			IDENT OF HISPAN			14. RAC	CE — American Ind	llan,
Never Married 2 Married	FORCES? 1 YI	R DATES	If yes, speci	NO Specify		Ac.)	Spe	ck, White, atc.	
3 Widowed 4 Divorced			1					BIACK	-
15. DECEDENT'S ED (Specify only highest grad	de completed)	16a. DECEDENT'S U (Give kind of wo life. Do NOT use	ork done during most of	of working	16b, KIND	OF BUSINESS/I	NDUSTRY		
Elementary/Secondary (0-12)	College (1-4 or 5+)		eer						
17. FATHER'S NAME (First, Middle, Last)		11,000		16. MOTHER'S NA	ME (First, Middle. I	Maiden Surnama)}		
MELVIN 1	TARRIS			ICM!		40			
19s. INFORMANT'S NAME (Type/Print)		19b. MAJLING A	ADDRESS (Street and		Route Number, City	or Town, State,	Zip Code)	2.	121
IRMA MCK	NIGHT	1312	HARIS	em Ac	E B	Altin	DIE,	MD	
20. METHOD OF DISPOSITION	movel from State	20b. PLACE OF DISPOSIT	TION (Name of comet	tery, cremetory or	,]:	Oc. LOCATION	— City or 1	Town, State	
Donation 5 Other (Specify)		WESTERN	U STAR	Come	tery	CATOR	will	18 MAY	419.
H. SIGNATURE OF FUNERAL SERVICE I	JCENSEE		22. NAME AND	ADDRESS OF FA	CILITY	/	20 A	J. Can 10	nor
No head				16	71	: 6-	72 "	0	7161
23. PART I. Enfor the discusses, or ahock, or heart fellure IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. SEPSIS	sed the death. Do non each line.	ot enter the mode	y Harri			1 1 /1	Approximinterval I	nate Batweer
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	THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2.5 Hours after death. Page 6 may be retained by the host	TO THE FALL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached the funeration, or removal.	INFORTANT. If them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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George E. N 23. PART I. Enter the disease, or ahock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated evente resulting in death) LAST PART II. Other significant conditions. 15. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	DUE TO (OR DUE TO	on eech line DIV ON R AS A CONSE R AS A CONSE R AS A CONSE RAS A	DUENCE OF: DUENCE OF: DUENCE OF: DUENCE OF: DOBLET	22. NAME C ren 299 t enter the m C ren 299 the underlyl The underlyl C rent	AND ADDRESS Matior Frede Frede mode of dying MADAGE MADAG	or Facility Social Soci	cerdlec or reegon control of the con	of Md Balt Balt biratory arrow N AUTOPSY RMED? 2 □ NO INJURY OCC Tend Number Solution as state and due to the	O	Approximata Interval Betwee Onset and Dei On
George E. M. 23. PART I. Enter the disease, or ahock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated evente resulting in death) LAST PART II. Other significant conditions. 1. WAS CASE REFERRED TO MEDICAL EXAMINER? 1. YES 2 NO 17. MANNER OF DEATH 1. Netural 8 Pending Investigation 18 Used 19 Used	DUE TO (OR DUE TO	on eech line DIV ON R AS A CONSE R AS A CONSE R AS A CONSE RAS A	DUENCE OF: DUENCE OF: DUENCE OF: DUENCE OF: DOBLET	22. NAME C ren 299 t enter the m C ren 299 the underlyl The underlyl C rent	AND ADDRESS Matior Frede node of dying May be a seed on the seed of the seed	or FACILITY OF SOCIATION OF SOC	cerdlec or reegon control of the con	of Md Balt Balt biratory arrow N AUTOPSY RMED? 2 □ NO INJURY OCC Tend Number Solution as state and due to the	O	Approximata Interval Betwee Onset and Deal Onset an
George E. N 23. PART I. Enter the disease, or ahock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated evente resulting in death) LAST PART II. Other significant conditions. 15. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	ACNADO Complications that cit. List only one cause a.	on eech line PIV SO R AS A CONSE R AS A CONSE RAS A C	DOUBNCE OF): DUENCE OF): PESUITING IN 26b. TIME INJUI The post occurred investigation,	22. NAME C ren 299 t enter the m C ren 299 the underlying No C ren C re	AND ADDRESS Matior Frede Frede mode of dying MADAGE MADAG	or Facility Social Soci	cerdlec or reegon control of the con	of Md Balt Balt biratory arrow N AUTOPSY RMED? 2 □ NO INJURY OCC Tend Number Solution as state and due to the	O	Approximata Interval Betwee Onset and Dei On



1 - FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

	4. SOCIAL SECURITY NUM 065~30-6909		5. SEX	6. AGE (In ure, Ia		ONTHS	DAYS	HOURS	24 HRS. MIN.	(Mont	7-1936	٨	Country) IEW_Y	
۳ ا	98. FACILITY NAME (II not		*		1	b. CITY. T		TOWS!		ATH	, , ,	9c, COUNTY		MORE
5	ST. JOSEPH RESIDENCE OF DE	10b, COUN		-	10. 0171				ON			<u> </u>		d. INSIDE CITY
DIRECTOR	MARYLAND	10B, COUR	BALTIMOR	E	10c. CITY,	IOWN OR			IV				- 1	LIMITS?
	10e. STREET AND NUMBER	1	DALITMUK		DUNDALK 101. ZIP CODE						1 ☐ YES 2 X NO			
FUNERAL	2063 SHORE	ROAD			21222							US	.A.	
ВУ	11. MARITAL STATUS 1 Never Married 2 X 3 Widowed 4 Dh		12. WAS DECEDE FORCES? IF YES, GIVE	NT EVER IN U.S. A 1 YES 2 Y WAR OR DATES	RMED (NO	16.3	/es, sp			n, Puerlo	t? (Specify Yes Rican, etc.)	or No.— 14	. RACE — Black, W Specify:	American Indian, hite, etc. WHITE
TED	15. DE (Specify or	CEDENT'S Et	DUCATION de completed)	(ECEDENT'S U	rk done du	UPATIO	ON ast of workin	ng	16t	. KIND OF BUS	SINESS/INDUS	TRY	-
LET	Elamentary/Secondary	i+)	e. Do NOT use						11	AUTOA	אח וומ	ODITAL		
COMP	12TH GRAD		N/A		UPE	RATOI	<u> </u>	18. MOTI	HER'S NAI	ME (First.	Middle, Maiden		D HO	SPITAL
C	THOMAS HANN										Т НІСК			
0 8	19a. INFORMANT'S NAME			1:	9b. MAILING A	DDRESS (Street a	and Number		_	ber, City or Town		ode)	
ř	ALICE K. HA	NNON			2063 S	HORE	RO	AD 1	BALT	IMOR	E MAR	YLAND	2	1222
	20a. METHOD OF DISPOSI Y & Burial 2 Cremet	ion 3 🗆 Re	emoval from Stata	other p					-			CATION — CI		
	21. SIGNATURE OF FUNIT		insued /	- LOAK I	AWN C			12-			В	ALTIMO	RE,	MARYLAN
	21. SIGNATORE OF FORIG	28	100)							HOME	OF DUN	IDALK	. INC.
	DUDA-RUCK FUNERAL HOME OF DUNDALK 7922 WISE AVENUE DUNDALK MD 25 PART. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardisc or respiratory arrest,										21222 Approximat			
	shock, or heart fellure. Liet only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) Due to (or as a consequence of):										Onset and			
CERTIFICATION	Sequentially list conditions, If ony, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST b. Cause of the ceuse of the													
MEDICAL	PART II. Other eignific	ent conditi	ons contributing t	o death but not	resulting in	the und	erlyin	g cause	given in	Pert I.	24s. WAS AN PERFOF 1 YES 2	RMED?	AN CC OI	ERE AUTOPSY FING BILLABLE PRIOR TO DMPLETION OF CAI F DEATH?
IAN:	25. WAS CASE REFERRED	TO MEDICAL					26. P	LACE OF D	DEATH (Ch	eck only o	ne)			
SICI	EXAMINER? 1 YES 2 NO		HOSPITAL:	☐ ER/Outpetlant		OTHER:	ng Hon	na 8 🗆 Re	asidenca	8 🗆 Oth	er (Specify)			
ВУ РНУ	27. MANNE# OF OEATH 1 Metural 5 □ 2 □ Accident	Pending Investigatio		DF INJURY Day, Year)	28b. TIME INJU		W	JURY AT ORK? YES 2	□ NO		\$CRIBE HOW I			
	3 Suicide 8 4 Homicide	Could not t	bulldin	OF INJURY — At I g, atc. (Specify)	nome, ferm, st	eet, factor	y, offic				CATION (Street or Town, State)		Rural Rou	te Number,
COMPLETED	(Critical Orliny		YSICIAN: To the best INER: On the besis of											nd manner aa sta
TO BE C	29b. SIGNATURE AND TITE	L-L	_intRic	Zuu-	>			29c. LIC	ENSE NUI	BER 324	2	29d. DATE 5	BIGNEO (M	fonth, Day, Year)
F	30. NAME AND ADDRESS RICHARD	L.L	-inthu	comm		Sai	w	+1	- 0 Sc	- St	is Ho	ep.	Bel	Himaci
	31. DATE FILEO (Month, Da		100000000000000000000000000000000000000	RAR'S SIGNATURE								1		
	DEC 4 1991	J gru	a Swidson	yanae										DHMH-18

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

MICHAEL A. HANNON

2. DATE OF DEATH

TH DAY

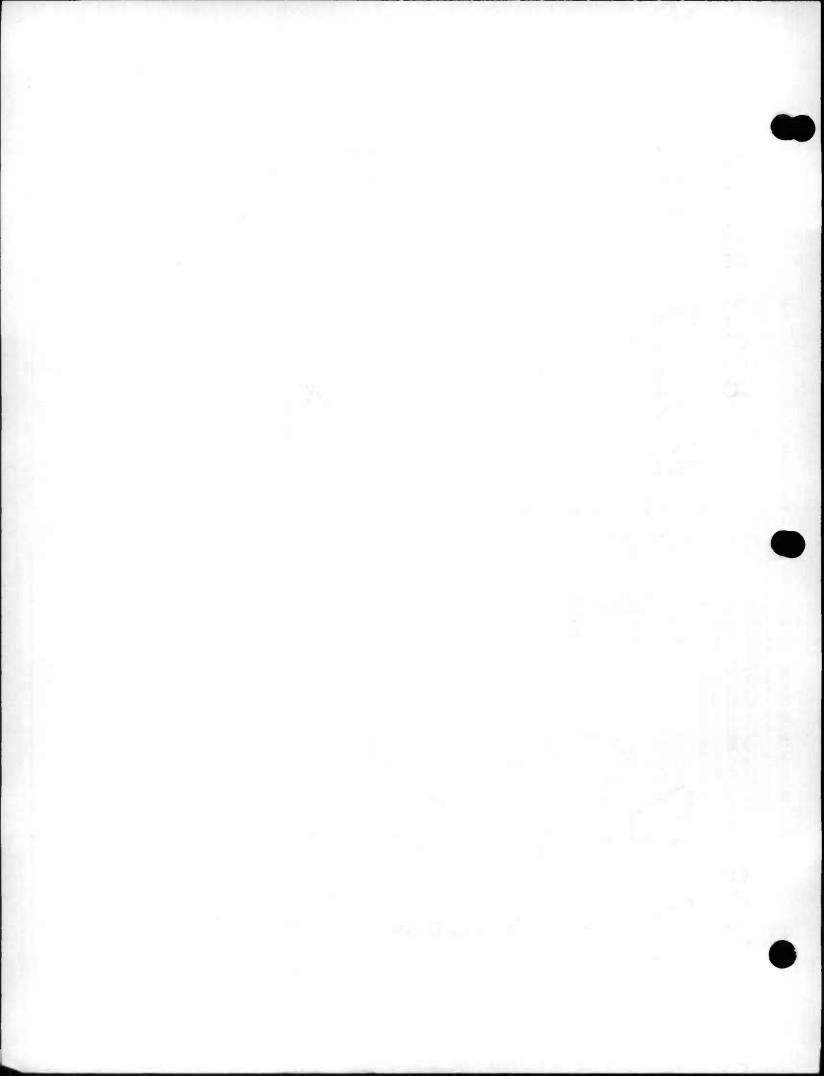
90-33063

DHMH-18 Rev 1/89

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TO THE HOSPITAL OR MITENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by	TO THE FUNERAL DIRECTOR; After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be		IMPORTANT: It liem 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at
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death	fune		WEX.
after	y the	be filed within 72 hours after death with the State Dept. of Hearth and Mental Hyglene prior to buriar, cromation, or removal,	Ca
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	FOR 1 - STATE REGISTRAR	STATE OF I	MARYLAND /		RTMENT				MENTAL	HYGIEN	E	90	33061
	1. DECEDENT'S NAME (First, Middle, Last)									OF DEATH		EAR	3. TIME OF DEATH
	JOHN Albe	rt JOH	NSON						T	1-28	90	EAH	M
	4. SOCIAL SECURITY NUMBER	6. SEX	6. AGE (In yrs. la		IF UNDER		IF UNDER	MIN.	7. DATE (OF BIRTH , Day, Year)	8.	BIRTHP Country	LACE (State or Foreign
	213-07-4104	12€3(M 2 □ F	73	YRS.						6-17			5.C.
~	9a. FACILITY NAME (If not institution, give a							ON OF DE			9c. COUNTY	Y OF DE	ATH
2	90/ N. WULF	SIKEEI			DAL	111	TURE	, MI	٠.				
DIRECTOR	10a, STATE 10b. COUNT	Υ		10c. CIT	Y, TOWN O	R LOCAT	TION						10d. INSIDE CITY
	MD			BA	LTIM	LTIMORE, CITY							LIMITS?
A	10e. STREET AND NUMBER						, ZIP COD				III COLOR		HAT COUNTRY?
FUNERAL	907 N. WOLF	ST.	ST.				2120) 5				USA	
5	11. MARITAL STATUS 1 Never Married X X Married	12. WAS DECEDENT EVER IN U. FORCES? 1 YES									or No-	. RACE Black,	American Indian, White, atc.
ВУ	3 Widowed 4 Divorced		WAR OR DATES					Specify				Specify	
	15. DECEDENT'S EDU	ICATION	16a, Di	ECEDENT'S	USUAL OC	CUPATION	DN		16h	KIND OF BUS	INFSS/INDUS	TRY	Black
	(Specify only highest grade Elementary/Secondary (0-12)	completed) College (1-4 or 5	- 46	Sive kind of a. Do NOT u	work done dise retired.)	during mo	st of world	ng					
릴	6th Grade			eel	side				Ве	ethle	hem	Ste	eel Corp.
COMPLETED	17. FATHER'S NAME (First, Middle, Last)									fiddle, Meiden	Surname)		
BE (Jacob Joh	nson						atti			Dav		
2	19a. INFORMANT'S NAME (Type/Print) Lucille Jo	hnson	19							er, City or Town			
									Bal	timor			
	a. METHOD OF DISPOSITION Burlel 2 Cremation 3 Ren	noval from State	20b. PLACE other p	lace)	The second		,				CATION — CH TTMOF		
	BALTIMORE CEMETERY BALTIMORE, MI 22. NAME AND ADDRESS OF FACILITY												
	· (helsh	+ ma											ORTH AVE.
											Approximate Interval Between Onset and Death		
_		DOE IX	ON AS A CORSE	OUENCE	rrj:					META	TAGES		
CERTIFICATION	Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING												
교	CAUSE (Disease or Injury that initiated events	c	O (OR AS A CONSE	OUENCE C	OF):								-
E	resulting in death) LAST	4											
빙	DAPE II OAL - STATES AND				to at							T	
N N	PART II. Other algnificant condition	na contributing to	o death but not	reauting	in the un	ideriyin	g cause	given in	Part I.	PERFOR	MED?	24b.	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE
MEDICA									- 1	1 TYES 2	NO		OF DEATH?
	-								-			1	1 YES 2 NO
AN	25. WAS CASE REFERRED TO MEDICAL					26 P	ACE OF I	DEATH (Ch	ack ook oo	-1		1_	
PHYSICIAN:	EXAMINER?	HOSPITAL:	☐ ER/Outpatient	2 [] DOA	OTHER	3 :	./	lesidence					
Ě	27. MANNER OF DEATH	28e. DATE O	F INJURY	28b. TII	ME OF	28c. IN.	JURY AT	esidence		CRIBE HOW I	NJURY OCCU	RED	
	1 Natural 5 Pending	(Month,	Day, Year)	IN	JURY M		YES 2	□ NO					
ED BY	3 Suicide 6 Could not be	28e. PLACE	OF INJURY — At h	ome, farm,	street, fect	tory, offic	00		28f. LOC	ATION (Street or Town, State)	and Number or	Rural R	oute Number,
=	3 Suicide 6 Could not be determined 28e. PLACE OF INJURY — At home, farm, street, fectory, office building, etc. (Specify) 28e. PLACE OF INJURY — At home, farm, street, fectory, office building, etc. (Specify) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)												
COMPLET	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYS												and manner as stated.
BE C	29d. DATE SIGNATURE AND TITLE OF CERTIFIER 29d. DATE SIGNED (Month, Day, Year)												
5	30. NAME AND ADDRESS OF DEDROOM W	HO COMPLETED CA	USE OF DEATH OF	FM 27) /3-	a Dylast		P	1661	7		//	/ -	1/10
	a VFOGADA -	SAL OF	C DEATH (II	IAA	1/.	Ro.	140	117	/	BAU	MD.	2	1221

BAUT. MD. 21231



HE HISPITAL OF VITAL RECORDS, F.C. BOX 13146, HE HISPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with; HE FUNERAL DIRECTOR: A fact that has been signed by the attending physician and complete. An white The burst are this certificate has been signed by the attending physician and complete, or the threat director, page 5 should be detached for use as the burlai-transit permit. Pages 1, 2, 3 should be a signed by the state box, or the thatth and Mental Hypine prior to burlai, cremation, or temoral. Then 28 is marked, or item 23 shows say injury, or other traumatic event, the medical examiner must be notified at once.

	FOR 1 - STATE REGISTRAR	STATE OF M	IARYLAND / DEPAI CERTIF	RTMENT OF H		MENTAL HYGIEN REG. NO.	E 9(33065
	1. DECEDENT'S NAME (First, Middle, Last) JOHN E. K	CNIGHT	- 1			2. DATE OF DEATH MONTH DA	Y 9	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 227-20-7(57	5. SEX 1 M 2 F	6. AGE (In yrs. lest birthday) 6.3 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Dey, Year)		BIRTHPLACE (State or Foreign Country)
OR	BALTIMORE VA M		enter		MORE,		9c. COUNTY	OF DEATH
DIRECTOR	10a. STATE 10b. COUNTY			TY, TOWN OR LOCATE		Υ		10d. INSIDE CITY V LIMITS? 1 YES 2 NO
FUNERAL	100. STREET AND NUMBER 1711 AISQUITH	STREET			21202			S A
BY	11. MARITAL STATUS 1 Never Married 2 X Married 3 Widowed 4 Divorced		TEVER IN U.S. ARMED YES 2 NO AR OR DATES	If yes, spe		NC ORIGIN? (Specify Yes n, Puerto Rican, etc.) y:	or No— 14.	RACE — American Indian, Black, White, etc. Specify: BLACK
COMPLETED	15, DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12) 6 t h		(Give kind of life. Do NOT a	s USUAL OCCUPATION Work done during modules retired.) L TIME	N st of working	N/A	SINESS/INDUST	TRY
BE COI	17. FATHER'S NAME (First, Middle, Last) TRULY KNIG	НТ			18. MOTHER'S NA MYT	ME (First, Middle, Maiden RL LAM	BERT	
TO 8	190. INFORMANT'S NAME (Type/Print) MARGARET WIN	STON	171	1 AISQU	ITH ST.	Route Number, City or Tow - BALTIMO		^{do)} 1D. 21202
	20s. METHOD OF DISPOSITION 1 M Buriel 2 Cremetion 3 Remo	eval from State	GARRISO	N FORES	T VET.	CEM. OV	CATION — CHY	MILLS, MD.
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE W	د ع		MARCH F	F.H 1101	E. NC	ORTH AVE.
	23. PART I. Enter the diseases, or canock, or heart failure. I IMMEDIATE CAUSE (Finel disease or condition resulting in death)	List only one cau						Approximate Interval Between Onset and Death
NOI	Sequentially list conditions, if any, leading to immediate		(OR AS A CONSEQUENCE (
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST	DUE TO	(OR AS A CONSEQUENCE	OF):				
MEDICAL	PART II. Other significent condition	s contributing to	death but not resulting	in the underlying	g cause given in	Part I. 24a. WAS AN PERFOI	RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 ND
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:	ER/Outpatient 3 □ DOA	OTHER:	ACE OF DEATH (Ch			
	27. MANNER OF DEATH 10 Matural 5 Pending	26a. DATE OF (Month, D	INJURY 28b. TI	ME OF 28c. INJ		6 Other (Specify) 28d. DESCRIBE HOW	INJURY OCCUP	RED
TED BY	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE O building,	F INJURY — At home, farm etc. (Specify)			261. LOCATION (Street City or Town, State		Rural Route Number,
COMPLETED	onel		my knowledge, death occur examination and/or investigat					ause(a) and manner as stated.
BE C	296. SIGNATURE AND TITLE OF CERTIFIER	1	- 0		29c. LICENSE NUI	MBER		IGNED (Morth, Day, Year)

296. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 3

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

2

Raven Blud AVID 31. DATE FILED (A)

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6	20	75
DE ATTENDED THE CIAN; The law requires that the death certificate be executed within 2- vious after death. Page 6 may be retained by the host	DIFFCIANT AND THE CONTROL OF THE STATE OF TH	pages and committees state begin, of negatifiant wental hygiene prior to bothat, definition, of entires. The 2s is marked or liest 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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	FOR 1 - STATE REGISTRAR		STATE OF I	MARYLAN	D / DEPAR CERTIF	TMENT (OF HE	АЦН ЭБАТ	AND I	MENTAL	HYGIEN	E	0	33066	
	1. DECEDENT'S NAME (First	t. Middle, Last			OLITTI	IOAIL	0		•	2. DATE	OF DEATH			3. TIME OF DEATH	
		Leno		old	Kunko	v.zerle i				NOV	D	AY 1.0	YEAR		м
	4. SOCIAL SECURITY NUM		5. SEX		z. last birthday)	F UNDER 1	YEAR	IF UNDER :	24 HPS.	7. DATE	OF BIRTH	7 13		HPLACE (State or Foreign	-
			1 M 2 V F	64	YRS.		-	HOURS	MIN.	(Month	, Day, Year)	1000	Coun	try)	
	216-20-879		- 22	04		9b. CITY, T				Apri	il 19,1926 Maryl			Maryland_	_
-	9a. FACILITY NAME (If not in									EATH					
0	10315 Ma		Circle			Со	ckey	svi	lle			Ва	llti	more	_
DIRECTOR	10a, STATE	10b. COUN	ту		10c. CIT	Y, TOWN OR	LOCATIO	N						10d. INSIDE CITY LIMITS?	_
ā	Maryland	Ba:	ltimore			Cocke	ysvi	lle						1 YES 2 NO	
1	10e. STREET AND NUMBER	1					10f. Z	IP CODE				10g. CIT	IZEN OF	WHAT COUNTRY?	
FUNERAL	10315	Malco	lm Circle					210	30				11.	S.A.	
ΙŽΙ	11. MARITAL STATUS		12. WAS DECEDED		S. ARMED	13. W	AS DECEN			VIC ORIGIN	7 (Specify Ye	or No-		CE — American Indian, ck, White, etc.	
B≺	1 Never Merried 2 S		FORCES?	1 YES 2 WAR OR DATE:	₹ NO	H 1		Ify Cuber	n, Mexico	n, Puerto F	tican, etc.)			ck, White, atc. city: White	
8		CEDENT'S ED		16	a. DECEDENT'S	USUAL OCC	CUPATION			16b.	KIND OF BU	SINESS/IN	DUSTRY		
COMPLETED	(Specify on Elementary/Secondary (nly highest grad	College (1-4 or 5	+)	(Give kind of Me. Do NOT u	work done du se retired.)	ring most	of working	g						
17	12		3		Iomemak	er				14	Own	Home	2		
8	17. FATHER'S NAME (First, I	Middle, Last)					1	18. MOTH	ER'S NA	ME (First, I	Middle, Maider	Sumame)			_
	Kaje		TAT i	told					rie		(First, Middle, Malden Surname) Obrycka				
B	19a. INFORMANT'S NAME (cora	I and Marine	1 10000000	·			Davida Alicani	ber, City or Tox		o Codel			
2	CHUNK TO THE PARTY OF THE PARTY				THE STREET			Number	or Hurse	HOUSE NUME	DBC LITY OF ION	m, Statu, Zi	p Coom)		
	Gregg W.		VSK1	_		e As									
	20a. METHOD OF DISPOSI X Burial 2 Cremati 4 Donation 5 Q Other	ion 3 🗆 Rei	moval from State	_ Dula	her place) aney Va	lle y	e of ceme Mem	Gar	ds.	12-3	-90 !			rown, State , Maryland	
	22. NAME AND ADDRESS OF FACILITY Ruck Towson Funeral Home, Inc. 1050 York Road, Towson, Md. 21204														
	23. PART L'Enter the shock, or i IMMEDIATE CAUSE (Fi disease or condition resulting in death)	heert fellure Inei	a. List only one ca	UNG C	line.	not enter t								Approximate Interval Betwee Onset and Dest	
CERTIFICATION	Sequentially list cond if any, leading to imm cause. Enter UNDERL' CAUSE (Disease or Inj that initiated events resulting in death) LA	ediata YING jury	c		ONSEQUENCE (
MEDICAL	PART II. Other signific	cant condition	ons contributing t	o death but	not resulting	in the und	derlying	cause (given in	Part i.	24a. WAS A PERFO 1 YES	RMED?	2	4b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	8
PHYSICIAN:	25. WAS CASE REFERRED	TO MEDICA:	T				00 51 1	OF 05 -	PATH C	hanh c 1					
호	EXAMINER?	I MEDICAL	HOSPITAL:	1		OTHER		UE OF D	EATH (C	heck only o	ne)				_
YS	1 TYES 2 -NO		1 Inpatient 2						eeldence	6 🗆 Othe					
ВУ РН	1 Netural 5 Pending (Month, Day, Year) INJURY W						28c. INJU WOR 1 YE		□ NO	28d. DE	SCRIBE HOW	INJURY O	CCURED		
0	2 Accident 3 Suicide 6 4 Homicide	Could not be determined	28e. PLACE	OF INJURY — g, etc. (Specify)	At home, farm	street, facto	ry, office				CATION (Street or Town, State		er or Run	al Floute Number,	
COMPLET	anal only		SICIAN: To the best of											e(s) and manner as stated.	
BEC	296. SIGNATURE AND TITE	LE OF CERTIF	PO I					29c. UC				29d. D/	ATE SIGN	ED (Month, Day, Year)	
2	30. NAME AND ADDRESS	UE DEBSON I	WHO COMES ETED CA	USE OF DEATH	U STEM 27 CE	a Drivet		") 4	600			1	, _	-110	

120 Sister Piere Drive, Towson, Maryland 21204

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

M.D.

32. REGISTRAN'S SIGNATURE

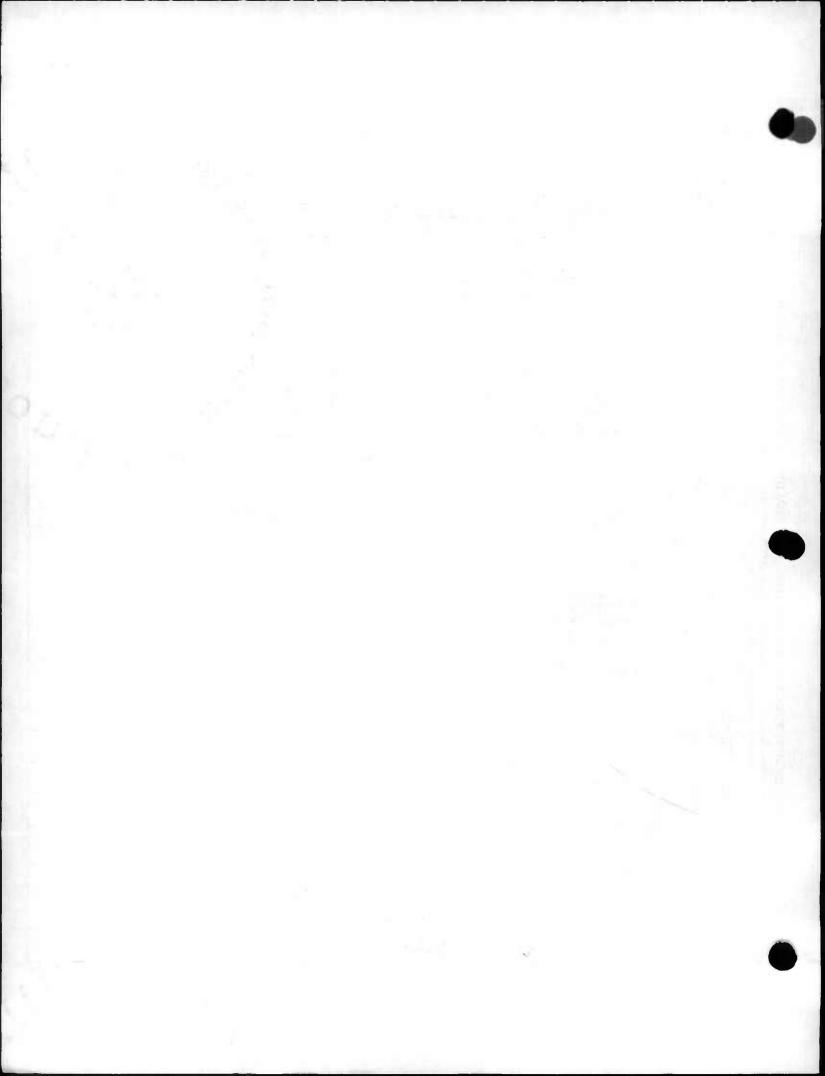
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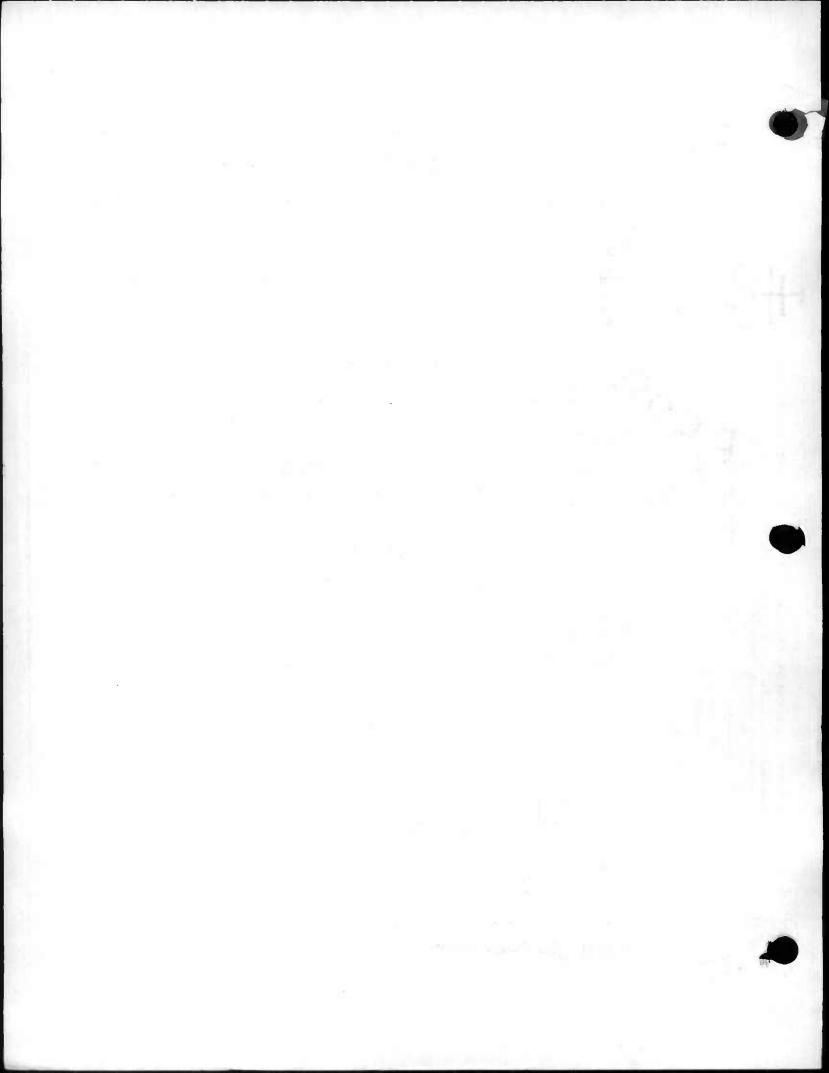
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4	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2.3 Lours after death. P.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral be filed within 72 hours after death with the State Dept. of Heath and Mental Hyglene prior to burial, cremation, or removal.
	SPIT	VER III
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	REGISTRAR		YLAND / DEPARTI CERTIFIC	CATE OF D	EATH	REG. NO.			
1. D	DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH DATE DATE DATE DATE DATE DATE DATE DATE	NY YEA	3. TIME OF DEATH	
1	SARA		7	MINSKI		12 1	90	2:00 P	
2	SOCIAL SECURITY NUMBER	1 M 2 K F			UNDER 24 HRS. DURS MIN.	Dec. 5,1			
	FACILITY NAME (If not institution, give st 504 Woodward St			b. CITY, TOWN OR L	OCATION OF DEA	тн	9c. COUNTY O	timore	
RE	STATE 10b. COUNTY	,	10c. CITY.	TOWN DR LOCATION		-		10d. INSIDE CITY	
	Md.	Baltimor		E	ssex		,	1 YES 2 NO	
10e.	504 N. Wood	ward Driv	7e	101, 21	212	221	-	JSA	
1	MARITAL STATUS Never Married 2 Married Nover Married 4 Divorced	12. WAS DECEDENT EV FORCES? 1 1 1 IF YES, GIVE WAR C	YES 2 NO		Cuban, Mexican,	C ORIGIN? (Specify Yer, Puerto Rican, etc.)		RACE - American Indian, Black, White, etc. Specify: White	
	15. DECEDENT'S EDUI (Specify only highest grade	completed)	16e. DECEDENT'S U: (Give kind of wo life. Do NOT use	rk done during most o	l working	16b. KIND OF BU	SINESS/INDUSTI	RY	
17. 1	Elamentary/Secondary (0-12)	College (1-4 or 5+)	Laundi	v Work	a r				
	FATHER'S NAME (First, Middle, Last) Harry C. Tutc	hton	<u> </u>		. MOTHER'S NAM	E (First, Middle, Melden Viola	Sumame) Foulke	9	
19a.	Lee Karminsk	i	19b. MAILING A	DORESS (Street and	Number or Rural Ro	oute Number, City or Tow Road Bra	n, State, Zip Cook dshaw	Md.21021	
IM	3. PART I. Enter the diseases, or a shock, or heart failure. AMEDIATE CAUSE (Final isease or condition							Approximate interval Between	
	eaulting in death)	 Asphyxia 	a and hypot	hermia				Onset and De	
Se if i ce CA thi	equentially list conditions, any, leading to immediate ause. Enter UNDERLYING AUSE (Disease or injury at initiated events sesuiting in death) LAST	b. Confine	a and hypot as a consequence of) ment in clo as a consequence of) as a consequence of)	sed_space	e (freez	zer)		Onset and De	
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See iff i can can the res	equentially liat conditions, any, leading to immediate ause. Enter UNDERLYING AUSE (Disease or injury nat initiated events seulting in death) LAST	b. Confine DUE TO (OR C. OUE TO (OR	ment in clo as a consequence of) as a consequence of) ath but not resulting in	sed space	ause given in F	Part I. 24a. WAS AI PERFO 1 Tx YES ck only one)	RMED?	24b. WERE AUTOPSY FINDIN AMALABLE PRIOR TO COMPLETION OF CAUS OF DEATH?	
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See H I cas CAA the cas CAA th	equentially liat conditions, any, leading to immediate suse. Enter UNDERLYING AUSE (Disease or injury nat initiated events seutting in death) LAST ART II. Other algnificant condition WAS CASE REFERRED TO MEDICAL EXAMINER? 11XYES 2 NO MANNER OF DEATH 1 Natural 5 Pending	Confine DUE TO (OR c. OUE TO (OR d. HOSPITAL: 1 Inpetient 2 ER 1/2017 10/4 12-1-90	Ment in clo As a consequence of) As a consequence of) As a consequence of) At hour not resulting in Woutpetient 3 DOA URY 26b, TIME INJU	28. PLAC OTHER: 4 Nursing Home OF 28c. INJUR WORK 1 YES	E OF DEATH (Cho	Part I. 24a. WAS AI PERFO 1 XYES ck only one) 6 Other (Specify) 28d. DESCRIBE HOW SID JECT 28t. LOCATION (Street City or Town, Street	INJURY OCCURI	24b. WERE AUTOPSY FINDIN AMILLABLE PRIOR TO COMPLETION OF CAUS OF DEATH? 1XXYES 2 \(\subseteq \text{NO} \) ED Self in free Rural Route Number,	
See Iff I can CA thin PA	equentially llat conditions, any, leading to immediate ause. Enter UNDERLYING AUSE (Disease or injury nat initiated events seuting in death) LAST ART II. Other algnificant condition ART II. Othe	CONFINE DUE TO (OR C. OUE TO (OR d. HOSPITAL: 1 Inpetient 2 ER 28s. DATE OF IN BUIlding, etc.	Ment in clo As a consequence of) As a consequence of) As a consequence of) At but not resulting in At but not resulti	26. PLACOTHER: 4 Nursing Home Of 28c. INJUR WORK 1 YES	ause given in F E OF DEATH (Che) 5 🖄 Residence (Y AT 7 7 2 📝 NO	Part I. 24a. WAS AI PERFO 1 XYES ck only one) 6 Other (Specify) 28d. DESCRIBE HOW SIDJECT 281. LOCATION (Street City or Town, State 504 Woodwa to the cause(s) and many	INJURY OCCURION DIACED and Number or Ray and St.	24b. WERE AUTOPSY FINDIN AMILABLE PRIOR TO COMPLETION OF CAUS OF DEATH? 1XXYES 2 NO Self in free flurel Route Number, , Balto, Md	
See If 1 cas CJ this ret	equentially llat conditions, any, leading to immediate suse. Enter UNDERLYING AUSE (Disease or injury nat initiated events seutiting in death) LAST ART II. Other algnificant condition ART III. Other algnificant condition ART II. Other algnificant condition ART III. Other algnificant condition ART II.	b. Confine DUE TO (OR C. OUE TO (OR d. OUE TO (OR d. OUE TO (OR T	Ment in clo As a consequence of) As a consequence of) As a consequence of) At but not resulting in At but not resulti	26. PLAC OTHER: 4 Nursing Home OF 28c, INJUR WORK 1 YES reet, factory, office	ause given in F E OF DEATH (Che S 🖄 Residence Y AT 7 S 2 📜 NO	Part I. 24a. WAS AI PERFO 1 XYES ck only one) 6 Other (Specify) 28d. DESCRIBE HOW SUDJECT 28f. LOCATION (Street City or Town, Street 504 Woodwa to the cause(a) and mattime, date and place, a	INJURY OCCURION AND AND AND AND AND AND AND AND AND AN	24b. WERE AUTOPSY FINDIN AMAILABLE PRIOR TO COMPLETION OF CAUSOF DEATH? 1XXYES 2 NO ED Self in free found Route Number, , Balto, Md.	
See If 1 cas Chi ret PA 25.	equentially llat conditions, any, leading to immediate ause. Enter UNDERLYING AUSE (Disease or injury nat initiated events seuting in death) LAST ART II. Other algnificant condition ART II. Othe	b. Confine DUE TO (OR C. OUE TO (OR d	Ment in clo As a consequence of) As a consequence of) As a consequence of) As a consequence of) At but not resulting in Moutpetient 3 DOA URY 28b. TIME (Specify) home knowledge, death occurredination end/or investigation	the underlying of the underlying the underlying of the underlying	ause given in F E OF DEATH (Che) 5 🖄 Residence (Y AT 7 7 2 📝 NO	Part I. 24a. WAS AI PERFO 1 XYES ck only one) 6 Other (Specify) 28d. DESCRIBE HOW SUDJECT 28f. LOCATION (Street City or Town, Street 504 Woodwa to the cause(a) and mattime, date and place, a	INJURY OCCURION AND AND AND AND AND AND AND AND AND AN	COMPLETION OF CAUSO OF DEATH? 1XXYES 2 □ NO ED self in free	



STATE REGISTRAR

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DIVISION OF VITAL RECORDS, P.O.

2. DATE OF DEATH DAY 1. DECEDENT'S NAME (First, Middle, Last) NOVEMBER 26 1990 EDWARD J. KIRK 4 SOCIAL SECURITY NUMBER 5. SEX 6. AGE (in vrs. last birthday) IF UNDER 1 YEAR 7. DATE OF BIRTH (Month, Day, Year 8. BIRTHPLACE (State or Foreign Country) IF UNDER 24 HRS. DAYS HOURS 212-32-5600 1 3 M 2 | F 55 YRS. 6-28-35 Maryland Pages 1, 2, 3 should 9c. COUNTY OF DEATH 9a. FACILITY NAME (If not institution, give atreet and number 9b. CITY. TOWN OR LOCATION OF DEATH DIRECTOR 8335 Philadelphia Road Rosedale 21237 Baltimore RESIDENCE OF DECEDENT 10d. INSIDE CITY LIMITS? 10b. COUNTY 10c. CITY, TOWN OR LOCATION Maryland Baltimore 1 TES 2 NO Rosedale Dermit. FUNERAL 10s. STREET AND NUMBER 10g. CITIZEN OF WHAT COUNTRY? 10f. ZIP CODE 8335 Philadelphia Road 21237 burial-transit USA after death. Page 6 may be retained by the hospital or attending physician. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No—If yes, specify Cuben, Mexican, Puerto Rican, etc.)

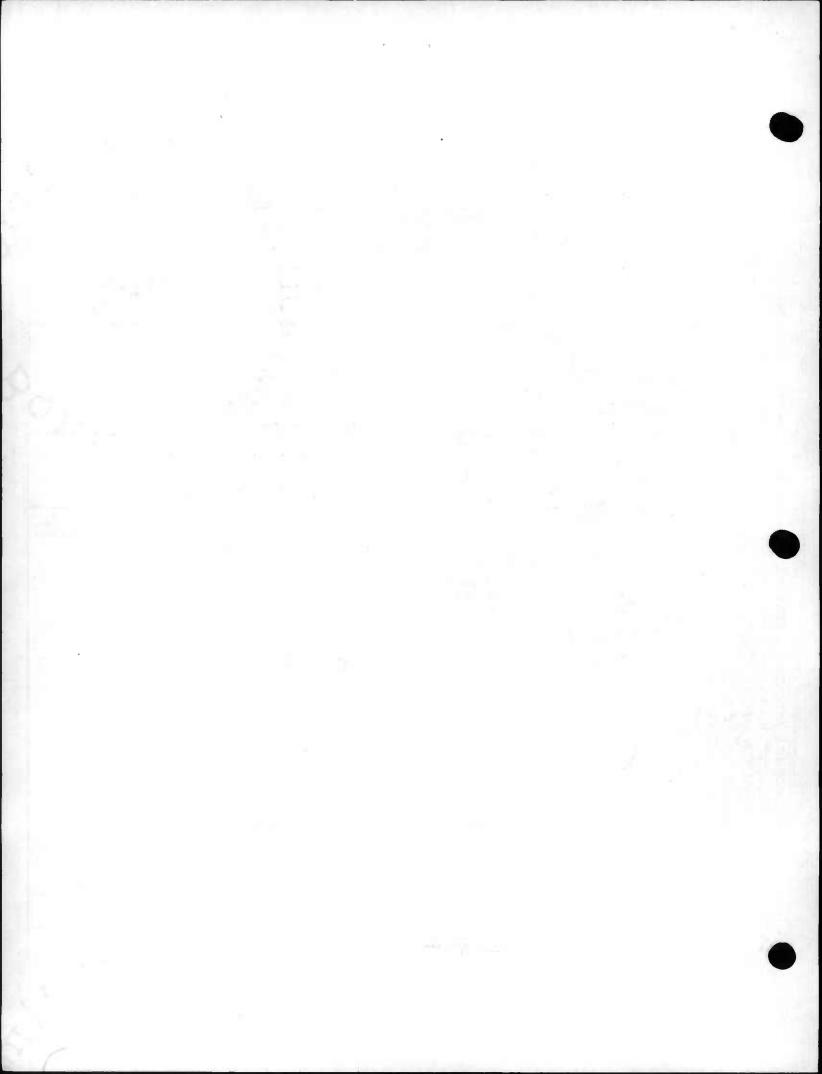
1 YES 25540 Specify: 14. RACE - American Indian, Black, White, etc. FORCES? 15 YES 2 NO IF YES, GIVE WAR OR DATES 1 Never Married 2 Married BY 3 Widowed 4 Divorced Korea White use as the B 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade co COMPLET To. Elementary/Secondary (0-12) College (1-4 or 5+) 9th Painter detached 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Meiden Surname) Steven director, page 5 should be To Kirk Hazel Smìth BE notified 19a, INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number City or Town, State, Zip Code) 2 Ronald Kirk 8335 Philadelphia Road Balto. MD 21237 pe 20s. METHOD OF DISPOSITION
1 □ Burlal 2X □ remation 3 □ Rel
4 □ Donation 5 □ Other (Specify) 20b. PLACE OF DISPOSITION (Name of cometery crametory or 20c. LOCATION City or Town. State must 11/30/90 reen Mount Baltimore, MD 21, SIGNATURE OF PANERAL SERVICE LICENSEE examiner 22. NAME AND ADDRESS OF FACILITY the funeral Duda-Ruck Funeral Home of Dundalk, Inc 7922 Wise Ave. Baltimore, MD 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock or heart failure. List only one cause on each line. medical filled in by Approximate Interval Between 9 IMMEDIATE CAUSE (Final I completely filler the disease or condition erebro-Vascular resulting in death) DUE TO JOIR AS A CONSEQUENCE OF: burial. perfonsion traumatic CERTIFICATION and Sequentially list conditions, DUE TO YOR AS A CONSEQUENCE OF: prior to t If any, leading to immediata cause. Enter UNDERLYING served by the attending physician Health and Mental Hygiene prior to CAUSE (Disease or Injury other DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST 5 Injury, PART II. Other algorificent conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO MEDICAL NOWS BRY COMPLETION OF CAUSE 1 YES 2 NO OF DEATH? 1 ☐ YES 2 ☐ NO Single Street CIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) EXAMINER? HOSPITAL: OTHER: ent 2 ER/Outpatient 3 DOA 6 Other (Specify) PHYSI this co OR ATTENDING PHYSIC 27. MANNER OF DEATH 28a. DATE OF INJURY 28b. TIME OF 28c. INJURY AT 28d. DESCRIBE HOW INJURY OCCURED marked. 1 Natural
2 Accident 5 Pending Investiga 1 YES 2 NO After t BY 28a. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Suicide 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) DIRECTOR: A bours after of tem 28 is .00 6 Could not be COMPLETED 4 Homicide TO THE HOSPITAL OR ATT TO THE FUNERAL DIRECTE DE filed within 72 hours at IMPORTANT: II Item 21 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 006 1 aux Lor venue DEC 4 1990 32. REGISTRAR'S SIGNATURE

DEVIDOR-RENDER

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

DHMH-16 Rev 1/89



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BALTIMORE, MARYLAND 21203-3146

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IMPORTANT: If Ite

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1990

31. DATE FILED (Month, Day, Year)

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

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32. REGISTRAR'S SIGNATURE

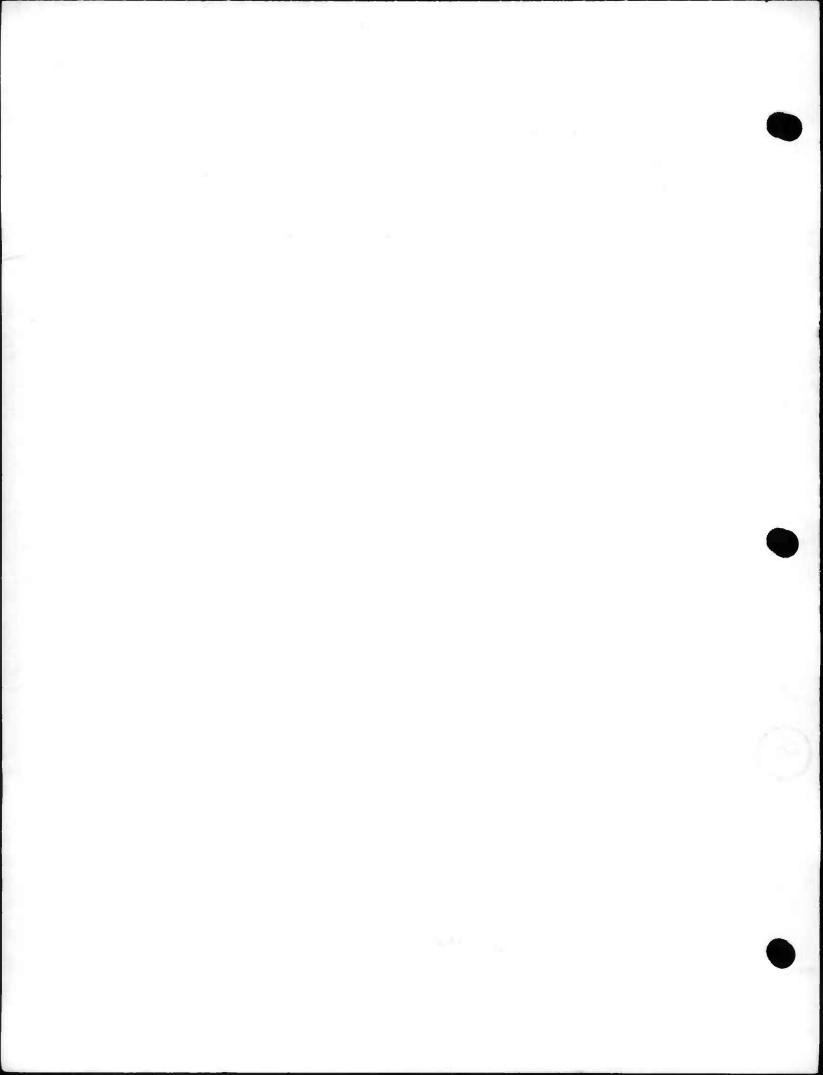
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90 33069 STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR 1 -CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 1990 12 2 2232 Lapaqlia, Joseph A SOCIAL SECURITY NUMBER 6. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 6. BIRTHPLACE (State or Foreign "Italy DAYS HOURS 1 X M 2 - F YRS. 218-14-1496 1-4-1900 9a. FACILITY NAME (If not institution, give street and number)
Saint Joseph Hospital 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR RESIDENCE VPEREDERAD Towson, Maryland Baltimore 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? MD. Baltimore Baltimore 1 TES AT NO FUNERAL 10e. STREET AND NUMBER 10f, ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 21234 IIS 8706 Emge Road 12. WAS DECEDENT EVER IN U.S. TRIMED FORCES? 1 YES 2 NO 14. RACE — American Indian, Black, White, atc. 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-1 Never Married 2 Married FORCES? 1 YES 2 If yes, specify Cuban, Maxican, Puerto Rican, etc.)

1 YES 2 NO Specify: BY 3 Widowed 4 Divorced White ED 18e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working 16. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade completed) COMPLET Elementary/Secondary (0-12) College (1-4 or 5+) Truck Driver Driving 16, MOTNER'S NAME (First, Middle, Maiden Surname) 17. FATNER'S NAME (First, Middle, Last) Rose Fontazza Louis Lapaglia 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 8706 Emge Road Balto., MD 21234 Lucy Lapaglia 28. METHOD OF DISPOSITION
1 Burlet 2 Cremation 3 Removal from State 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or 28c. LOCATION — City or Town, Stata 4 Donatton 6 Other (Specify) Dulaney Valley Memorial Balto., MD 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Cal Johnson Funeral Home lor 8521 Loch Raven Blvd MD 21204 Balto. 23. BARY I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, **Approximate** ahock, or heart fellure. List only one cause on each line. Interval Between Onset and Death IMMEDIATE CAUSE (Finel disease or condition___ Athenoscienotic Cambio Vasculan resulting in death) DUF TO (OR AS A CONSEQUENCE OF): Drise ASE CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events DUE TO (OR AS A CONSEQUENCE OF): reaulting in death) LAST PART II. Other aignificent conditions contributing to deeth but not reaulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS MEDICAL MAILABLE PRIOR TO COMPLETION OF CAUSE 1 TES 2 NO OF DEATH? 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATN (Check only one) EXAMINER? HOSPITAL: 1 | Inpatient 2 | ER/Outpatient 3 | DOA OTHER: ng Home 5 - Residence 6 - Other (Specify) 27 MANNER OF DEATH 26s, DATE OF INJURY 264 DESCRIBE HOW INJURY OCCURED 28h TIME OF 26c. INJURY AT WORK? Natural

Accident 5 Pending 1 YES 2 NO BY 26e. PLACE OF INJURY — At home, farm, street, factory, offica building, atc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Sulcide 8 Could not be ETED 4 Homicide CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated. COMPL 2 MEDICAL EXAMINER: On the basis of axi ition and/or investigation, in my opinion, death occured at the time, data and place, and dua to the cause(a) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d, DATE SIGNED (Month, Day, Year) BE

MD-6304 KENWOOD AVE. - BA



me commisse has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should in size Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

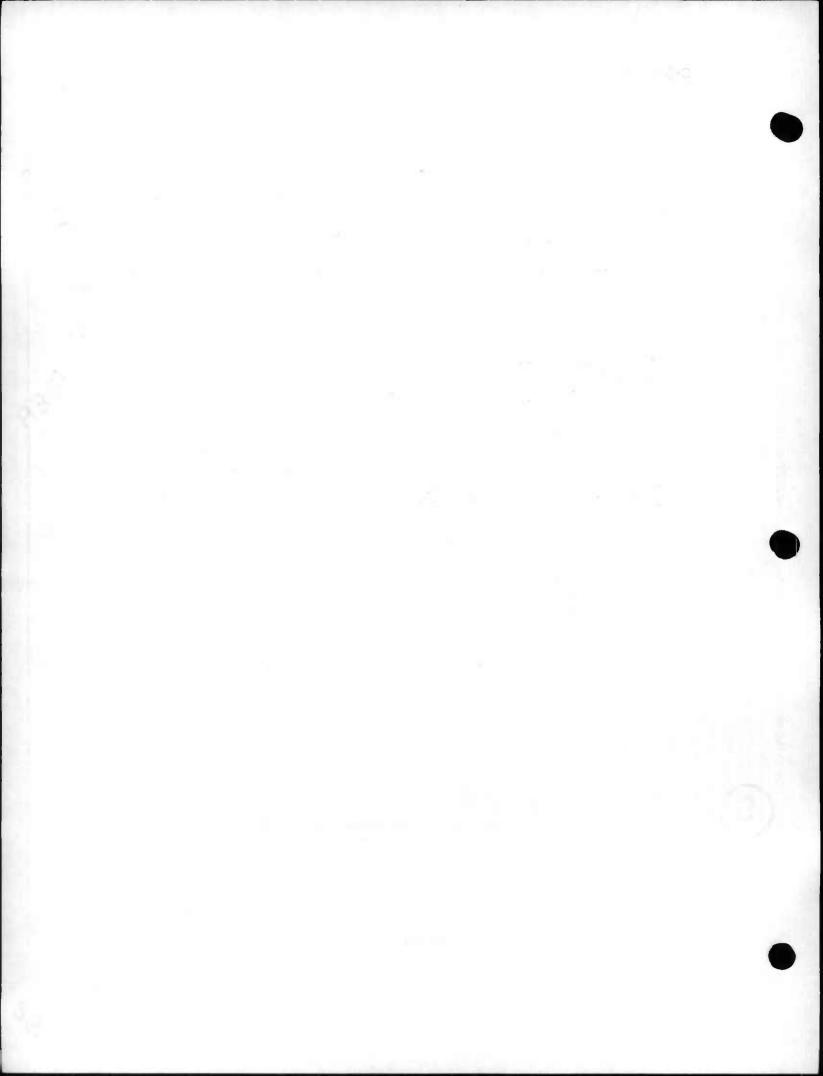
feet, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO THE HOSPITAL OF TO THE FUNERAL BE filed within 72 mm.

ITEMS:23 thru 28f per ME G-670 12/27/90 cm

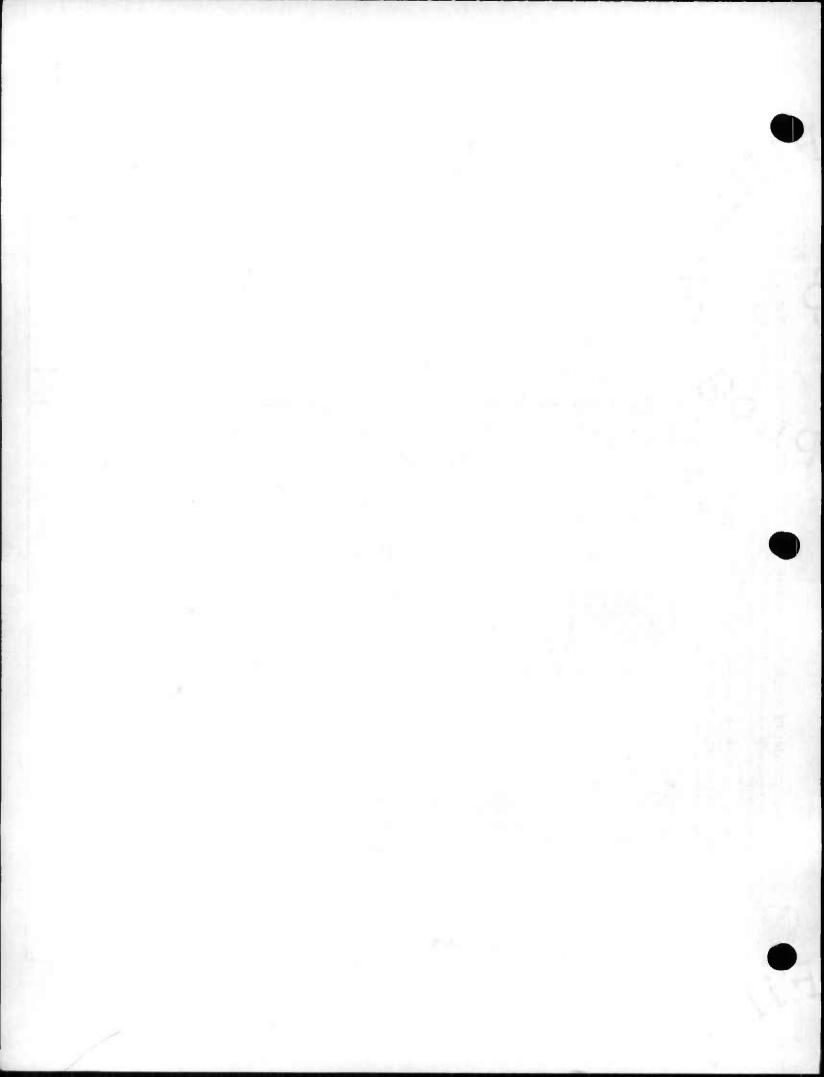
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	1 - FOR STATE REGISTRAR	STATE OF MARY	(LAND / OEPARTN CERTIFIC				GIENE a. NO.	33070		
		lliam	Earl		ey, Jr.	2. OATE OF DEA MONTH 12-2-	90 DAY YE	3. TIME OF DEATH 12:10PM M		
	4. SOCIAL SECURITY NUMBER 220-82-7815	1 😡 M 2 □ F 2	8 YRS.	F UNDER 1 YEAR ONTHS DAYS	IF UNDER 24 HRS. HOURE MIN.	7. DATE OF BIR (Month, Day,) 2/12/	1962	BIRTHPLACE (State or Foreign Country) Maryland		
TOR	98. FACILITY NAME (If not institution, give 1741 Covington RESIDENCE OF DECEDENT	St.	34		Itimore		9c. COUNTY	OF OEATH		
DIRECTOR	10a. STATE 10b. COUNT	ry		alto.C	ity,Md.			16d. INSIDE CITY LIMITS? 1 A YES 2 NO		
VERAL	(Covington			21230		U	OF WHAT COUNTRY?		
BY FUNERAL	11. MARITAL STATUS 1 Merried 2 Married 3 Midowed 4 Olvorced	12. WAS DECEDENT EVER FORCES? 1 YE IF YES, GIVE WAR OR	ES 2 NO	If yes, spe	ENDENT OF HISPAN ecity Cuban, Mexical 2 NO Specify	n, Puerto Rican, e		RACE — American Indian, Black, White, atc. Specify: White		
COMPLETED	15. OECEDENT'S EDI (Specify only highest grad Elementary/Secondary (0-12) 9th.Grade	College (1-4 or 5+)	16a. DECEDENT'S US (Give kind of work life. Do NOT use in	rk done during mo- retired.)	st of working	16b, KIND	OF BUSINESS/INDUST	TRY		
X	17. FATHER'S NAME (First, Middle, Last)		General	L Labo	18. MOTHER'S NA	ME /Eim! Middle	Maldan Sumama)			
ၓ		lliam E.	Leisey	sr.	Judi	Action Contracts	King			
BE	19e. INFORMANT'S NAME (Type/Print)	IIIUm					or Town, State, Zip Coo	de)		
2	Mr.William E	.Leisev.Sr					to.Md.2			
	20e. METHOD OF DISPOSITION 1 1 Burlel 2 Cremetton 3 Ren 4 Donation S Other (Specify)		20b. PLACE OF DISPOSITE	Name of cent	netery, cremetory or rial Pa	rk	Glen Bu	rnie, Md.		
	21. SIGNATURE OF FUNEDAL SERVICE L	ICENSEE L Sque	ree_				o.Md.21 ome,130	230 E.Fort Ave		
ATION	23. PART i. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or reapiretory arrest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentisity list conditions, if any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF):									
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	d.	AS A CONSEQUENCE OF):							
PHYSICIAN: MEDICAL C	PART II. Other significant condition	ons contributing to death	n but not resulting in	the underlyin	g cause given in		AAS AN AUTOPSY PERFORMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? XM YES 2 \(\square\) NO		
N	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	MOODITAL			LACE OF DEATH (Ch	neck only one)				
SIC	YES 2 NO	HOSPITAL: 1 Inpetient 2 ER/O	Sutpatient 3 DOA	OTHER:	ne Residence	a Other (Spec	elty)			
ву РНУ	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	28a. DATE OF INJUF 12/2/90		RY WC		UNKNOWN	HOW INJURY OCCUP	RED		
	3 Suicide 6 Could not be determined	26e. PLACE OF INJU- building, etc. (S	URY — At home, farm, stri Specify)	wet, factory, offic		201. LOCATION City or Tow BALTIM	n, State) /4			
COMPLETED	(Creck orny	YSICIAN: To the best of my kn						cause(e) end manner ee stated.		
TO BE C	296. SIGNATURE AND TITLE OF CERTIFIC	Vight			29c. LICENSE NU OCME	MBER	29d. DATE S ▶ 12	SIGNED (Month, Day, Year)		
	20. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) DONALD WRIGHT, MD 111 Penn Street, Baltimore, MD 21201 VC									
-	DEC 4 1990	guha Davidsor	- Candell							



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BALTIMO	E HISPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 🗻 vours after death. Page 6	FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral direct
à	after d	by the
	NOUIS	DR: After this certificate has been signed by the attending physician and completely filled in by the
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DIVISION OF VITAL RECORDS, P.O. BOX 13146,	RA	REC
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3	1. DECEDENT'S NAME (F		NICOLE	MARIE	E LYNCH			2. DATE (OF DEATH D	AY	YEAR	3. TIME OF D	
	NICOLE 4. SOCIAL SECURITY NU	LYN	I 5. SEX	1 - 405 /ln	to no delethedme)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	DECEI			90	9 · 20	P
	N/A	MBER	5. SEX	6. AUE IN	yrs. last birthday) YRS.	MONTHS DAYS	HOURS MIN.	(Month,	, Day, Year)		Country	1)	rure,
	9n. FACILITY NAME (# no	™ Institution, give s				95, CITY, TOWN	OR LOCATION OF DI		14,	1990 N			
TOR	THE JOH	NS HOPK	CINS HOSP	ITAL			ORE CITY					RE CIT	Y
DIRECTOR	MARYLAND HARFORD BEL						TOWN OR LOCATION AIR					10d. INSIDE CITY LIMITS? 1 YES 2 NO	
ERAL	100. STREET AND NUMB		COURT			1	101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? U.S.A.						7
BY FUNE	11, MARITAL STATUS 1 Never Married 2					Il yes, s	13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No— If yes, specify Cuban, Mexican, Puarto Rican, alc.) 1 YES 2 NO Specify: WHITE						ndlan,
ED	(Specify	DECEDENT'S EDU	le completed)		16a, DECEDENT'S (Give kind of life. Do NOT u	USUAL OCCUPAT work done during ri se retired.)	TION nost of working	16b.	KIND OF BU	SINESS/INDU			
COMPLET	N/A		/A College (1-4 or 5	(+)	N/A			N/	'A				
OM	17. FATHER'S NAME (First	t, Middle, Last)		,			16. MOTHER'S NA	AME (First, A	Aiddle, Maiden	Surname)			
ш	CHARLES W.	. LYNCH	, III				KATHERI	NE A.	THOM	PSON			
00	19a. INFORMANT'S NAM						and Number or Rural						
2	KATHERINE	A. THO	MPSON (MO						L AIR	, MARY	YLAN	ID 2101	.4
	20a. METHOD OF DISPO 1		noval from Stata	20b. 1	PLACE OF DISPO	SITION (Name of o	emetery, crematory or	-70		CATION - C			
	1 (X Burlei 2 Cremetton 3 Removal from State 4 Donatton 5 Other (Specify) HIGH VIEW MEMORIAL GARDENS FALLSTON, MARYLAND)	
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY SCHIMUNEK FUNERAL HOME, INC. 9705 BELAIR ROAD, BALTIMORE, MARYLAND 2												
	10/19	10000	111 10) 11						TIOTIL				
	IMMEDIATE CAUSE disease or condition	or heart failure. (Final	List only one ca	ause on eac	ch line.	not enter the n	node of dylng, su				_	Approx interva Onset	imat i Bet and
FICATION	ahock, o IMMEDIATE CAUSE disease or condition resulting in death) Sequentially list con if any, leading to im cause. Enter UNDER CAUSE (Disease or	or hear fallure. (Final name of the fallure) anditiona, and the fallure of the f	B. OUE TO DUE TO C.	TRUNTO (OR AS A O	ch line.	Aver	node of dylng, su				_	Approx	dimate i Bet
	shock, o IMMEDIATE CAUSE disease or condition reaulting in death) Sequentially list con if any, leading to im cause. Entar UNDER	or hear fallure. (Final number of the fallure). Inditiona, amedieta RLYING injury	B. OUE TO DUE TO C.	TRUNTO (OR AS A O	CONSEQUENCE C	Aver	node of dylng, su				_	Approx interva Onset	dimate i Bet
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IYSICIAN: MEDICAL CERTIFI	shock, of IMMEDIATE CAUSE disease or condition resulting in death) Sequentially list con if any, leading to im cause. Entar UNDER CAUSE (Disease or that initiated events resulting in death) L PART II. Other algni 25. WAS CASE REFERRE EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH	or heaf fallure. (Final n	b. OUE TO d. OUE TO HOSPITAL: 1 Dimportant 2 268. OATE 0	PUP	CONSEQUENCE CONSEQ	OTHER: 4 Nursing H	I/J S / \(\) I/J S / \(\) Ing cause given in the place of open	n Part I.	24a, WAS A PERFO	N AUTOPSY RIMED?	245	Appro- Interva Onset / 5-/ / / / / / / / / / / / / / / / / / /	i Bet i Bet and
BY PHYSICIAN: MEDICAL CERTIFI	shock, of IMMEDIATE CAUSE disease or condition resulting in death) Sequentially list con if any, leading to imcause. Enter UNDER CAUSE (Disease or that initiated events resulting in death) L PART II. Other aligni 25. WAS CASE REFERRE EXAMINER? 1 YES 2 NO 27. MANNER OF PEATH 1 Netural 5	or heaf fallure. (Final n	b. DUE TO C. OUE TO d. HOSPITAL: 1 Ninpetient 2 28e. PLACE	O (OR AS A (O) (O) (O) (O) (O) (O) (O) (O) (OR AS A (O)	CONSEQUENCE CONSEQ	OTHER: 4 Nursing H	INJURY AT WORK?	n Part I.	24s. WAS A PERFO	N AUTOPSY RIMED? 2 NO INJURY OCC	24b	Approximately interval on set 15 / 15 / 15 / 15 / 15 / 15 / 15 / 15	SY FIN
ETED BY PHYSICIAN: MEDICAL CERTIFI	shock, o IMMEDIATE CAUSE disease or condition resulting in death) Sequentially list con if any, leading to im cause. Enter UNDEF CAUSE (Disease or that initiated events resulting in death) L PART II. Other algni 25. WAS CASE REFERRE EXAMINER? 1 YES 2 NO 27. MANNER OF PEATH 1 Netural 2 Accident 3 Suicide 4 Homicide	er heef fallure. (Final n	b. DUE TO C. OUE TO DOE TO	O (OR AS A (O) (O) (OR AS A (O) (OR AS A (O) (OR AS A (O) (OR AS A (O) (O) (O) (OR AS A (O) (O) (OR AS A (O) (O) (O) (O) (OR AS A (O) (O) (O) (O) (O) (OR AS A (O) (O) (O) (O) (O) (OR AS A (O) (O) (O) (O) (O) (O) (O) (O) (O) (OR AS A (O)	CONSEQUENCE CONSEQ	OF): 26. OTHER: 4 Nursing H ME OF HJURY M 1 , street, factory, of	INJURY AT WORK?	n Part I.	24a, WAS A PERFO 1 UYES TO SCRIBE HOW CATION (Street or Town, State	N AUTOPSY PRIMED? 2 NO INJURY OCC t and Number to p)	24b	Approximately interval on set 15 / 15 / 15 / 15 / 15 / 15 / 15 / 15	SY FIN
IPLETED BY PHYSICIAN: MEDICAL CERTIFI	shock, of IMMEDIATE CAUSE disease or condition resulting in death) Sequentially list con if any, leading to im cause. Enter UNDEF CAUSE (Disease or that initiated events resulting in death) L PART II. Other aigni 25. WAS CASE REFERRE EXAMINER? 1 YES 2 NO 27. MANNER OF PEATH 1 Netural 5 Accident 3 Suicide 6 Homicide 29a. CERTIFIER (Check only 1	r heaf failure. (Final n	b. DUE TO C. OUE TO d. OUE TO HOSPITAL: 1 Diffripation 2 28a. OATE (Month, 1) 28a. PLACE building	CO (OR AS A (O) (OR AS A (O) (O) (O) (O) (OR AS A (O) (O) (O) (O) (O) (OR AS A (O)	CONSEQUENCE CONSEQ	OF): 26. OTHER: 4 Nursing H ME OF JURY M 1 , street, factory, or	Ing cause given in	n Part i.	24s. WAS A PERFO 1 YES or (Specify) SCRIBE HOW CATION (Street or Fown, State	N AUTOPSY PRIMED? 2 NO INJURY OCC t and Number to other than the state of the st	24b	Approinterval Onset	dimer i Ber and
PLETED BY PHYSICIAN; MEDICAL CERTIFI	shock, of IMMEDIATE CAUSE disease or condition resulting in death) Sequentially list con if any, leading to im cause. Enter UNDEF CAUSE (Disease or that initiated events resulting in death) L PART II. Other aigni 25. WAS CASE REFERRE EXAMINER? 1 YES 2 NO 27. MANNER OF PEATH 1 Netural 5 Accident 3 Suicide 6 Homicide 29a. CERTIFIER (Check only 1	er heef fallure. (Final number of the fallure). (Final number of the fallure). Inditiona, number of the fallure. Inditional number of the fallure. Indi	b. OUE TO C. OUE TO d. OUE TO	CO (OR AS A (O) (OR AS A (O) (O) (O) (O) (OR AS A (O) (O) (O) (O) (O) (OR AS A (O)	CONSEQUENCE CONSEQ	OF): 26. OTHER: 4 Nursing H ME OF JURY M 1 , street, factory, or	Ing cause given in PLACE OF OEATH (Come 5 Residence WORK? YES 2 NO	n Part I.	24s. WAS A PERFO 1 YES or (Specify) SCRIBE HOW CATION (Street or Fown, State	N AUTOPSY RIMED? 2 NO INJURY OCC t and Number to p)	24b CUREO or Rural i	Approinterval Onset	an st



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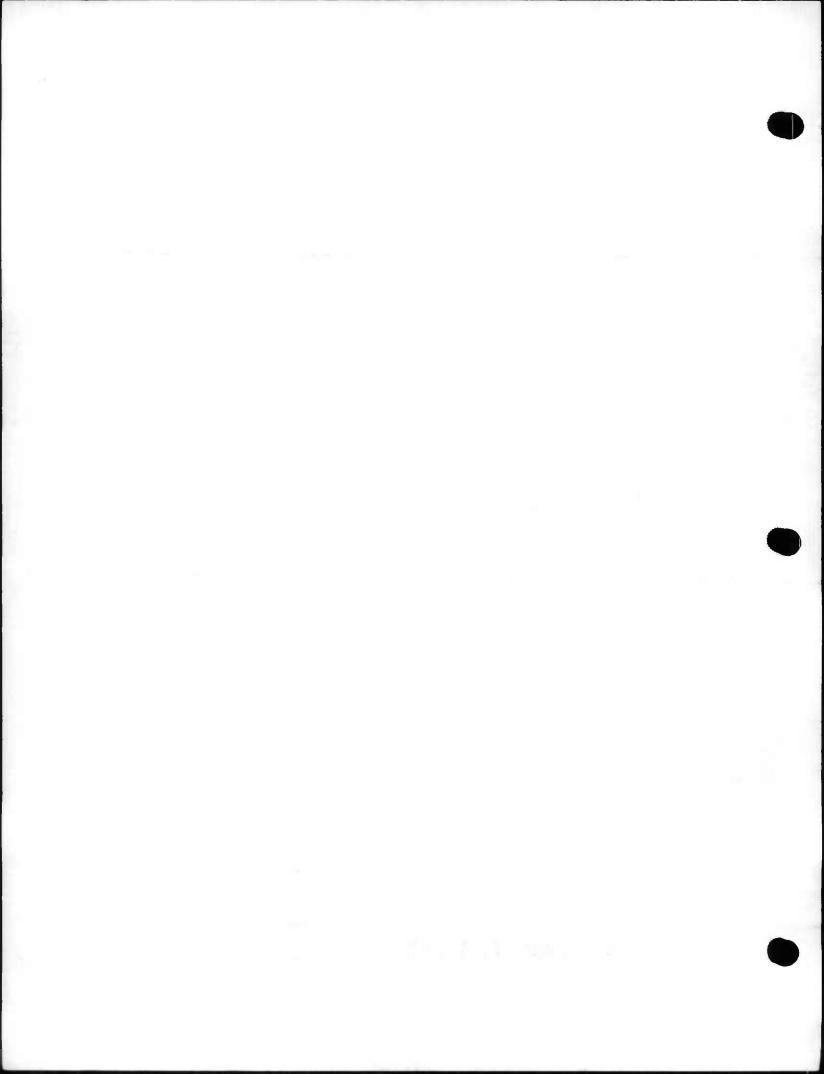
BALTIMORE, MARYLAND 21203-3146

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

	FOR STATE	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL	HYGIENE
•	REGISTRAR	CERTIFICATE OF DEATH	REG. NO.

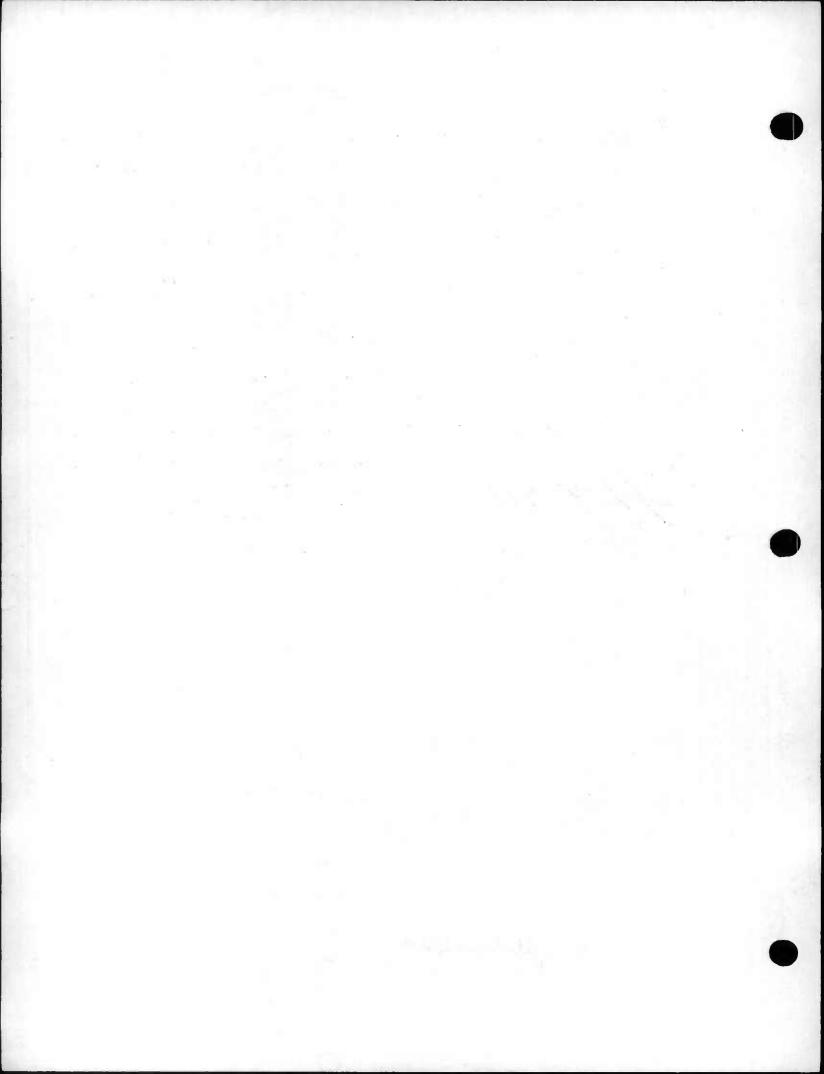
_	TIEGISTIVAL										EG. NO.					
	1. DECEDENT'S NAME (First)						2. DATE OF DEATH MONTH DAY			YEAR	3. TIME OF DEATH	м				
									11 30			90				
	4. SOCIAL SECURITY NUMBER 215-22-2330		5. SEX 6. AGE (In yrs. 1 \(\sum \) M 28536F 8 4			IF UNDER	1 YEAR DAYS	HOURS	MIN.	7. DATE OF E (Month, De			8. BIRTH Country	PLACE (State or Foreign y)	7	
				04	THS.	à					-0.6			VA.		
e	9a. FACILITY NAME (If not in ARMACROS'			ME				IMOR				9c. COUR	YTY OF DI	EATH		
DIRECTOR	RESIDENCE OF DEC		SING HU	FIE		а в	VP I	THUR	CE C	T T T						
E	10a. STATE	10b. COUNTY	,		10c. CIT	Y, TOWN	OR LOCA	TION					10d. INSIDE CITY			
告	MD				BA	LTI	MOR	E CI	TY				LIMITS?			
	10e. STREET AND NUMBER						10	f. ZIP COD	E			10g. CITIZEN OF WHAT COUNTRY?				
FUNERAL	2930 WEST NORTH AVENUE					1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1						SA		- 1		
3	11. MARITAL STATUS 12. WAS DECEDENT EVE				ER IN U.S. ARMED 13. WAS DECENDENT OF NIS				OF NISPAN					- American Indian,	\dashv	
	1 Never Married 2 Married FORCES? 1 IF YES, GIVE WAR				YES 2 NO If yes, specify Cu								14. RACE — American Indian, Bleck, White, atc. Specify:			
В	3€ Widowed 4 □ Divo	erced							,,					Black		
		EDENT'S EDU		16a,	16a, DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life, Do NOT use retired.)					16b. KIN	O OF BUS	INESS/IND	USTRY			
	Elementary/Secondary (I	3-12)	College (1-4 or 8	+)		se retired.)	ourng un	Jan 61 17 61 181							- 1	
P P	6th Grad	e			Cook					Kay	's F	lest	aur	ant		
COMPLETED	17. FATNER'S NAME (First, N	fiddle, Last)						18. MOT		ME (First, Midd	le, Maiden S	Surname)				
BE	Landon		E11is						Fan					Loving		
0	19a. INFORMANT'S NAME (TTIES						Route Number, (VD 01010		
-	Barbara		ins							TIMOR				ND 21212		
	20a. METHOD OF DISPOSIT		oval from Stata	20b. PLA	CE OF DISPO							ATION —				
	4 Donation 6 D Other	(Specify)		M	OUNT	_		EMET			LAN	1SD0	WNE	, MD		
	21, SIGNATURE OF FUNERA	L SERVICE LIC	ENSEE			22	NAME A	ND ADDRE	SS OF FA	CILITY						
	une		WM.C. MARCH F.H. 1101 E. NORTH AV							ORTH AVE	2.					
	23. PART I. Enter the d		Complications the			npt ente	r the m	ode of dy	ing, suc	h ae cerdiac	or reepir	atory an	rest,	Approximeta Interval Betw	2000	
	IMMEDIATE CAUSE (FI		1	A										Onset and De	eath	
	disease or condition	\rightarrow	. 1+5	CVD	>									5+0	05	
	a. Due TO (OR AS A CONSEQUENCE OF):															
Z	Sequentially list condit															
Ĕ	if any, leading to imme	diete	DUE TO	OR AS A CON	SEOUENCE C	PF):										
걸	CAUSE (Disease or inju		C	OR AS A CON	SEQUENCE	NIENCE OE							-			
CERTIFICATION	that initiated events resulting in deeth) LAS	т	DOL 10	(311 TO 11 OOM	- STATE OF	· · ·								İ	1	
G			d													
	PART II. Other significa	ent condition	ne contributing to	daeth but no	ot reculting	in the u	nderiyir	g cause	given in	Part I. 24	a. WAS AN		24b	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO		
MEDICAL							1 _ Y							COMPLETION OF CAUS DF DEATH?	SE	
WEI											1 - YES 2 - NO					
ED BY PHYSICIAN:	25. WAS CASE REFERRED T EXAMINER?	O MEDICAL	HOSPITAL:					LACE OF	DEATH (Ch	eck only one)						
SIC	1 YES 2 NO	3 DOA	3 DOA 4 Nursing Name 6 Rasidence 6 Other (Specify)													
L L	27. MANNER OF DEATH	F INJURY Day, Yber)	28b. TIME-OF 26c. INJURY AT 26d. DESCRIBE HOW IN WORK?						NJURY OCCURED							
7	Natural 6 2 Accident	Pending Investigation	(M 1 YES 2 NO											
DE	3 Sulcide 6	t home, farm,	street, fa	ctory, offi	CO		281. LOCATION (Street and Number or Rural Route Number, City or Town, State)									
4 Homicide determined building, etc. (Specify)																
29a. CERTIFIER (Check only one) 1 CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated. 2 MEDICAL EXAMINER: On the bests of examination and/or investigation, in my opinion, dasth occurred at the time, date and place, and due to the cause(s) and menner as																
) and menner as state	id.				
	296. SIGNATURE AND TITL	29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Ye						(Month, Day, Year)	-							
BE	Leha	29d. Date Signed (Month, Day, Ye														
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)								THE HOLD IN THE PARTY OF THE PA								
	CHA	RLES	F.C	200	nea	8	nf) /	1501	40	RR	Rd	10	COSON MC	6	
	31. DATE FILED (Month) Bay	- Year) -	REGISTR	AR'S SIGNATUR	- 40					1				212	04	
	17/3/90	C 4	1990 4	chia David	son-ligh	noa	•									
	1 7 5		7											DNMH-16 R	ev 1/80	



TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the buriat-transit permit. Pages 1, 2, 3 should be after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

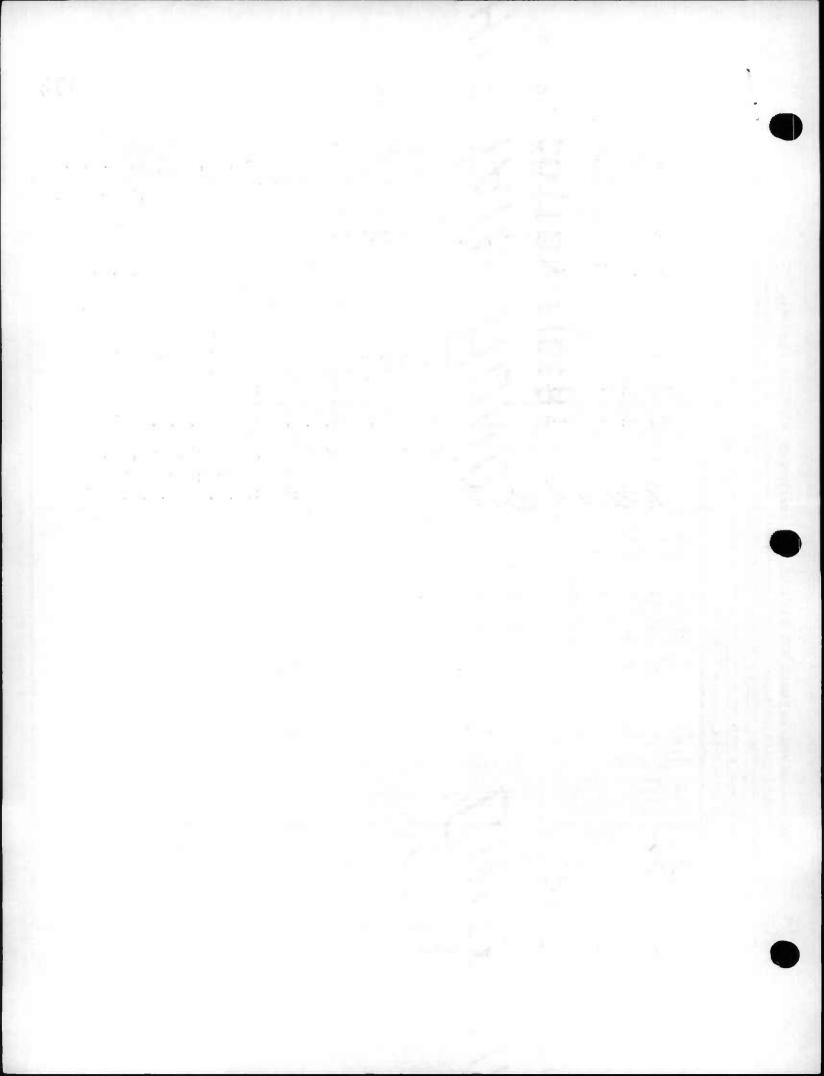
INFORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. HE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within

	1 - STATE REGISTRAR	STATE OF MAR		RTMENT OF			ENTAL HYGIENI REG. NO.	E		
	1. DECEOENT'S NAME (First, Middle, Lest)	· · · · · · · · · · · · · · · · · · ·	Arvin J	ames Ma	nn	1	DATE OF DEATH DA	1	YEAR 3	6:15 PM
	4. SOCIAL SECURITY NUMBER 503-16-4394		E (In yrs. last birthday) F UNDER 1 YEAR IF UNDER 24 HRS. 7. DAT			Month, Day, Year) July 6, 1	226	8. BIRTHPL Country)	ACE (State or Foreign	
	Se. FACILITY NAME (If not institution, give	street and number)	64 THS.	9b. CITY, TOW	N OR LOCATIO				NEBR	
DIRECTOR	Loch Raven V.A.			Balt	imore			•••		
REC	10s. STATE 10b. COUN			TY, TOWN OR LO	CATION				10	Od. INSIDE CITY LIMITS?
	Penn 10e. STREET AND NUMBER	York	Re	d Lion	101. ZIP CODE			too Citi		YES 2 NO
ERA	940 Kendale Rd.				173				J.S.A.	
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS OECEOENT EVE FORCES? 1 X Y IF YES, GIVE WAR O W.W.II	R DATES	If yee,			ORIGIN? (Specify Yea Puerto Ricen, etc.)		14. RACE -	- American Indien, White, etc. White
COMPLETED	15. OECEDENT'S ED (Specify only highest grad Elementary/Secondary (0-12)	UCATION	16e. DECEDENT'S (Give kind of life. Do NOT L	s USUAL OCCUPA work done during use retired.)	ITION most of working	7	16b. KIND OF BUS	hurch		
BE COM	17. FATHER'S NAME (First, Middle, Lest) George		Mann		16. MOTH		: (First, Middle, Malden	Sumame)	arks	
2	190. INFORMANT'S NAME (Type/Print) Jeannine D. Di	ıke					ite Number, City or Town		Code)	
	29e, METHOD OF DISPOSITION 4½ Burlel 2 □ Cremetion 3 □ Rei 4 □ Donation 5 □ Other (Specify)		20b. PLACE OF DISPO	SITION (Name of	cemetery, crem	atory or		CATION —	City or Town	
	21. SIGNATURE OF PUPERAL BERVICE L	ICENSEE ALL	Sierra Vi	22. NAME Sch:	AND ADDRES	s of facil	ral Home,	Inc		21213
CERTIFICATION	ahock, or heart failure IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. Meta S DUE TO (OR)	AS A CONSEQUENCE O	ing Co	Sepancer	2/3				interval Between Onset and Death
PHYSICIAN: MEDICAL CE	PART II. Other algoriticant condition	ona contributing to dast	th but not resulting	in the undarly	ring cause g	lven in Pa	24a. WAS AN PERFOR	MEO?	C C	VERE AUTOPSY FINDINGS MAIL ABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? YES 2 NO
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL;		OTHER:	PLACE OF O	EATH (Check	k only one)			
HYSI	1 TYES 2 MO	1 Dinpatient 2 ERA		4 Nursing H	lome 5 Re	- T	Other (Specify)	NUMBY OC	CUBEO	-
ВУ Р	1 Netural 5 Pending 2 Accident Investigation	(Month, Day, Ye		JURY	WORK?	100	ou. Desponde from E		Joneo	
							291. LOCATION (Street of City or Town, State)	Street and Number or Rural Route Number, Stete)		ute Number,
COMPLETED	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(e) and manner as stated. 2 MEDICAL EXAMINER: On the basic of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(e) and manner as stated.									
TO BE		ores, MD	MAD 380		29c. LICE	NSE NUMB	ER	29d, DAT	E SIGNED (A	Month, Day, Year)
	30. NAME AND ADDRESS OF PERSON W	THE COMPLETED CAUSE OF	- ысын (ITEM 27) (Тур	e, Print)						
	31. DATE FILED (Mohth, Day, Year) DFC 4 1990	REGISTRAR'S S	SIGNATURE SOME SOME							
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TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 flours after death. Page 6 may be retained by the host	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache feed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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1. DECEDENT'S NAME (First, Middle, L.	ast)	- 01		E OF DEATH	2. DATE C	REG. NO.	3. TIME OF OEAT
David	Nay .			Morris	MONTH 1.1	DAY 3	90 7:23
4. SOCIAL SECURITY NUMBER 579-76-6241	5. SEX 1 및 M 2 □ F	8. AGE (In yrs. les	YRS. IF UND	ER 1 YEAR IF UNDER 24 HRS	7. DATE O	12, 1954	8. BIRTHPLACE (State or For Country) Wash.D.C.
9a. FACILITY NAME (If not institution, g 506 Gilmo	or Street		9b. CIT	ry, town on Location of Baltimore			nty of DEATH ltimore Co
RESIDENCE OF DECEDENT 100. STATE 100. COM Maryland B	unty altimore	.Co.	Balt	on LOCATION Simore			10d. INSIDE CITY LIMITS?
104 STREET AND NUMBER 506 N. Gilmo				101. ZIP CODE 2122	3	10g. CIT	U.S.A.
11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced		T EVER IN U.S. AR YES 2 I		NAS DECENDENT OF HISI If yes, specify Cuben, Men 1 VES 2 NO Spe	Ican, Puerto Ri	(Specify Yes or No—icen, etc.)	14. RACE — American India Black, White, etc. Specify:Black
15. OECEOENT'S EOUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5 +) Tabor Tiabor				e during most of working !.)		kind of Business/ind Ship Ter	
17. FATHER'S NAME (First, Middle, Last Sylvester Mo						Iddle, Maiden Sumame)	
19a. INFORMANT'S NAME (Type/Print) Sylvester Mo	rris	19	126 34t	SS (Street and Number or Aus h St.S.E.	#302	w, city or town, State, Zig Wash.D.C	.20019
29a. METHOD OF DISPOSITION 1 Description (Specify)	Removal from State	20b. PLACE	of disposition (Name of cometers, cremetory Iemorial C	em.	Suitla	city or Town, State nd, Md.
21. SIGNATURE OF FUNERAL SERVIC	F 1 105110			2. NAME AND ADDRESS OF	EACH ITY :	The Design	7 **
+ 7. Banu	A Him	it		2801 7th	St.N	.E.Wash.	eral Home D.C.20017
▶ 7. Bond. 23. PART I. Enter the diseases,	or complications the ure. List only one ceu	t caused the de ise on each line Wound of OR AS A CONSE	osth. Do not ent.	2801 7th	St.N	.E.Wash.	D.C.20017
23. PART I. Enter the diseases, shock, or heart falls iMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	or complications that ure. List only one ceu a. Stab DUE TO	wound o	eath. Do not ent	2801 7th	St.N	.E.Wash.	D.C.20017 reat, Approximatintarval Be
23. PART I. Enter the diseases, ahock, or heart felit iMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate	or complications the tre. List only one ceu	Wound o	of chest ouence of:	2801 7th	St.N	.E.Wash.	D.C.20017 reat, Approximatintarval Be
23. PART I. Enter the diseases, ahock, or heart felic immediate CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	or complications the tree. List only one ceu s. Stab DUE TO b. OUE TO c. DUE TO	WOUND O (OR AS A CONSE	eath. Do not ent. of chest couence of: couence of:	2801 7th	St.N	.E.Wash.	D.C.20017 reat, Approximatintarval Be
23. PART I. Enter the diseases, shock, or heart falls iMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant cond	or complications the are. List only one ceu a. Stab DUE TO b. OUE TO c. DUE TO d. HOSPITAL:	WOUND O (OR AS A CONSE	eath. Do not ent. of chest quence of: quence of: quence of: resulting in the	2801 7th or the mode of dying, a	St.N uch as cardi	E. Wash. ac or respiratory ar 24a. WAS AN AUTOPSY PERFORMED? XX YES 2 \(\subseteq NO	D.C.20017 reat, Approximatinterval Ba Onset and Section 1997 24b. WERE AUTOPSY FI AMAILABLE PRIOR COMPLETION OF COF DEATH?
23. PART I. Enter the diseases, shock, or heart fells iMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant cond	or complications that are. Liet only one ceute. a. Stab DUE TO a. OUE TO d. Itions contributing to	WOUND O (OR AS A CONSE	eath. Do not ent. of chest. QUENCE OF): QUENCE OF): resulting in the	2801 7th er the mode of dying, a underlying cause given 26. PLACE OF DEATH ER: Unring Home 5 1/2 Residen	St.N uch as cardi	E. Wash. ac or respiratory ar 24a. Was AN AUTOPSY PERFORMED? XX YES 2 \(\text{NO} \) NO	D.C.20017 reat, Approximatintarval Be Onset and Approximatintarval Be Onset and Approximation Approxi
23. PART I. Enter the diseases, shock, or heart falls immediate CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant cond	or complications the ure. List only one ceu a. Stab DUE TO b. OUE TO d. DUE TO d. HOSPITAL: 1 Inpatient 2 26a, DATE OF (Month, D) 28e, PLACE & PLACE	WOUND O (OR AS A CONSEI (OR AS A CONSEI (OR AS A CONSEI Description of the consein of the conse	osth. Do not ent. of chest. QUENCE OF): QUENCE OF): resulting in the	2801 7th er the mode of dying, a underlying cause given 26. PLACE OF DEATH ER: ursing Home 5 Residen 28c. INJURY AT WORK!? 1 □ YES 247 NO	St.N. uch as cardi in Part I. Check only one 28d, DES	E. Wash. ac or respiratory ar 24a. WAS AN AUTOPSY PERFORMED? WENTER POWNED? (Specify) CRUBE HOW INJURY OF	24b. WERE AUTOPSY FRANKLABLE PRIOR COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF DEATH? 24 YES 2 P
23. PART I. Enter the diseases, shock, or heart fells immediate CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant cond 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 Natural 5 Pending Investigat In	or complications the are. List only one ceu a. Stab DUE TO b. OUE TO c. DUE TO d. HOSPITAL: 1 Inpatient 2 28a. DATE OF (Month). 28b. PLACE Of building.	WOUND O (OR AS A CONSE (OR AS A CONS	osth. Do not ent. of chest. Of chest. OUENCE OF): OUENCE OF): OUENCE OF): Tosulting in the interest of injury and income in the injury and injury an	2801 7th er the mode of dying, a underlying cause given 28. PLACE OF DEATH ER: lursing Home 5 Residen 28c. INJURY AT WORKY 1 YES 2 NO	In Part I. Check only one 28d, DESC. City o	.E.Wash. ac or respiratory ar 24a. WAS AN AUTOPSY PERFORMED? PERFORMED? (Specify) CRIBE HOW INJURY OC Subject st TION (Street and Number Town, State) Inknown	24b. WERE AUTOPSY FRAMALABLE PRIOR COMPLETION OF COMPLETIO
23. PART I. Enter the diseases, shock, or heart falls immediate CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant cond 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1. YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending investigat 3 Suicide 6 Could no determine 29a. CERTIFIER (Check only) 1 CERTIFYING P	or complications the ure. Liet only one ceu a. Stab DUE TO b. OUE TO c. DUE TO d. Itions contributing to Itions contributing to Itions contributing to Et be be did MINER: On the best of e	WOUND O (OR AS A CONSE (OR AS A CONSE (OR AS A CONSE (OR AS A CONSE DEFI/Outpatient 3 EN/Outpatient 3 EN/Outp	osth. Do not ent. of chest QUENCE OF): QUENCE OF): QUENCE OF): TOURNE OF): QUENCE OF): QU	2801 7th er the mode of dying, a underlying cause given 28. PLACE OF DEATH ER: lursing home 5 Residen 28c. INJURY AT 1 YES 2 NO sectory, office	St.N uch as cardi in Part I. Check only one 28d, DES4 28f, LOCA City o	E. Wash. ac or respiratory ar 24a. WAS AN AUTOPSY PERFORMED? MXYES 2 NO (Specify) CRUBE HOW INJURY OC CUBJECT ST TION (Street and Number 7 lown, Street Frown, Stre	24b. WERE AUTOPSY FRAMALABLE PRIOR COMPLETION OF COMPLETIO



BALTIMORE, MARYLAND 21203-3146

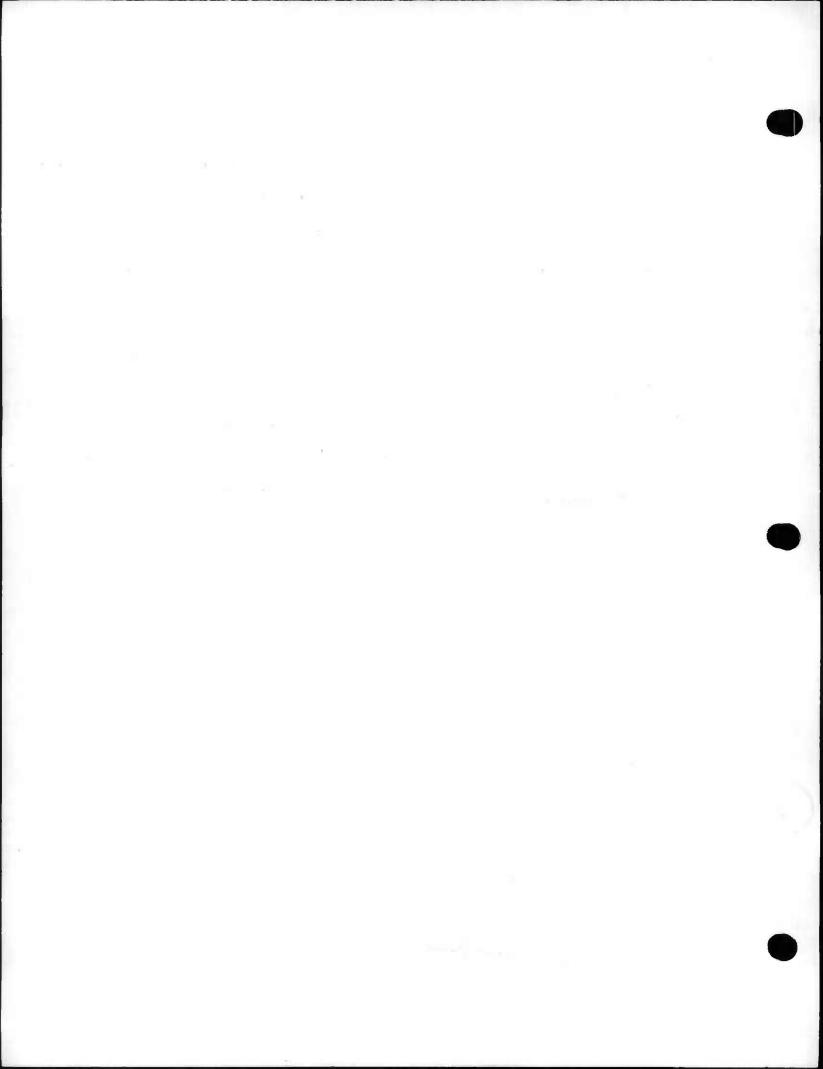
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TO THE HOSPITAL ON TITLE OF HENCICLAN: The law requires that the death certificate be executed within 24 mounts after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If them 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

FOR STATE REGISTRAR	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND I	MENTAL HYGIENE REG. NO.
. OECEOENT'S NAME (First, Middle, Last)	Macla	2. DATE OF DEATH MONTH DAY

	1. OECEOENT'S NAME (First, Middle, Last)	A 1			2. DATE OF DEAT		3. TIME OF DEATH		
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		A COLUMN TO THE PARTY OF THE PA		ONTHS DAYS	HOURE MIN.	Aug 23	,1914 1	BIRTHPLACE (State or Foreign Couptry) Lake City,S.C	
DE	9a. FACILITY NAME (If not institution, give atreet Presidential Wo				on Location of DE Lphi, Mo	ATH	9c. COUNT	y of DEATH ICE George	
DIRECTOR	100. STATE 100. COUNTY D.C. 100. TO	one		own on Loc Jashii				10d. INSIDE CITY LIMITS? 1 X YES 2 NO	
FUNEHAL	10. STREET AND NUMBER 10 Quincy Place	, N.E.		1	01. ZIP CODE 20002)		S.A.	
2	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	. WAS DECEDENT EVER I FORCES? 1 YES IF YES, GIVE WAR OR D	2 ZNO	If yes,	ECENDENT OF HISPAN specify Cuben, Maxica S 2 NO Specify	n, Puerto Ricen, at		A. RACE — American Indien, Bleck, White, etc. Specify: Black	
COMPLETED	15. DECEDENT'S EDUCATI (Specify only highest grade con Elamentary/Secondary (0-12)		16a. DECEDENT'S US (Give kind of work life. Do NOT use in	k done during i etired.)	TION nost of working		onstruc	'	
	17. FATHER'S NAME (First, Middle, Last) Clayton McC	lam			18. MOTHER'S NA	ME (First, Middle, M Sula	,	l oweren a a	
IO BE	19a. INFORMANT'S NAME (Type/Print)				and Number or Rural	Route Number, City of	or Town, State, Zip C		
-	Lizzie E. McClar	20	10 QU		Pl.N.E.		.C. 200		
	120 Buriel 2 Cremation 3 Removal 4 Donation 5 Other (Specify)	from State	Washingt	on Na	at'l Cem	1.	Suitlar	nd, Md.	
	21. SIGNATURE OF FUNERAL SERVICE LICENS	of Hems	+		AND ADDRESS OF FA				
CEMILICATION	Sequentisity list conditions, If any, leading to immediate couse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST Sequentisity list conditions, DUE TO (OR AS A CONSEQUENCE OF):								
MEDICAL	PART II. Other algnificent conditions contributing to deeth but not resulting in the underlying ceuse given in Part I. Concern 1 a 244. WAS AN AUTOPSY PERFORMED? 1 YES 2 DAIO						24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DE CAUSE DF DEATH? 1 YES 2 NO		
CIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	THE ADMINISTRAL CONTROL OF THE ADMINISTRAL CONTR							
PHYSICIAN:		OSPITAL: Inpatient 2 ER/Out 28a. DATE OF INJURY (Month, Day, Year)	patient 3 DOA 4	OF 28c. I	Ome 6 Residence NJURY AT WORK?		ON INJURY OCCU	PRED	
à	1 Netural 5 Pending 2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	YES 2 NO	YES 2 NO						
29s. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to									
IO BE C	206. SIGNATURE AND TITLE OF CERTIFIER	Mo			29c, LICENSE NU D37	934	29d. DATE	SIGNED (Morith, Day, Year)	
	Stephanie Trifos		7500 Gr		y Chr An	4430	Green	belt 10 20170	
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIG							
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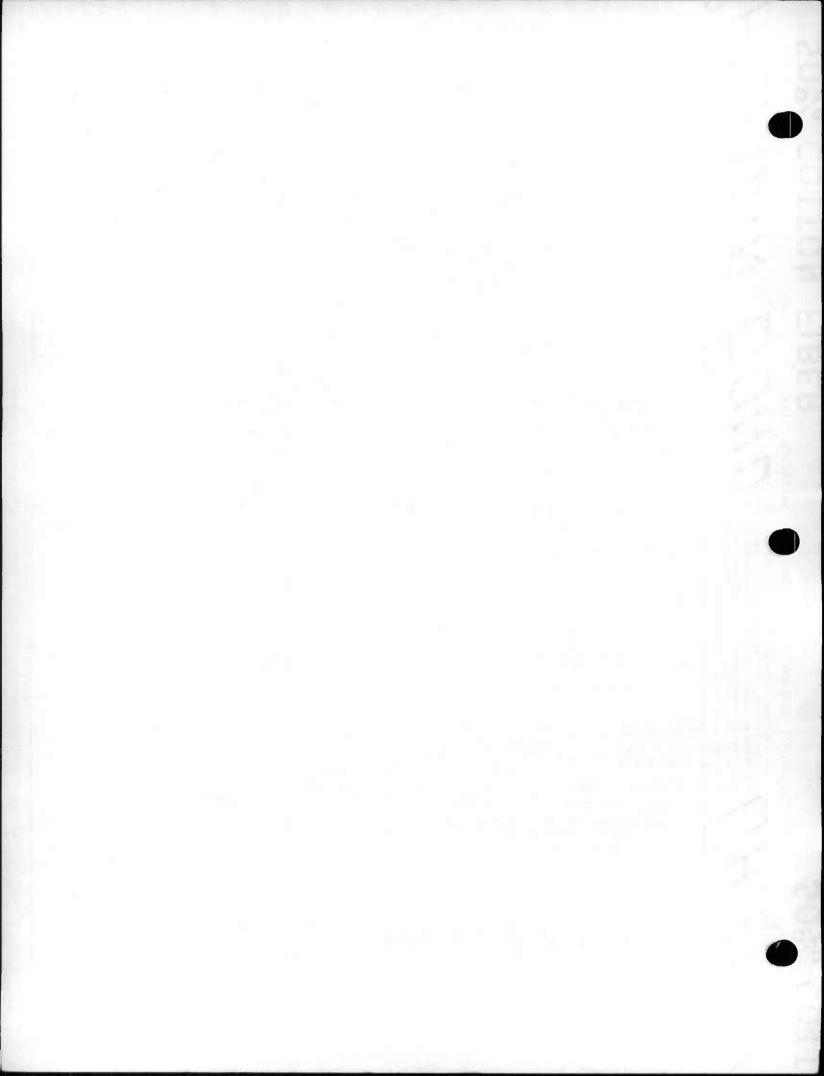


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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a mours after death. Page 6 may be retained by the host	TO THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached by the find within 72 hours after death with the State Dent of Health and Mental Hodiere prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE	90	33076
CERTIFICATE OF DEATH REG. NO.		

1 - STATE REGISTRAR	STATE	OF MARYLAN	D / DEPARTM CERTIFIC			MENTAL HYGI REG.	-	33076
1. DECEDENT'S NAME (Fire	IE M. Y	MOONE				2. DATE OF DEATH		3. TIME OF DEATH
4. SOCIAL SECURITY NUM 122-16-2	306A 10 M 21	76	YRS. MOI	UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Yea (O - 20	1-14	BIRTHPLACE (State or Foreign Country) . C.
PESIDENCE OF DE	MEDICAL G	NTER	96	BA!	TIM OF	E, MD	9c. COUNTY	HJIMORE
10s. STATE	10b. COUNTY		Ba	HO LOCAT	ION			10d. INSIDE CITY LIMITS? 1 YES 2 NO
1000	Belle Hi	re		101	2/2/	5	10g. CITIZEI	N OF WHAT COUNTRY?
11. MARITAL STATUS 1 Never Married 2 3 Div	Married FORCES	CEDENT EVER IN U.S P? 1 YES 2 GIVE WAR OR DATES	NO	If yes, sp		IIC ORIGIN? (Specify n, Puerto Rican, etc. :		Black, White, etc. Specify: Black
15. DE (Specify on Elementary/Secondary (CEDENT'S EDUCATION by highest grade completed) 0-12) College (1-		Give kind of work	IAL OCCUPATION done during motional.)	N st of working	16b, KIND OF	BUSINESS/INOUS	
17. FATHER'S NAME (First, I	liddig, Last)		/ (/	70	19. MOTHER'S NA	ME (First, Middle, Mei	den Surname)	
Beatic	e Hoore		3672	E, 15	1 St St	Pourte Number, City or	Town, State Zip Co	hi 44120
20a, METHOD OF DISPOSI 1 Burial 2 Cremati 4 Donation 8 Other	on 3 🗆 Ramoval from St	ate 20b. PL	ACE OF DISPOSITION (In place)	Aub	usn C	ery Z	LOCATION - CH	y or Town, State
21. SIGNATURE OF FUNER. BLAMA	IL SERVICE LICENSEE	202		Lar.	Chusto	H. W.	at hash	Sue
23. PART I. Enter the ahock, or I IMMEDIATE CAUSE (Fi disease or condition resulting in desth)	→ .CA	te cause on eech	SPIRA	rory	Anne	h as cardiac or re	espiratory arres	t, Approximate Interval Between Onset and Deatl
If any, leading to immediate. Enter UNDERLY CAUSE (Disease or Inj that initiated events	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury CAUSE (Disease or Injury)							
PART II. Other algnific	ant conditions contribut	Ing to death but a			j cause given in	PEF	S AN AUTOPSY FORMED? S 2 \(\sum \) NO	24b. WERE AUTOPSY FINDINGS ARAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED EXAMINER?	HOSPITA		_ 0	26. PI	ACE OF DEATH (Ch	eck only one)		
1 YES 2 AND 27. MANNER OF DEATH 1 Netural 8	28a, D	nt 2 ER/Outpatia ATE OF INJURY forth, Day, Year)	28b. TIME O	F 28c. INJ WC	URY AT RK?	6 Other (Specify) 26d. DESCRIBE HO	W INJURY OCCUI	RED
2 Accident 3 Suicide 6 4 Homicide	2 Accident Investigation 3 Suicide 6 Could not be 26. PLACE OF INJURY — At home, farm, street, factory, office building, stc. (Specify) 26. PLACE OF INJURY — At home, farm, street, factory, office City or Town, State)							
one)	ITIFYING PHYSICIAN: To the							cause(a) and manner as stated.
29h SIGNATURE AND TITL		USF PA	YMS1011	9N	29c. LICENSE NUI			SIGNED (Month Oby, Year)
30. NAME AND ADDRESS (PERSON WHO COMPLETE	CAUSE OF DEATH	(ITEM 27) (Type, Pri	n)	TR DI	on lul-	MY 14	C BAL DEMIN
31. DATE FILED (MOORS DEC	1990 32. RE	STRAR'S SIGNATU	RE Pandall		, , , ,	UU CIISC	140	21215





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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law recent the control of attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been some the provided with the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, be filled within 72 hours after death with the State Dept.	79 le
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mong prysician and completely miled in by the runeral director, pa	be filed within 72 hours after death with the State Dept. or Herman Mental Higher prior to burial, cremation, or removal	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified
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DIVISION OF VITAL RECORDS ... BOX 13146,

	REGISTRAR		OLIT	HIOAIL	OF DEATH	HEG. NC	<i>,</i>		
ļ.	1. DECEDENT'S NAME (First, Middle, Last) Carolyn Elaine MORA!				٠	2. DATE OF DEATH	190	YEAR 3. TIME OF DEATH	
	4. SOCIAL SECURITY NUMBER	The second secon	67 YR	MONTHS	YEAR IF UNDER 24 HRS. DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	3	BIRTNPLACE (State or Foreign Country)	
	9a. FACILITY NAME (If not institution,			9b. CITY,	TOWN OR LOCATION OF E	EATH		Y OF DEATH	
	PESIDENCE OF DECEDEN	HOGPI Kal			Towyon		100	alto.	
	10a. STATE 10b. CO		10c.	CITY, TOWN OF	LOCATION			10d. INSIDE CITY	
	to average and williams	Baltimore		DC	101. ZIP CODE 0.3		10a CITIZE	1 VES 2 NO	
יבחא	anon Hemil	6 Rhuddlan Ro			ala	236	U.S.	A.	
	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVE FORCES? 1 1 Y IF YES, GIVE WAR OF	ES 2 NO	11	AS DECENDENT OF HISPA yea, specify Cuban, Mexic YES 2 NO Spec	an, Puerto Rican, etc.)	na or No 14	4. RACE — American Indian, Black, White, atc. Specify:	
	15. DECEDENT'S		16a. DECEDEN	IT'S USUAL OC	CUPATION	16b. KIND OF BI	JSINESS/INDUS		
	(Specify only highest Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NO	OT use retired.)	iring most of working	Harold	c = Ra	y's Shoes	
THE STATE OF	17. FATHER'S NAME (First, Middle, Las	1	Sales	sperson		AME (First, Middle, Maide		y s shoes	
3	Harry Louis F	•				d Louise F			
	19a. INFORMANT'S NAME (Type/Print) John Morawski				Street end Number or Rure lan Road			200e) 1236	
	20a. METHOD OF DISPOSITION XIXBurtal 2 Cremation 3 4 Donation 6 Other (Specify)	Removal from State	20b. PLACE OF DIS other plece) MO ST Ho	oly Red	e of cemetery, crematory or eemer Ceme	tery Bal		ty or Town, State , Maryland	
	21. SIGNATURE OF FUNERAL SERVICE	CE LIQUERSEE)		22. NAME AND ADDRESS OF FACILITY Dippel Funeral Home, in				
	1 John of	. Dippel	7.		7110 Belair Road Baltimore, MD. 212				
	23. PART I Enter the diseases shock, or heart fall IMMEDIATE CAUSE (Finel disease or condition resulting in death)	s. THOR	n eech ilne.	RTIC	ANEUR		piretory srres	et, Approximets interval Between Onset and Deeth	
5	Sequentielly list conditions,	б	AS A CONSEQUENC						
5	if eny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	c							
	that initiated events resulting in death) LAST	DUE TO (OR A	AS A CONSEQUENC	E OF):					
3	PART il. Other significent cond	ditione contributing to deat	h but not result	ing in the un	feriving ceuse given i	n Part I. 24s. WAS A	N AUTOPSY	24b, WERE AUTOPSY FINDINGS	
5		REMAL F			PERF			AVAILABLE PRIOR TO COMPLETION OF CAUSE	
MED	- 1							OF DEATH?	
SICIAIN	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 1 NO 1 PER/Outpetlent 3 DOA				26. PLACE OF DEATN (Check only one)			
2					OTHER:				
LUL	27. MANNER OF DEATN 26s. DATE OF INJURY (Month, Day, Year) 26b. T			TIME OF INJURY M	28c. INJURY AT WORK? 1 YES 2 NO	28d. OESCRIBE NOW	INJURY OCCL	JRED	
ובה פ	2 Accident Investigation 3 Suicide 6 Could not be detarmined 28e. PLACE OF INJURY — At home, farm building, etc. (Specify)			rm, street, tacto	ry, offica	26f. LOCATION (Stree City or Town, State		or Rural Route Number,	
JMPLEIED	29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the basis of examination and/or investige								
00 20	296. SIGNATURE AND TITLE OF CER	TIFIER Och	ID .	29c. LICENSE N	UMBER 3.02.63	29d. DATE	SIGNED (Month, Day, Year)		
2	36. NAME AND ADDRESS OF PERSO		DEATN (ITEM 27)	(Type, Print)	D3	1 HOSDI	TAL		
	31. DATE FILED (Month, Ben Mark	4 37 REGISTRAR'S	HENNY WEEK	>	- 26-56	J			
	31. DEC 4 1990	guna variasons	10.00						

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TO THE HOSPIAL OFFICENCIAS PHYSICIAN: The law requires that the death certificate be executed within 24 fours after death. Page 6 may be retained by the hosp	TO THE FUNCTION. THE TIME OF THIS certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached and authorized the formation, or removal.	IMPORTANT: If the 26 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
SPI	W 5	Ë
SH 3	5	HTA
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2	23	3 =

	FOR 1 - STATE REGISTRAR	STATE OF MARYL		MENT OF HEALTH AN	ID MENTAL HYGIEN	_	90 33078				
	1. DECEDENT'S NAME (First, Middle, Last) Ceicelia Jennie I				December :	1, 1990					
		□ M 2 T F	71 YRS. MC	UNDER 1 YEAR IF UNDER 24 HI INTHS DAYS HOURS ME	M. (Month, Day, Year) 11-26-19	1 1	BIRTHPLACE (State or Foreign Country) aryland OF DEATH				
DIRECTOR	1733 E. LOMBARD			Baltimore		City					
L DIRE	MD. City			TOWN OR LOCATION LIMOTE 101, ZIP CODE		10g CITIZEN	10d. INSIDE CITY LIMITS? 1 VES 2 NO OF WHAT COUNTRY?				
FUNERAL	1733 E. Lombard	Street		21231		U.S.					
BY FUN	11. MARITAL STATUS 1 Never Merried 2 Married 3 Widowed 4 Divorced	2. WAS OECEDENT EVER IN FORCES? 1 TYPES IF YES, GIVE WAR OR DA	U.S. ARMED 2 NO NTES	If yes, specify Cuban, Me	SPANIC ORIGIN? (Specify Ye axican, Puerto Rican, etc.) specify:	a or No- 14.	RACE — American Indian, Black, White, etc. Specify: White				
COMPLETED	15. DECEDENT'S EDUCA (Specify only highest grade on Elementary/Secondary (0-12)		16a. OECEDENT'S US (Give kind of work life. Do NOT use of HOUSEWi:	done during most of working stired.)	186. KIND OF BU	SINESS/INDUST	THY				
BE CON	17. FATHER'S NAME (First, Middle, Lest) Benjamin	s NAME (First, Middle, Melder ia Lago									
10	Bernadette Hutchins 2038 Fountain Street Baltimore, MD 21231										
	20a. METHOD OF DISPOSITION 1 © Burlai 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify) 20b. PLACE OF DISPOSITION (Name of commotory, crematory or other place). Glen Haven Cemetery Clen Burnie, MD.										
	21. SIGNATURE OF FUNERAL SERVICE LICES	Dippe On		22. NAME AND ADDRESS 0	Dippel Baltin	more, M	1 Home, Inc. ID. 21206				
	23. PART 1. Enter the disease, or co shock, or heart failure. Li IMMEDIATE CAUSE (Final disease or condition resulting in death)	st only one chuse on e	the death. Do not ach line.		bonchus	eliratory arrest	Approximate interval Between Onset and Death				
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST		CONSEQUENCE OF):								
MEDICAL	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 IND 1 1										
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 VES 2 NO	H (Check only one)									
BY PHYS	27. MANNER OF DEATH 1 Natural 6 Pending	28a, DATE OF INJURY (Month, Day, Year)	25b. TIME (28d. OEŞCRIBE HOW	INJURY OCCUR	ED				
ETED B	2 Accident investigation 3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, etc. (Spec		et, factory, office	281. LOCATION (Street City or Town, State		Rural Route Number,				
COMPLE	and and			at the time, data and place, and in my opinion, deeth occured a			suse(a) and manner as stated.				
BE CC	29b. SIGNATURE AND TITLE OF CERTIFIER	bours	- ms	29c. LICENSI	E NUMBER	29d. DATE S	IGNED (Month, Day, Year)				

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

M.D.

32 REGISTRAR'S HIGHARITHE

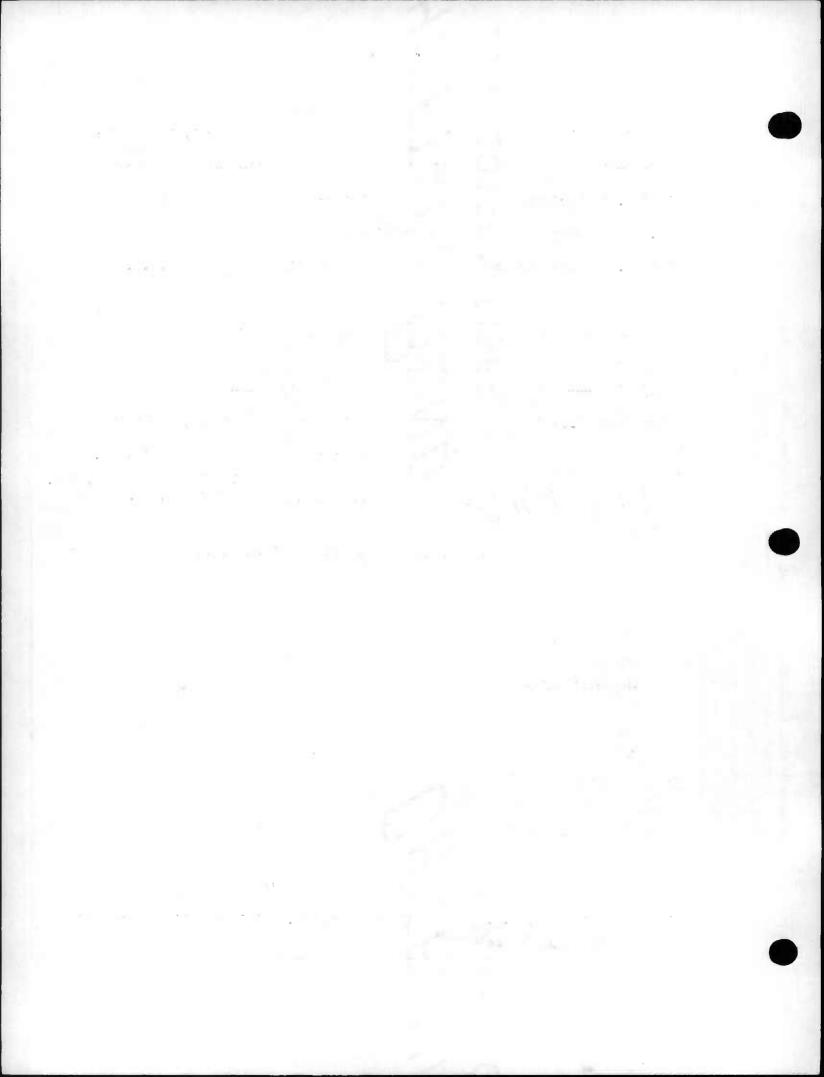
112

Medical Arts Bldg.

Donald Sherbourne,

DEC 4 1990

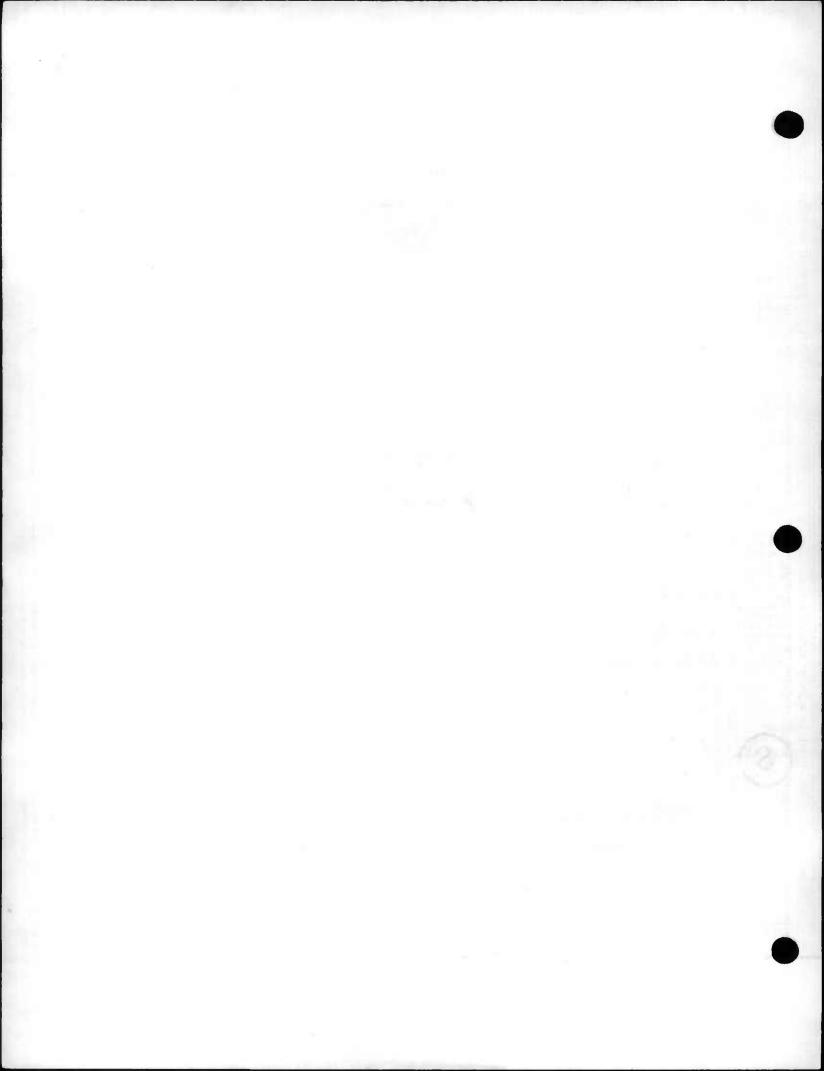
9101 Franklin Square Drive



DIVISION OF WHAL RECORDS, P.O. BOX 13146,	Ø
TO THE HOSPITAL OF LITERAIN PHOSPITAL OF LITERAIN PHOSPITAL IN PROPERTY OF PROPERTY OF THE HOSPITAL OF LITERAIN 24 NOTIFIED THE PROPERTY OF THE HOSPITAL OF LITERAIN 24 NOTIFIED THE PROPERTY OF THE HOSPITAL OF LITERAIN 24 NOTIFIED THE PROPERTY OF THE PROP	after
TO THE FUNERAL DIRECTOR AND THIS SECTION SHOWS BEEN SIGNED by the attending physician and completely filled in by the	by the
be filed within 72 hours after dearn an above the best of Hearth and Merital Hygiene prior to bunal, cremation, or removal	movai
IMPORTANT: If Item, 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical is	cal

REGISTRAR 1. DECEDENT'S NAME (First, Middle, Las	01)	CERT					E OF DEATH			3. TIME OF DEATH
Rok	pert Alle					MON 1	1-23-9	ő	YEAR	9:30AM
212-34-1967	5. SEX	8. AGE (In yrs. last birth	MONT	HS DAYS	HOURS MIN.		E OF BIRTN oth, Day, Year)		Country	
	1X M 2 F	52 · v	RS.			May	28,1			ltimore
a. FACILITY NAME (If not institution, give			9b. 0		imore Ci			9c. COUN	NTY OF DE	EATH
320 E. Lanvale	PITEEL			Dait.	THOTE CI	LY				
0e. STATE 10b. COU	NTY	100	c. CITY, TOY	VN OR LOCAT	TION					10d. INSIDE CITY
aryland		P	alti	more						LIMITS?
On. STREET AND NUMBER		1.0	MI OI		f. ZIP CODE			10g. CITI	ZEN OF W	HAT COUNTRY?
320 East Lanv	ale Stre	eet			21202			U.	S.A.	
1. MARITAL STATUS Never Married 2 Married Widowed 4 Divorced	12. WAS DECEDEN FORCES? 1	NT EVER IN U.S. ARMED WES 2 NO WAR OR DATES		If yes, sp	CENDENT OF HISP/ pecify Cuban, Mexic 2 NO Spec	an, Puarto			14. RACE Black	- American Indian, , White, atc. %Black
15. DECEDENT'S El (Specify only highest gra	DUCATION	16a. DECEDE	ENT'S USUA	L OCCUPATION	ON and working	16	66. KIND OF BU	SINESS/IND	USTRY	
Elementary/Secondary (0-12)	College (1-4 or 5	IIIe. Do I	NOT use retire	ed.)		-	-4-1-	0:		
		" Inven	cory	cre	ГK	R	etai1	Sto	re	
7. FATNER'S NAME (First, Middle, Last)					18. MOTNER'S N	AME (First,	, Middle, Maiden	Surname)		
Robert Norma	n				Anna	_				
9a. INFORMANT'S NAME (Type/Print)					and Number or Rura					
ylvia Hamblin										21215
29a. METNOD OF DISPOSITION 1 ☑ Burial 2 ☐ Cremation 3 ☐ Re	amoval from Stata	20b. PLACE OF 0 other place)	HOPPOSITION	(Name of cer	metery, crematory or			CATION —		
Donation 5 🗆 Other (Specify)		Wester	n' St	ar C	emeter	V	Cat	onsv	i110	e, MD
	LICENSEE				ND ADDRESS OF F		NEST	R FII	NER	AT, HOME
23. PART I. Enter the diseases, pahock, or heart fellur	Dams or complications the	use on each ilns.	. Do not e	MARS 4101 Inter the mo	ND ADDRESS OF F HALL W Edmone ode of dying, su	JCdson	AVE	Balt	0. 1	MD 21229 Approximate interval Batwe
23. PART I. Enter the diseases, c shock, or heart fellur IMMEDIATE CAUSE (Final disease or condition resulting in death)	or complications the re. List only one central a	USCLETOTIO	Do not each	MARS 4101 Inter the mo	ND ADDRESS OF F HALL W Edmone ode of dying, su	JCdson	AVE	Balt	0. 1	
23. PART I. Enter the diseases, candidate CAUSE (Final disease or condition	Arteria Due To	used each Mna.	C Car	MARS 4101 Inter the mo	ND ADDRESS OF F HALL W Edmone ode of dying, su	JCdson	AVE	Balt	0. 1	MD 21229 Approximate interval Batween
23. PART I. Enter the diseases, a shock, or heart fellur IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, isading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	Due To a. Due To b. Due To c. Due To d. Line contributing to	USCLETOTION OF AS A CONSEQUENT OF OR AS A CO	C Car NCE OF):	MARS 4101 nter the mo	ND ADDRESS OF F HALL W Edmone ode of dying, su scular d	. JCdson	AVE	Balt Heatory srr	O. I	MD 21229 Approximate interval Batween
23. FART I. Enter the diseases, control of the control of the condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions of the condit	DUE TO d	USCLETOTION OF AS A CONSEQUENT OF OR AS A CO	C Car NCE OF):	MARS 4101 nter the mo	ND ADDRESS OF HALL WE Edmong ode of dying, su scular di	JCdson	AVE rdlec or resp SSE 244. WAS AI PERFO XM YES	Balt Heatory srr	O. I	Approximate interval Batwe Onset and Dei
23. PART I. Enter the diseases, c shock, or heart fellur immediate CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, isading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant condit Chronic alcohology.	DUE TO d	USCLETOTION OF AS A CONSEQUENT OF OR AS A CO	Do not el C Car NCE OF): NCE OF):	MARS 4101 nter the model of the	ND ADDRESS OF HALL WE Edmong ode of dying, su scular of	n Part I.	AVE ordiec or resp RSE 24e. WAS AI PERFO XX YES	Balt Heatory srr	O . I	Approximate interval Batwe Onset and Dei
23. PART I. Enter the diseases, postock, or heart fellur immediate CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant condit Chronic alcohology. 25. WAS CASE REFERRED TO MEDICAL EXAMINER? XXX:S 2 \(\) NO	DUE TO a. DUE TO b. DUE TO c. DUE TO d. HOSPITAL: 1 Input lent 2	USCLETOTIC O (OR AS A CONSEQUENT O death but not result	Do not el	MARS 4101 nter the model of the	ND ADDRESS OF HALL WE Edmong ode of dying, su scular of scular of scular of the scular	n Part I.	AVE ordiec or resp RSE 24e. WAS AI PERFO XX YES cne)	Balt Hratory srr	24b.	Approximate interval Batwe Onset and Dei Ons
23. PART I. Enter the diseases, or shock, or heart fellur immediate CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART H. Other significant condit Chronic alcohology. 25. WAS CASE REFERRED TO MEDICAL EXAMINER? MIXES 2 NO 27. MANNER OF DEATN XXINSTURB 5 Pending	DUE TO d. HOSPITAL: 1 Impatient 2 28a. DATE Of (Month, L.)	USCLETOTIC O (OR AS A CONSEQUENT O death but not result	Do not el C Car NCE OF): NCE OF):	e underlyin 26. P. Nursing Hon 28c. IN.	ND ADDRESS OF HALL WE Edmong ode of dying, su scular of	n Part I.	AVE ordiec or resp RSE 24e. WAS AI PERFO XX YES	Balt Hratory srr	24b.	Approximate interval Batwe Onset and Dei
23. PART I. Enter the diseases, pack, or heart fellur immediate CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART H. Other significant condit Chronic alcohology. 25. WAS CASE REFERRED TO MEDICAL EXAMINER? XXX SS 2 0 NO 27. MANNER OF DEATN XXX Stural 5 Pending	DUE TO A. DUE TO B. DUE TO C. DUE TO d. LIST IN CONTRIBUTION TO CONTRIBUTI	USCLETOTIC OF AS A CONSEQUENT OF	DOA OTTING OF INJURY	e underlyin 26. P. Nursing Hon 28. IN. M. 1	ND ADDRESS OF HALL WE HALL WE Edmone of dying, su scular of dying, su scular of the sc	n Part I.	AVE ordiec or resp RSE 24e. WAS AI PERFO XX YES cne)	Balt Nautopsy RMED? 2 NO INJURY OC	24b.	Approximate interval Batwe Onset and Dei
23. PART I. Enter the diseases, c shock, or heart fellur immediate CAUSE (Final disease or conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant condit Chronic alcohology (Chronic alcohology) 25. WAS CASE REFERRED TO MEDICAL EXAMINER? XXXES 2 NO 27. MANNER OF DEATN XX. Natural 5 Pending Investigatic 3 Suicide 6 Could not detarmined 29a. CERTIFIER (Check only 1 CERTIFYING PH	DUE TO a. DUE TO b. DUE TO c. DUE TO d	USCLETOTIC O (OR AS A CONSEQUENT O (OR AS A	Do not ell C Call NCE OF): NCE OF): NCE OF): Iting in the	MARS 4101 nter the model of the time, date the time, date the time, date	ND ADDRESS OF HALL WE Edmondode of dying, su scular of s	n Part I.	24a. WAS AI PERFO	NAUTOPSY RMED? 2 NO	24b.	Approximate interval Batwe Onset and Dei Ons
23. PART I. Enter the diseases, c shock, or heart fellur immediate CAUSE (Final disease or conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant condit Chronic alcohology (Chronic alcohology) 25. WAS CASE REFERRED TO MEDICAL EXAMINER? XXXES 2 NO 27. MANNER OF DEATN XX. Natural 5 Pending Investigatic 3 Suicide 6 Could not detarmined 29a. CERTIFIER (Check only 1 CERTIFYING PH	DUE TO a. DUE TO b. DUE TO c. DUE TO d. DUE TO d. DUE TO 28a. DATE Of (Month, I) be 1 28a. PLACE (building) DISSICIAN: To the best of the basis of the b	USCLETOTIC O (OR AS A CONSEQUENT O (OR AS A	Do not ell C Call NCE OF): NCE OF): NCE OF): Iting in the	MARS 4101 nter the model of the time, date the time, date the time, date	ND ADDRESS OF HALL WE Edmondode of dying, su scular of s	Dison Chea ce disea 24a. WAS AI PERFO	NAUTOPSY RMED? 2 NO INJURY OC and Number sinner as sta	24b. 24b. CURED or or Rural F	Approximate interval Batwe Onset and Dei Ons	

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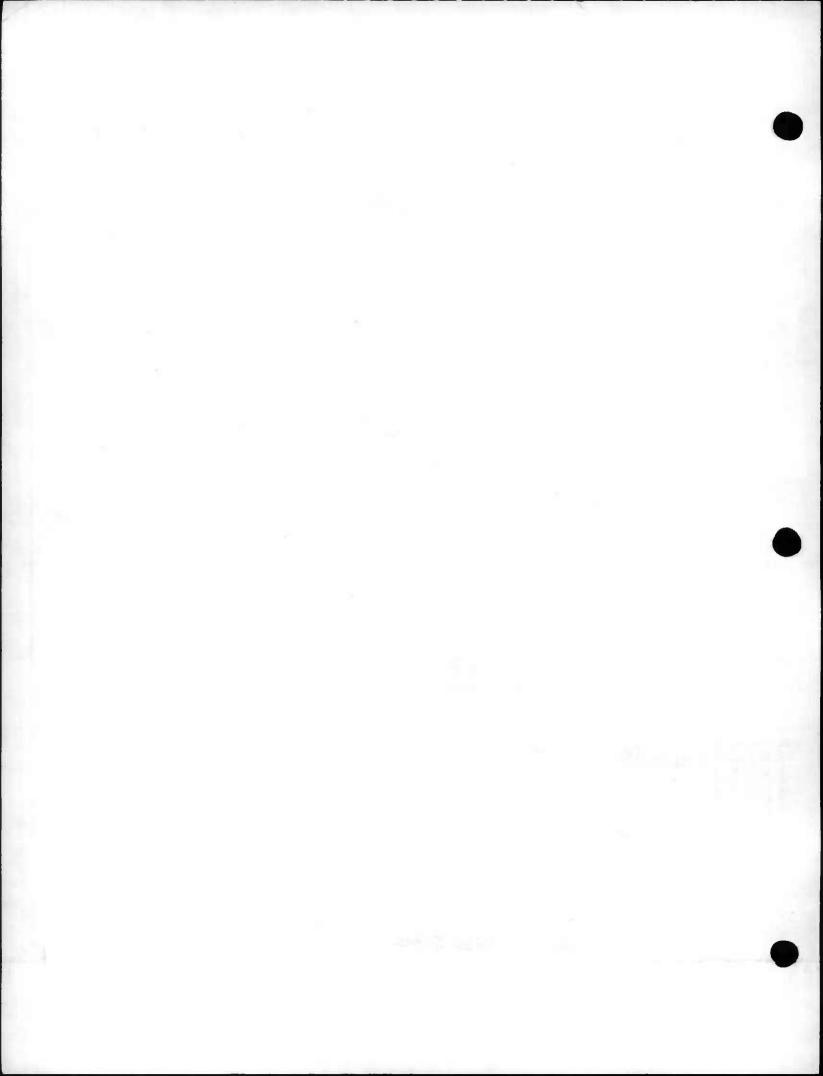
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13146,	
BOX	
P. O.	
SQ2,	
_ RECORDS, P.O. BOX 13146,	
OF VITAL	
OF	
DIVISION	

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Law, cours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremetion, or removal.

IMPORTANT: If Hem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

STATE	0F	MARYLAND	/ DEPARTMENT	OF	HEALTH AND	MENTAL	HYGIENE
		C	ERTIFICATE	0	F DEATH		REG. NO.

FOR 1 - STATE REGISTRAR	STATE OF MAR		ENT OF HEALTH AND	MENTAL HYGIEN								
1. DECEDENT'S NAME (First, MI	D. Nipper			2. DATE OF DEATH MONTH D	MY YE	3. TIME OF DEATH 3:45 P M						
4. SOCIAL SECURITY NUMBER 217-26-961 Se FACE ITY NAME (II not institute)	5. SEX 1	6/ YRS. MON	NDER 1 YEAR IF UNDER 24 HRS. THS DAYS HOURS MIN. CITY, TOWN OR LOCATION OF D	7. DATE OF BIRTH (Month, Day, Year) $5-28-2$		BIRTHPLACE (State or Foreign Country) W. C						
Univ. of Mary	land Hospital		Baltimors	LAIN	JE COOK!							
	Db. COUNTY	2 /	WN OR LOCATION		10c CITIZEN	10d. INSIDE CITY LIMITS? 1 X YES 2 NO OF WHAT COUNTRY?						
10e. STREET AND NUMBER OLE N 11. MARITAL STATUS 1 Never Married 2 10 Ma	Augusta 12. WAS DECEDENT EVI	Ave ER IN U.S. ABMED	2/22	Y NIC ORIGIN? (Specify Ye	4	, S.A.						
3 Widowed 4 Divorce	d IF YES, GIVE WAR O	If yes, specify Cuban, Mexic 1 YES 2 NO Specif	ly:		Black, White, etc. Specify: Black							
(Specify only hi	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+) 18e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.)											
17. FATHER'S NAME (First, Middle Control of the Con	le, Lest)		18. MOTHER'S N.	AME (First, Middle, Meider	Surname)							
James A	19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Flourie Number, City or Town, Steele, Zip Code) Scenes A. Nipper 628 N. Augusta Ave Batto MJ 21229											
4 Donation 5 Other (Sp	20e. METHOD OF DISPOSITION 1 State 20e. METHOD OF DISPOSITION 20e. Manual Of commetory, cremetory or other place) 20e. Manual Of Disposition 20e. Manual Of Commetory, cremetory or other place) 20e. Manual Of Disposition											
Bernard D Johnson March 300 Walsach Ave												
23. PART I. Enter the diseases, or compiles/fons that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List/only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) a. Respiratory Failure DUE TO (OR AS A CONSEQUENCE OF):												
if any, leading to immedia cause. Enter UNDERLYING												
PART II. Other algnificant	conditions contributing to des	a underlying cause given in	PERFORMED? AMAILABLE PRIOR TO									
25. WAS CASE REFERRED TO I	HOSPITAL:	26. PLACE OF DEATH (C	Check only one)									
	28e. DATE OF INJL (Month, Day, Ye	JRY 28b. TIME OF	Nursing Home 5 Residence 28c, INJURY AT WORK? M 1 YES 2 NO	6 ☐ Other (Specify) 28d. DE\$CRIBE HOW	INJURY OCCUR	ED						
2 Deutste	t and Number or i	d Number or Rural Route Number,										
	YING PHYSICIAN: To the best of my I					euse(a) and manner as stated.						
296. SIGNATURE AND TITLE OF	lad team	n n	29c. LICENSE N	JMBER	29d. DATE S	GNED (Month, Day, Year)						
Unive of m	Tabyland Hos		t. of med.	Baltimo	re	mp						
DEC 4	1990 Julie Ber	bon-Bonduse										

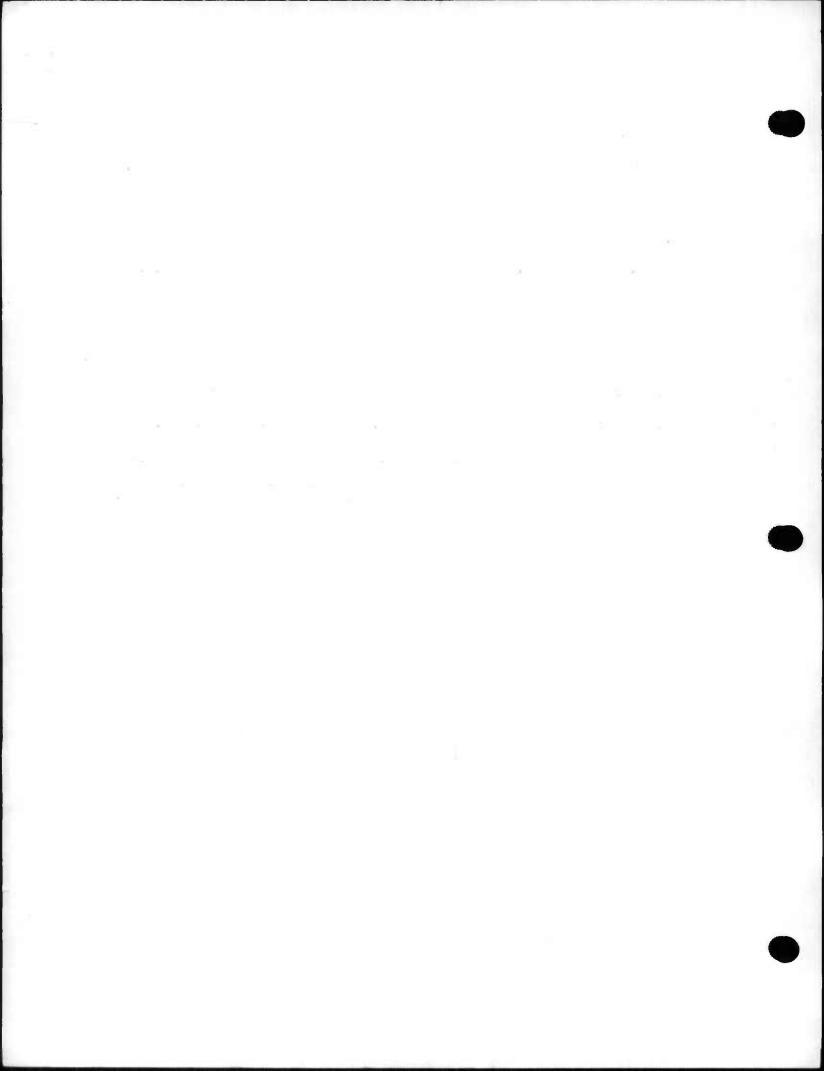


TO BE COMPLETED BY FUNERAL DIRECTOR

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 25-mours after death. Page TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral distant within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner is TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL	HYGIENE
CERTIFICATE OF DEATH	REG. NO.

FOR 1 - STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTM			MENTAL HYGIEN		
1. DECEDENT'S NAME (First, Middle, Last)							3. TIME OF OEATH
NAN, M. OWENS					MONTH //	16 2 m	EAR 134 AZ M
111-7-110 - E-9-100 - A-111-11-11-11-11-11-11-11-11-11-11-11-1			UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	6.	BIRTHPLACE (State or Foreign Country)
-20 20 1000	1 □ M 2 🗭 F	YRS.			81/29/11		N.Y
9a. FACILITY NAME (If not institution, give stre	et and number)	1/14 98	But 1	LOCATION OF OR	HTA	9c. COUNTY	OF DEATH
Franks Scale	May hear	21 Certi	Deve /				
10a. STATE 10b. COUNTY		10c. CITY, T	OWN OR LOCATI	ON			10d. INSIDE CITY
MD.		Balt	timore				1 N YES 2 NO
10e. STREET AND NUMBER			101.	ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?
8045 E. Baltimore	St.			21224		U.S	•A
	12. WAS OECEDENT EVER IN FORCES? 1 YES				HC ORIGIN? (Specify Yen, Puarto Rican, etc.)	a or No- 14	. RACE — American Indian, Black, White, atc.
1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE WAR OR DA			2 NO Specifi			Specify: White
15. DECEDENT'S EDUCA	TION	18a. DECEDENT'S US	UAL OCCUPATIO	N	16b, KIND OF BI	JSINESS/INDUS	TRY
(Specify only highest grade of Elementary/Secondary (0-12)		(Give kind of work life. Do NOT use n	done during mos	t of working	1000 1000		
Elementally Secondary (0-12)	College (1-4 or 6 +)	Operato	r		C & E	Telep	hone Co.
17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME (First, Middle, Meide	n Surname)	
Lars Hansen				Maria	Edwards		
19a, INFORMANT'S NAME (Type/Print)		19b. MAILING AD	DRESS (Street ar	d Number or Rural	Route Number, City or To	wn, State, Zip Co	ode)
Alice Johnson		8045	E. Balt	imore S	t., Balto.	, Md.	21224
20a. METHOD OF DISPOSITION 1 Durial 2 Cremation 3 Remov	20b.	PLACE OF DISPOSITE	ON (Name of cem	etery, crematory or	20c. L	DCATION — City	y or Town, Stata
4 Donation 5 Other (Specify)	G	reen Moun				altimo	re City
21. SIGNATURE OF FUNERAL SERVICE LICE	NSEE		22. NAME AN	ter Dah	cury rowski Bur	eral C	hane1
Starter S. D.	abrowski				lk Avenue-		
23. PART I. Enter the diseases, or co ahock, or heart fellure. Li IMMEDIATE CAUSE (Final disease or condition resulting in death)	Aboute J	ch lina. Lora NV/t/-Orga CONSEQUENCE OF):	na Dan				Interval Batween Onset and Death 8 Hujs
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	Mctastatic DUE TO (OR AS A PICUMONIA DUE TO (OR AS A Renal Inse	CONSEQUENCE OF):	Caren				Und soons
PART II. Other eignificant conditions	contributing to death b	ut not resulting in	the underlying	cause given in		N AUTOPSY ORMED? 2 NO	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL			26. PL	ACE OF DEATH (C/	neck only one)		
	HOSPITAL:		THER:	5 - Residence	8 Other (Specify)		
27. MANNER OF DEATH	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME C	OF 28c. INJ	JRY AT RK?	28d. DESCRIBE HOW	INJURY OCCU	RED
1 Naturel 5 Pending 2 Accident Investigation	(, , , , , , , , , , , , , , , , , , ,	91		ES 2 NO			
3 Suicide 8 Could not be 4 Homicide detarmined	28e. PLACE OF INJURY building, atc. (Speci	— At home, farm, atre	et, tactory, office	•	28t. LOCATION (Street City or Town, State	t and Number or e)	Rurel Route Number,
one)	IAN: To the best of my know						cause(a) and manner as stated.
29b. SIGNATURE AND TITLE OF CONTENER	NA			29c, LICENSE NU	MBER ,	29d. DATE S	BIGNED (Month, Day, Year)
M	K. Beer	NIN	()	15 fo.	284	> []	126/90
Stoplen D. By a	M. M.D. Fra	WES Scott	May Rev	lient Ceri	ten		1 '
31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGN	ATURE MALE					



WILLIAM P. BENSON
31. DATE FILE TO G. Day, 4.7 1990 1924

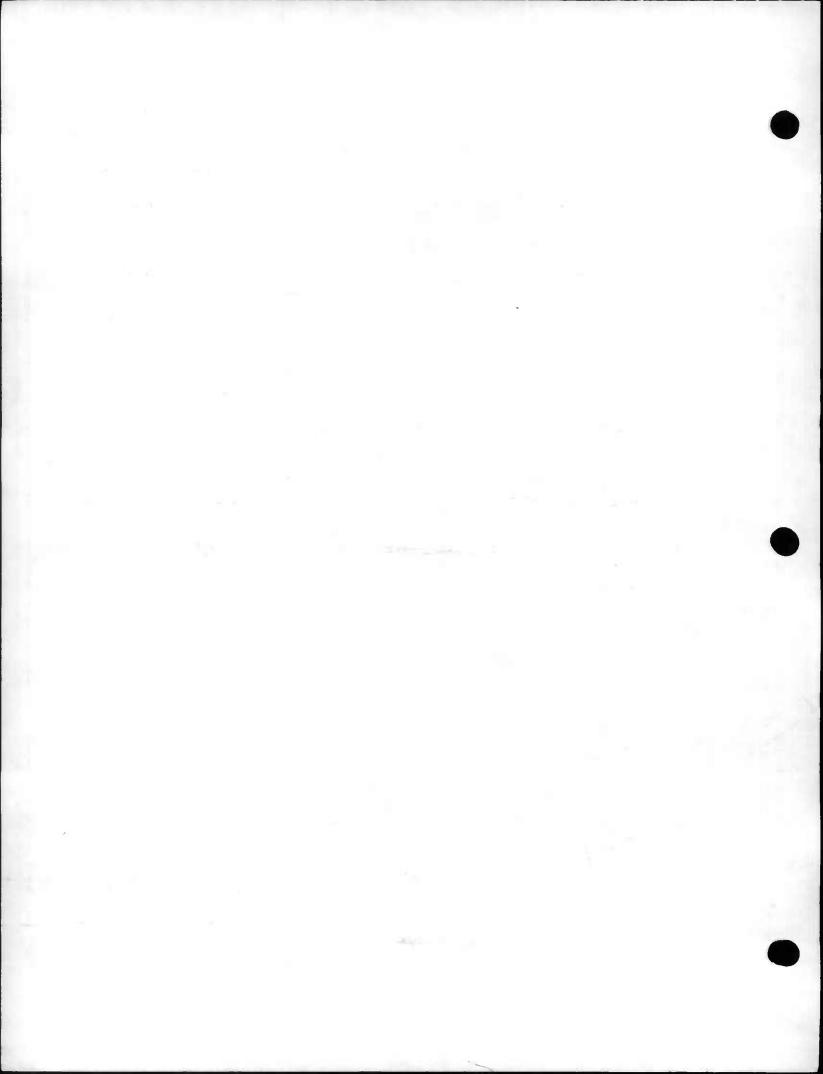
	FOR STATE REGISTRAR	STATE OF I	MARYLAND /	DEPAF ERTIF					MENTA	AL HYGIENI REG. NO.	Ε		
	1. DECEDENT'S NAME (First, Middle, Last)				1 -	7 7 7 7	NTNT 70			E OF DEATH	,	YEAR 3.	TIME OF DEATH
	SISTER STEPHAN	NIE O'S	ULLIVA	N	JOHANNA MONTH NOV.						.199		:15 P. M
	4. SOCIAL SECURITY NUMBER 220-04-6424	5. SEX	6. AGE (In yrs. Ins		IF UNDER		IF UNDER	V A A A A Y	7. DATI	E OF BIRTH		8. BIRTHPLA Country)	ACE (State or Foreign
	9a. FACILITY NAME (If not institution, give st	2121		-	ah CITY	TOWALO	O LOCATI	ON OF DE	L	11 0/1		TY OF DEAT	
Œ											Se. COON	IT OF DEAL	n
ō	3725 ELLERSLI		BP	LTI	MOR:	E,CI	TY						
EC	10a. STATE 10b. COUNTY			10c. CIT	Y, TOWN (OR LOCAT	ION					10	d. INSIDE CITY
DIRECTOR	MD.				D7	ттт	MOD	E,CI	mv			W	LIMITS?
	10e. STREET AND NUMBER				DI		ZIP COD		11		10g. CITI2		T COUNTRY?
FUNERAL	3725 ELLERSLI	E 700							21.21	. 0	- 13	T1	C 7
N.	11. MARITAL STATUS		T EVER IN US AR	MED	13.	WAS DEC	ENDENT (L O IN? (Specify Yes	or No —		S.A.
	Never Married 2 Married		MAR OR DATES	NO	- 1		city Cube	n, Maxical	n, Puerto	Rican, etc.)		Black, W Specify:	hita, atc.
BY	3 Widowed 4 Divorced	ir tes, dive	MAN ON DATES			1 🗌 153	2 10 NO	Specify	r:				HITE
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade			CEDENT'S				207	16	b. KIND OF BUS	INESS/IND	USTRY	
H	Elementary/Secondary (0-12)	College (1-4 or 5	//fig	. Do NOT u	se retired)	ker i se							
APL	12	4		HEA	OMIS	TRE	SS			SCH	OOL	173	
Ö	17. FATHER'S NAME (First, Middle, Last)								_ ,	Middle, Malden	Surname)		
BE (CORNIELIUS 0'	SULLIV	AN				Al	NNE	GUI	INEY			
TO E	19a. INFORMANT'S NAME (Type/Print)		19	b. MAILING	ADDRES	S (Street a	nd Numbe	r or Rural F	Route Nu	mber, City or Town	, State, Zip	Code)	
-	SISTER RITA M	IARY	3	3725	ELI	ERS	LIE	AVE	. F	BALTIM	ORE,	MD.2	1218
	20a. METHOD OF DISPOSITION Burlai 2 Cremation 3 Remo	oval from State	20b. PLACE other pl	OF DISPO	SITION (N	me of cen	netery, crer	natory or		20c. LO	CATION — C	Olty or Town,	State
	4 Donation 5 Other (Specify)		S	T.				S CC		BA	LTIM	ORE,	MD. 21218
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	. 1	1				SS OF FA		FN10 3.11	D 00		1010
/	1 Edina	M/-	2 60	1				RE.M		INS AN	ט אַכ	MS 2	1212
	23. PART i. Enter the diseases, or	omplications the	at caused the de	eth. Do						rdiec or respi	ratory sm	est,	Approximats
	shock, or heart failure.	List only one ca	use on sach iins	B	1								Interval Between Onset and Dasth
	iMMEDIATE CAUSE (Finel disesse or condition	1	₫.	-	- h	2-1	6	1	2.	7+			7
	resulting in deeth)	DUE TO	OR AS A CONSE	OUENCE C	19: De	later	teral with metastages					Lynn	
_													
HTIFICATION	Sequentielly list conditions, if any, leading to immediate	DUE TO	(OR AS A CONSE	OUENCE C	F):								
CA	cause, Enter UNDERLYING CAUSE (Disease or injury	A											
E	that initiated events	DUE TO	(OR AS A CONSE	OUENCE C	F):								
DLA.F	resulting in death) LAST	d											
0	PART ii. Other significent condition	s contributing to	death but not	resulting	in the u	nderlyin	CRUSA	aiven in	Part i	24e, WAS AN	AUTOPSV	24b W	ERE AUTOPSY FINDINGS
										PERFOR	MED?	AV	MILABLE PRIOR TO
ED										1 TYES 2	NO	OI	DEATH?
Σ	-											1	YES 2 NO
AN	OF HIS OLDS DESERBED TO HEDIOL	4	of .				105.05.6						
PHYSICIAN: MEDIO	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHE	R:		DEATH (Ch					
YS	1 TYES 2 NO	1 L Inpatient 2	ER/Outpatient 3	¥	_			ealdence		her (Specify) ESCRIBE HOW I		VENT	
	1 Natural 5 Pending	(Month,	Day, Year)	28b. TH	JURY	28c. INJ WC	RK?	□ NO	280. D	ESCHIBE HOW I	NJUNT OCC	ONED	
BY	2 Accident Investigation	284 DI ACE	OF INJURY — At he	ame form	etro et fe				204.1.0	CATION (Street a	and Alumbias	or Primi Pour	in Mumber
ED	3 Suicide 6 Could not be 4 Homicide determined		atc. (Specify)	onie, terrii,	anson, 100	rory, ornic	•			ty or Town, State)	IIIO NUIIIOOI	or noral nool	o reamon,
H	29a. CERTIFIER					_	_						
COMPLETED	(Check only												
00	2 MEDICAL EXAMINE		exemination and/or	HTVestigati	on, in my	opinion, d				na end place, en			
BE (296. SIGNATURE AND TITLE OF CERTIFIER	12	.1	0.	0			ENSE NUI		,	29d. DATI	E SIGNED (M	onth, Day, Year)
0	30, NAME AND ADDRESS OF PERSON WH	Dens	m. Gr.	. 77	2,06)	De	04:	45.	6	11	130	190

BALTO.MD.

3506 NORTH CALVERT STREET.

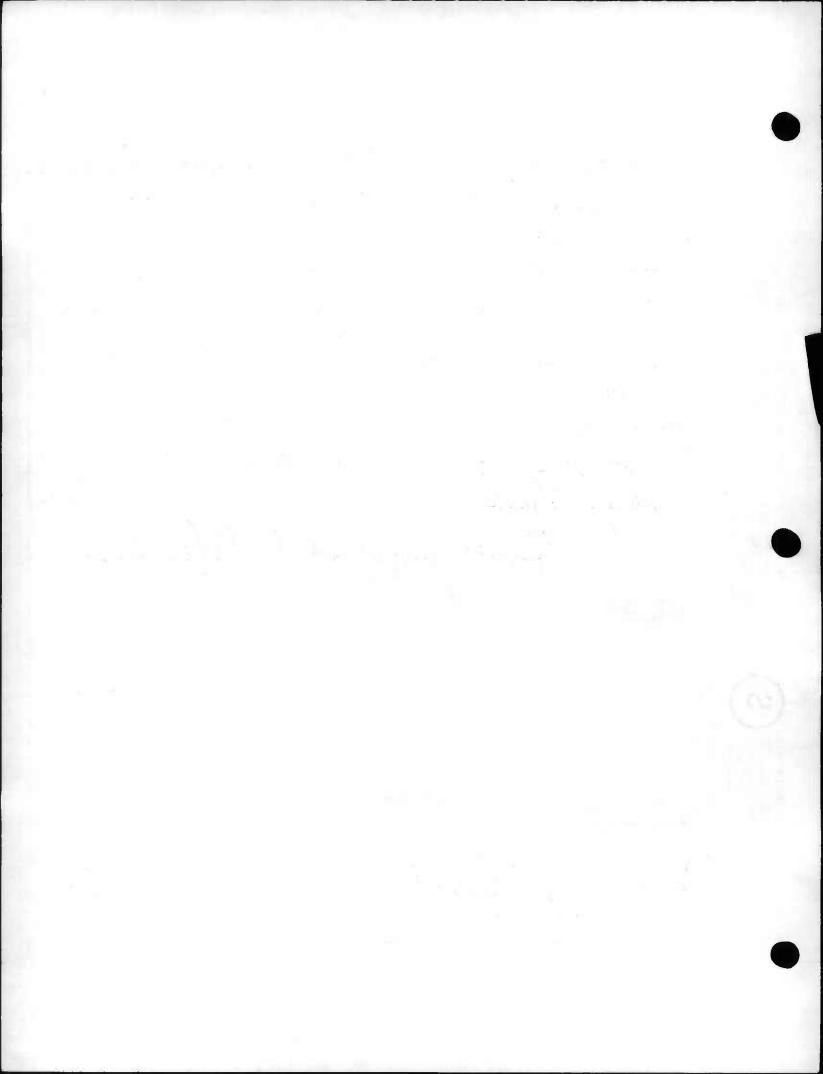
STATE	0F	MARYLAND A	DEPARTMENT	0F	HEALTH	AND	MENTAL	HYGIENI
		C	ERTIFICATE	OI	F DEAT	H		REG. NO.

	FOR 1 - STATE REGISTRAR	STATE OF MARYLA		TOF HEALTH A		AL HYGIEN		,
	1. DECEDENT'S NAME (First, Middle, Last)				2. DAT	E OF DEATH		3. TIME OF DEATH
	CLARENCE ROBERY	Z	PARKE	R	1 2	m ον Ω2	90	17.00 AM M
	4. SOCIAL SECURITY NUMBER		n yrs. last birthday) IF UND	ER 1 YEAR IF UNDER 24	45.4	E OF BIRTH nth, Day, Year)	8.1	SIRTHPLACE (State or Foreign country)
	020-14-3954	1 M 2 D F 81	YRS. MONTHS	DAYS HOURE	milita.	rch 31.	1909	
	9e. FACILITY NAME (If not institution, give st	reat end number)	9b. Cf	TY, TOWN OR LOCATION			9c. COUNTY	
DIRECTOR	NORTH ARUNDEL HOS	PITAL ASSOCTA	ATTON G	LEN BURNTE	7		Λ Λ	COUNTY
5	RESIDENCE OF DECEDENT 10a, STATE 10b, COUNTY		10c. CITY, TOWN				A + 6	10d. INSIDE CITY
E	200							LIMITS?
	Md. Anne	e Arundel	Hanove	10f. ZIP CODE			100 CITIZEN	OF WHAT COUNTRY?
FUNERAL	1481 Gesna Dr.			231774				
빌	11. MARITAL STATUS	12. WAS DECEDENT EVER IN	III S ADMED	21076	LISPANIC ODIO	NN2 (Specify Ver	U.S.	A . RACE — American Indian,
	1 Never Merried 2 Norried	FORCES? 1 YES	2 NO	If yes, specify Cuben,	Mexican, Puert		G NO 14.	Black, White, etc.
B⊀	3 Widowed 4 Divorced	IF TES, GIVE WAR OR DA	WES .	1 TYES 2 ANO	Specify:			Specify: White
8	15. DECEDENT'S EDUC (Specify only highest grade	ATION	16a. DECEDENT'S USUAL	OCCUPATION	1	66. KIND OF BU	SINESS/INDUST	
ᄪ	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT use retired	e during most of working .)				
4	12	2	Treasurer	(RET.)]	Banking		
COMPLETED	17. FATHER'S NAME (First, Middle, Last)			18. MOTHE	R'S NAME (Firs	I, Middle, Maiden	Surname)	
BE (Murray Parker			Ma	ry Robe	ery		
10	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING ADDRE	SS (Street and Number o	r Rural Route Nu	imber, City or Tow	n, State, Zip Coo	de)
F	Murray G. Parker	II	1481 Ges	na Dr. Ha	nover,	Md. 21	076	
	20a METHOD OF DISPOSITION	20b.	PLACE OF DISPOSITION (Name of cemetery, crema-	tory or	20c. LO	CATION — City	or Town, State
	4 Donetion 5 Other (Specify)		orth Weymout	h Cemeter	У	Nor	th Wey	mouth, Mass.
	21. SIGNATURE OF PUNERAL SERVICE MC		2	2. NAME AND ADDRESS	n Fune:	ral Hom	e	
	1 Danie	ele						nie,Md. 21061
	23. PART I. Enter the diseases, or o							Approximata
	shock, or heart fellure. I	List only one cause on ea	ech line.	. 1				Interval Between Onset and Death
	disease or condition	(A)	Ann	Myou	artiel	luhor	retrain	2 days
	resulting in death)	DUE TO (OR AS A	CONSEQUENCE OF):			- ()		1000
z								
원	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A	CONSEQUENCE OF):					
S	CAUSE (Disease or Injury	D						
H	that initiated events	DUE TO (OR AS A	CONSEQUENCE OF):					
CERTIFICATION	reading in dataily Exist	d						
AL C	PART II. Other algnificant condition	a contributing to death b	ut not resulting in the	underlying cause gi	ven in Part I.			24b. WERE AUTOPSY FINDINGS
						PERFO		AMAJLABLE PRIOR TO COMPLETION OF CAUSE
ED						1 TYES	I NO	OF DEATH?
2								1 1ES 2 NO
PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL			26. PLACE OF DE	ATH (Check only	one)		L
Sic	EXAMINER?	HOSPITAL:	entient 3 DOA 4 D	ER: lursing Home 5 - Res	Idence 6 🗆 O	ther (Specify)		
H	27. MANNER OF DEATH	28a. DATE OF INJURY	28b. TIME OF	28c. INJURY AT		DESCRIBE HOW	INJURY OCCUR	ED
ВУ Р	1 Natural 5 Pending	(Month, Day, Year)	INJURY	WORK?	NO			
	2 Accident Investigation 3 Suicide 6 Could not be	26s. PLACE OF INJURY building, etc. (Spec	— At home, farm, street, i	actory, office	281. L	OCATION (Street try or Town, State	end Number or	Rural Route Number,
TE	4 Nomicide determined	autumg, etc. jopoc	,		, i	ny or rown, State,	,	
COMPLETED	29a. CERTIFIER DERTIFYING PHYSI	CIAN: To the best of my know	fedge, death occurred at th	e time, date and place.	and due to the	cause(s) and me	nner as stated.	
ME	CONSON ONLY	R: On the basis of axamination						ause(e) and menner as stated.
	296. SIGNATURE AND TITLE OF CHIRD	11		112222000000000000000000000000000000000	NSE NUMBER			IGNED (Mgrith, Day, Year)
BE	17 400	11111		Min	2666 Y	,	▶ />	1/10
2	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUSE OF DE	ATH (ITEM 27) (Type Print)	171.00		*	1	
	PAUL J. YOUNG-HYMA	N.M.D./325 H	OSPITAL DET	VF #105/CI	EN DIT	ONTC M	A DVI AND	21061
	31. DATE FILED (Month, Day, Year)	32 REGISTRAR'S SIGN	ATUBE	VE #105/61	CN DUP	MIE, M.	AKILAN	7 21061
	DEC 4 1990	32 REGISTRAR'S SIGN	-Handell					

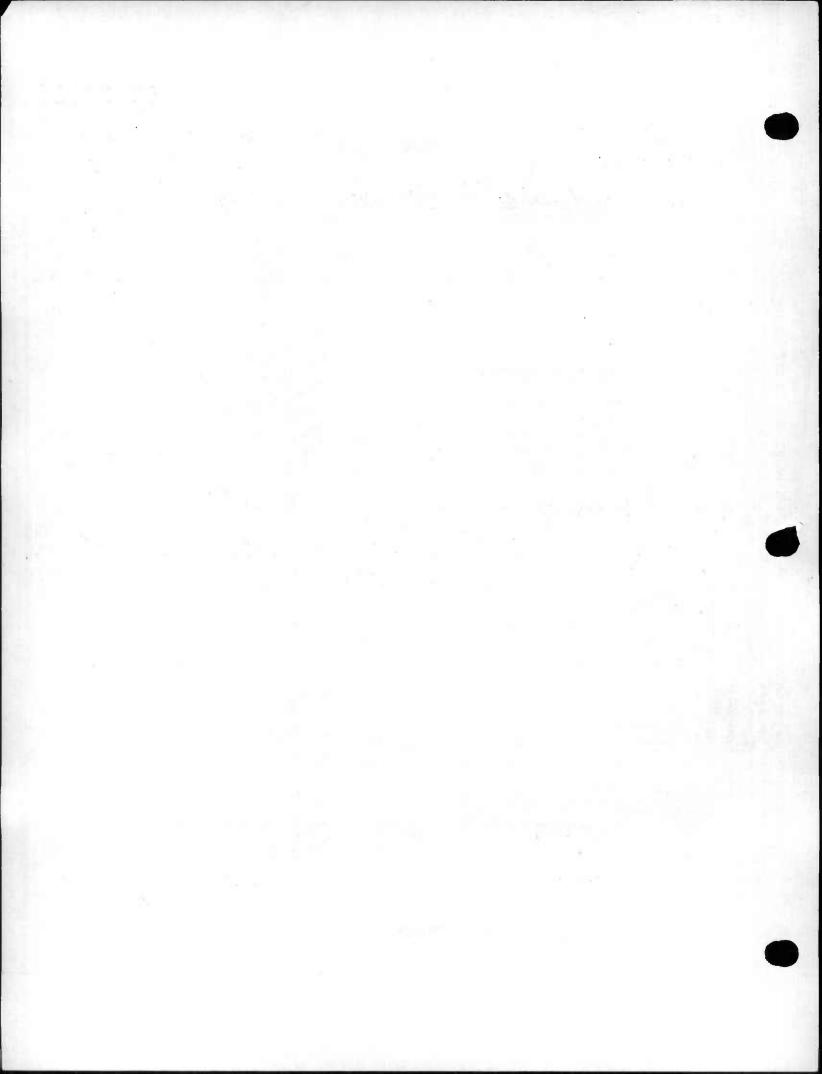


BALTIMORE, MARYLAND 21203-3146	nours after death. Page 6 may be retained by the hospital or attending physician.	certificate has been at the fire attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should not be state December 1, 2, 3 should not be state December 1, 2, 3 should not be state December 1, 3, 3 should not be state December 1, 3, 3 should not be state December 1, 3, 3, 3, 3, 3, 3, 3, 3, 3, 3, 3, 3, 3,	s medical examiner must be notified at once.	
DIVISION OF VITAL BECORDS, P.O. BOX 13146,	TO THE MOSPITAL DR ATTENDING PHYSICIAN: The information in a standard physician. The information of the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been as a fine all noting physician and completely filled in by the filed within 72 hours after death with the State Dear or Health and Marine Hydrene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 there my injury, or other traumatic event, the medical examiner must be notified at once.	

. DECEDENT'S NAME (First, A	Modella 1			CERTIF	ICATE	OF DE	АПП	2 5470	REG. NO			3. TIME OF	DEATH
LAWRENCE	Widdle, Lest)			D(OUSE,	C P		12	03	AY O	YEAR	11:30	
SOCIAL SECURITY NUMBER		5. SEX	8 AGE (In ura	. last birthday)	IF UNDER 1 YE		DER 24 HRS.	-	OF BIRTH	Ť		HPLACE (Stat	
241-32-855		1 🕁 M 2 🗌 F	63	YRS.	-	AVE HOUR		(Month	, Day, Year)	_	Count	(ערו	
a. FACILITY NAME (If not Inst		Λ	0.5		9b. CITY. TO	WN OR LOCA	ATION OF D		1-192	9c. COUN		eth C	aro
NORTH ARUNDI	EL HOS		SSOCIAT	TION		N BURI						COUN	ГҮ
RESIDENCE OF DECE	10b. COUNT	Y		10c. CIT	Y, TOWN OR L	OCATION			-			10d. INSID	E CITY S?
Maryland	Anne	e Arund	e 1		Pasad	en a						1 TYES	2 NO
0e. STREET AND NUMBER						10f. ZIP CI	DOE			10g. CITIZ	ZEN OF	WHAT COUN	TRY?
	13th.	Street				2	21122	2			U.S		
1. MARITAL STATUS	Access A	12. WAS DECEDEN	TEVER IN U.S.	NO NO		B DECENDEN			? (Specify Yes	n or No—	14. RAC Blac	E — America k, White, aid	n Indien,
Never Married 2 3 M Widowed 4 □ Divorce		IF YES, GIVE Y	MAR OR DATES			YES 2 1				- 1	Spec		
15 DECE	DENT'S EDU		2	DECEDENTS	USUAL OCCU	IDATION		105	KIND OF BU	CINECCIND	HETEV	Wh	ite
(Specify only	highest grade	completed)		(Give kind of	work done durir se retired.)	ing most of wo	orking	100	. KIND OF BU	SINESSAIND	USINI		
Elementary/Secondery (0-1		College (1-4 or 5							Unio	n Lo	ca1	#24	
7th, grade			<u>F</u>	electi	rician		OTHER!O N	AME (First)	Viddle, Maiden			.,	_
George	rure, Last)	Ε.	Rouse	,		10. 10	OTHER S N		lara	P		Be1c	h a m
9a. INFORMANT'S NAME (Tyr	no/Driet)	ь.	Nouse		ADDRESS (S	book and Alum	has as Over					ретс	ner
									110			0.1	100
Irs. R.Wiln		ouse		723		th. S			Pasa				122
ton. METHOD OF DISPOSITION IN Burial 2 Cremetion	3 🗆 Rem	noval from Stata	oth	er place)	SITION (Name					CATION —			
Donation 5 Other (Mea	adowr	idge 1				C E E I	krid	ge,	Mar	ylar
/1					22. NAI	ME AND ADD	RESS OF F	ACILITY	3204	Moun	tai	n Ro	h e
IMMEDIATE CAUSE (Fine	art fallure.	comolications the			Мс	Cul1	y Fı	ıner	3204 al Ho diec or reap	me	Pas	aden	
shock, of he iMMEDIATE CAUSE (Final disease or condition resulting in dasth) Sequentially list condition if any, leading to immedicause. Enter UNDERLYIN CAUSE (Disease or injurithat initiated events	ons, lieta	a. DUE TO	use on each	NSEQUENCE C	Mc not anter the	Cul1	y Fı	ıner	al Ho	me	Pas	aden	a , M c roximeta rval Betv
shock, of he iMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list condition if any, leading to immediate. Enter UNDERLYIN CAUSE (Disease or injurthat initiated events resulting in death) LAST	ons, lieta	b. DUE TO d. DUE TO	O (OR AS A COL	NSEQUENCE O	M C not anter the	Cull	y Fi	uner:	al Ho	me	Pas	aden App Inte One	a , M c roximeta rval Betv et and D
shock, of he iMMEDIATE CAUSE (Final disease or condition resulting in dasth) Sequentially list condition if any, leading to immedicause. Enter UNDERLYIN CAUSE (Disease or injurithat initiated events	ons, lieta	b. DUE TO d. DUE TO	O (OR AS A COL	NSEQUENCE O	M C not anter the	Cull	y Fi	uner:	24e. WAS AI PERFO	M E Interval of the second of	Pas	a d e n Appinte One	a, Mc roximeta rval Betv et and D OPSY FIND FRIOR TO ON OF CA
shock, of he iMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list condition if any, leading to immediate. Enter UNDERLYIN CAUSE (Disease or injurthat initiated events resulting in death) LAST	ons, lieta	b. DUE TO d. DUE TO	O (OR AS A COL	NSEQUENCE O	M C not anter the	Cull	y Fi	uner:	24e. WAS AF	M E Interval of the second of	Pas	a d e n Applinte One	a, Mc roximeta rval Betv et and D OPSY FIND PRIOR TO ON OF CAU ?
shock, of he immediates or condition resulting in death) Sequentially list condition if any, leading to immediates. Enter UNDERLYIN CAUSE (Disease or injurthet initiated events resulting in death) LAST	ert fallure. al bons, lieta NG y nt condition	b. DUE TO d. DUE TO	O (OR AS A COL	NSEQUENCE O	M C not anter the	Cull	dying, su	n Part I.	24a. WAS AI PERFO	M E Interval of the second of	Pas	a d e n Appinte One b. WERE AUT AMALABLE COMPLETO OF DEATH	a, Mc roximeta rval Betv et and D OPSY FIND PRIOR TO ON OF CAU ?
ahock, of he immediates or condition resulting in death) Sequentially list condition from it any, leading to immediates. Enter UNDERLYIN CAUSE (Disease or Injurthat Initiated events reaulting in death) LAST PART II. Other algnificar	ert fallure. al bons, lieta NG y nt condition	DUE TO DUE TO DUE TO DUE TO DUE TO HOSPITAL:	O (OR AS A COI O (OR AS A COI O (OR AS A COI O (OR AS A COI	NSEQUENCE O	M C not anter the	Cullie mode of	dying, su	n Part i.	24a. WAS AI PERFO	M E Interval of the second of	Pas	a d e n Appinte One b. WERE AUT AMALABLE COMPLETO OF DEATH	a, Mc roximeta rval Betv et and D OPSY FIND PRIOR TO ON OF CAU ?
shock, of he immediates or condition resulting in death) Sequentially list condition if any, leading to immediates. Enter UNDERLYIN CAUSE (Disease or injurther initiated events resulting in death) LAST	ert fallure. al bons, lieta NG y nt condition	b. DUE TO C. DUE TO d	O (OR AS A COI O (OR	NSEQUENCE O	M C not anter the	Cullie mode of	dying, su G S C S C S C S C S C S C S C S C S C S	n Part I.	24a. WAS AI PERFO	M e Iretory arr N AUTOPSY RMED7 2 NO	Pas	a d e n Appinte One b. WERE AUT AMALABLE COMPLETO OF DEATH	a, Mc roximeta rval Betv et and D OPSY FIND PRIOR TO ON OF CAU ?
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COMPLETED BY PHYSICIAN LEW	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	HOSPITAL: 1 Inpettent 2 ER/Or 28e. DATE OF INJUR (Month, Day, Year 28e. PLACE OF INJUR building, etc. (S)	Y 28b. Till IN	OTHER: 4 Nursing Ho ME OF 28c. II JURY M 1 street, factory, of		6 Other (Specify) 26d. DESCRIBE NO 28f. LOCATION (Street, Street, Stre	et end Number o	or Rural Route Number,
ВУ	EXAMINER? 1 YES 2 NO 27. MANNER OF DEATN 1 Natural 5 Pending Investigation	1 Inpatient 2 ER/Ot 28e. DATE OF INJUR (Month, Day, Year) 28e. PLACE OF INJUR	Y 28b. Ti	OTHER: 4 Nursing Ho ME OF 28c. II JURY 1	ome 5 Residence NJURY AT VORK? YES 2 NO	6 Other (Specify) 26d. DESCRIBE NO		
HYSICIAN MED	EXAMINER? 1 YES 2 NO	1 Inpatient 2 ER/O	Y 28b. TI	OTHER: 4 Nursing Ho	ome 5 - Residence	6 Other (Specify)	W INJURY OCCU	URED
CLAN MED	EXAMINER?		atanilla de la	OTHER:	and the second		121	
N. Mero						and and and		
温								T TES 2
PAGE 1	-					1 YES	2 NO	OF DEATH?
AL CE	PART II. Other significant condition	s contributing to death	but not reculting	in the underlyi	ng ceuse given in		AN AUTOPSY FORMED?	24b. WERE AUTOPS'
CERTIFICATION	that inhilated events resulting in death) LAST	d						<u> </u>
FICAT	CAUSE (Disease or Injury	CDUE TO (OP AS	A CONSEQUENCE (OFI:				
NO	Sequentielly liet conditions, if any, leeding to immediate	b. DUE TO (OR AS	A CONSEQUENCE	1745) OF):	1756)		
	resulting in death)		A CONSEQUENCE	OF):		-	7	
	IMMEDIATE CAUSE (Finel disease or condition			114	PS	MINA	C11	Onset a
	23. PART I. Enter the diseases, or cahock, or heart failure.	complications that caus List only ons cause on	ed tha death. Do					
	► blade	War and		WM.C	. MARCH	F.H. 11	.01 E.	NORTH A
	4 Donetion 5 Other (Specify) 21, SIGNATURE OF FUNERAL SERVICE LIC		MF21F		R CEMETI		ATONSV	ILLE, MC
	20g, METHOD OF DISPOSITION 1 \(\times \) Buriel 2 \(\times \) Cremation 3 \(\times \) Rem	oval from State	0b. PLACE OF DISPO	SITION (Name of c	emetery, crematory or	20c.		ity or Town, State
10	SUSAN PERRIN		2214	A I K E N	ST B	Route Number, City or T	own, State, Zip C	21218
BE C	UNKNOWN				MAF	RY HILL		
COMPL	7 th 17. FATHER'S NAME (First, Middle, Last)		DISAB	LEU	18. MOTNER'S NA	ME (First, Middle, Meld	len Surneme)	
LETED	(Specify only highest grade Elementery/Secondery (0-12)	completed) College (1-4 or 5+)	(Give kind of	work done during name retired.)	nost of working	IOU. KIND OF	Joint So/INUU	Ø101
D BY	3 Widowed 4 Divorced 15. DECEDENT'S EDUI		16e. DECEDENT'S	USUAL OCCUPAT	ION		BUSINESS/INDU	BLAC
	11. MARITAL STATUS 1 Never Married 2/ Merried	12. WAS DECEDENT EVER FORCES? 1 YES	IN U.S. ARMED S 2 NO DATES	If yes, s	CENDENT OF NISPAP specify Cuban, Mexico S 2 X NO Specify	n, Puerto Ricen, etc.)	Yes or No 1	14. RACE — American in Black, White, etc. Specify:
FUNERAL	1927 PATTERS				21213			USA
	MD 100. STREET AND NUMBER		BA		E, CITY		10g. CITIZE	1 YES 2
DIRECTOR	10e. STATE 10b. COUNTY			TY, TOWN OR LOC				10d. INSIDE C
TOR	Delain Convales	100	1-21206	KAL	timire	City		
	90. ACILITY NAME (If job institution, give si	1 XM 2 F 6	YRS.		OR LOCATION OF DE	5-20		V OF DEATH
	4. SOCIAL SECURITY NUMBER		(In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH		B. BIRTNPLACE (State or Country)
	1. DECEDENT'S NAME (First, Middle Last)		R	binia	an/	2. DATE OF DEATH	DAY O	YEAR S. TIME OF DE



BALTIMORE, MARYLAND 21203-3146

Pages 1, 2, 3 should

29e. CERTIFIER

31. DATE FILED (Month, Day, Year)

1990

BE 9

TO B	COMPLETED BY PHYSICIAN; MEDICAL CERTIFICATION
examiner must be notified	ANT: If item 28 is marked, or item 23 sports any injury, or other traumatic event, the medical examiner must be notified
ne runeral director, page o snould al.	UNERAL DIRECTOR ATTENTIAL THE TIME CONTINUE TO BE A STOCKED BY STOCKED AND COMPRESS. THE DIRECTOR, PAGE 3 STOCKED ATTENTIAL STOCKED AND THE TIME OF THE STOCKED AND THE ST
r death. Page 6 may be retained	IOSPITAL, OR ATTENDING PHYSICIAN OF PROCESS HAVE IN COUNTING THE BEOCKING WITHIN 24 hours after death. Page 6 may be retained

90 33086 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO 1 DECEDENT'S NAME (First Middle Last) 2. DATE OF DEATH 3. TIME OF DEATH 12 MARIE ROSENBLATT 1990 5 A M 4. SOCIAL SECURITY NUMBER 8. SEX 6. AGE (In vrs. lest birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7 DATE OF BIRTH 8. BIRTHPLACE (State or Foreign th, Day (bar) 219-30-5483 1 - M 2 X F 97 MONTHS DAYE HOURS MIN. 1893 VDC Russia 9a. FACILITY NAME (If not institution, give atreet and number) 95 CITY TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Jewish Convelescent Home Pikesville Baltimore RESIDENCE OF DECEDENT 10h COUNTY 10c. CITY, TOWN OR LOCATION 10d, INSIDE CITY 10e. STATE 1 YES 2 NO Maryland Baltimore Pikesville FUNERAL 10s. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 7920 Scotts Level Road 21208 USA 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, atc. If yes, specify Cuben, Mexicen, Puerto Rican, atc.)

1 ☐ YES 2 ☒ NO Specify: 1 Never Merried 2 Merried Specify: White IF YES, GIVE WAR OR DATES BY 3 🔀 Widowed 4 🗌 Divorced ED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16s. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working 16b. KIND OF BUSINESS/INDUSTRY (Give kind of work done life. Do NOT use retired.) ET Elementary/Secondary (0-12) College (1-4 or 5+) Housewife Domestic COMPL 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Jacob Kagan Bertha Gordon BE 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 James Z. Ross 6810 Westbrook Rd. Balt., MD 21215 20s. METHOD OF DISPOSITION

1 🔀 Burtal 2 🗆 Cremation 3 🗆 Removal from State 20b. PLACE OF DISPOSITION (Name of cametery, crematory or other place) 20c. LOCATION — City or Town, State 4 Donation 5 Other (Specify) Hebrew Cemetery
22. NAME AND ADDRESS OF FACILITY South Hill York. 21. SIGNATURE OF FUNERAL SERVICE LICENSEE Hebrew Memorial Funeral Home, Inc. michael 1100 Reisterstown Rd., Pikesville, 23. PART I. Enter the diseases, or complications that caused the desth. Do not enter the mode of dying, such as cerdisc or respiratory arrest, Approximate shock, or heert fallure. List only one ceuse on each line. Interval Between Onset and Death **IMMEDIATE CAUSE (Final** disease or condition_ reaulting in death) CERTIFICATION Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disesse or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS MEDICAL PERFORMED? AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 ☐ YES 2 ☐ NO 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 25 PLACE OF DEATH (Check only one) HOSPITAL:
1 | Inpatient 2 | ER/Outpatient 3 | DOA OTHER:
4 Nursing Home 5 Residence 6 Other (Specify) 1 YES 2 -NO 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 28c. INJURY AT WORK? 26d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending investigati 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 6 Could not be 4 Homicide

> 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, end due to the cause(s) end manner as stated. MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, dete and place, end due to the cause(s) end manner as stated

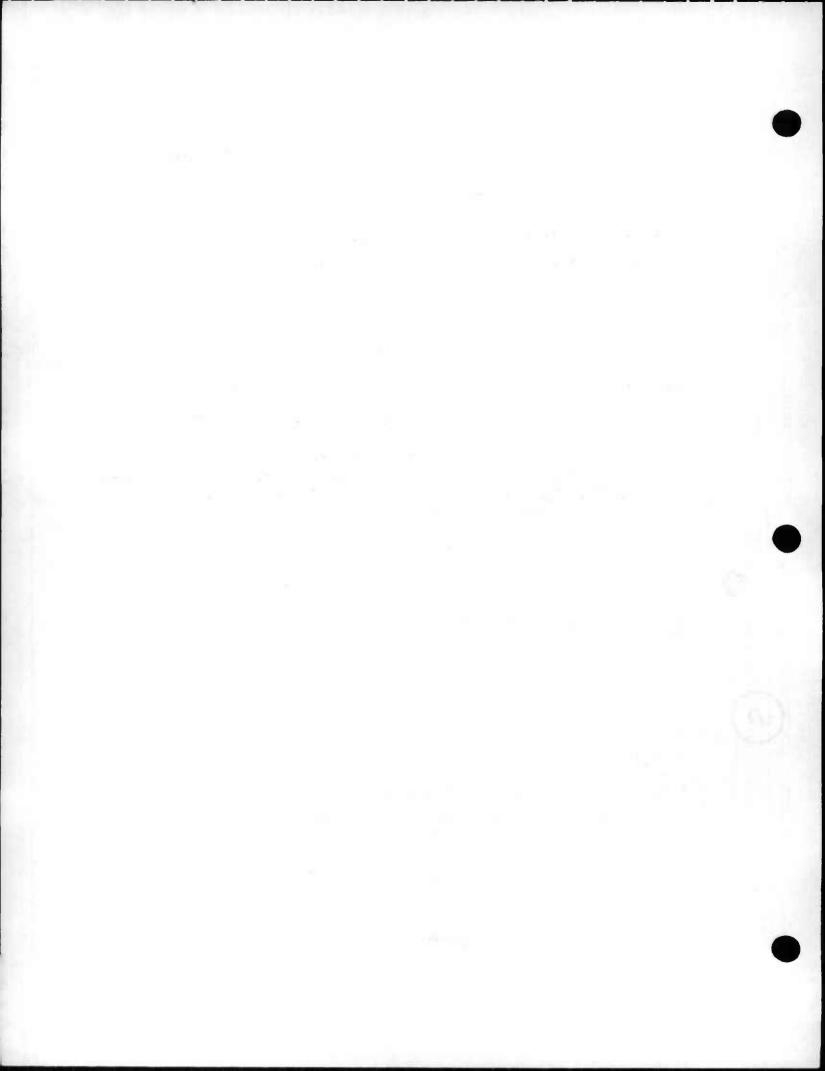
> > 29c. LIGENSE NUMBER 29d. DATE SIGNED (Month, Day, Year)

OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) UN

OF CERTIFIER

32. REGISTRAR'S SIGNATURE

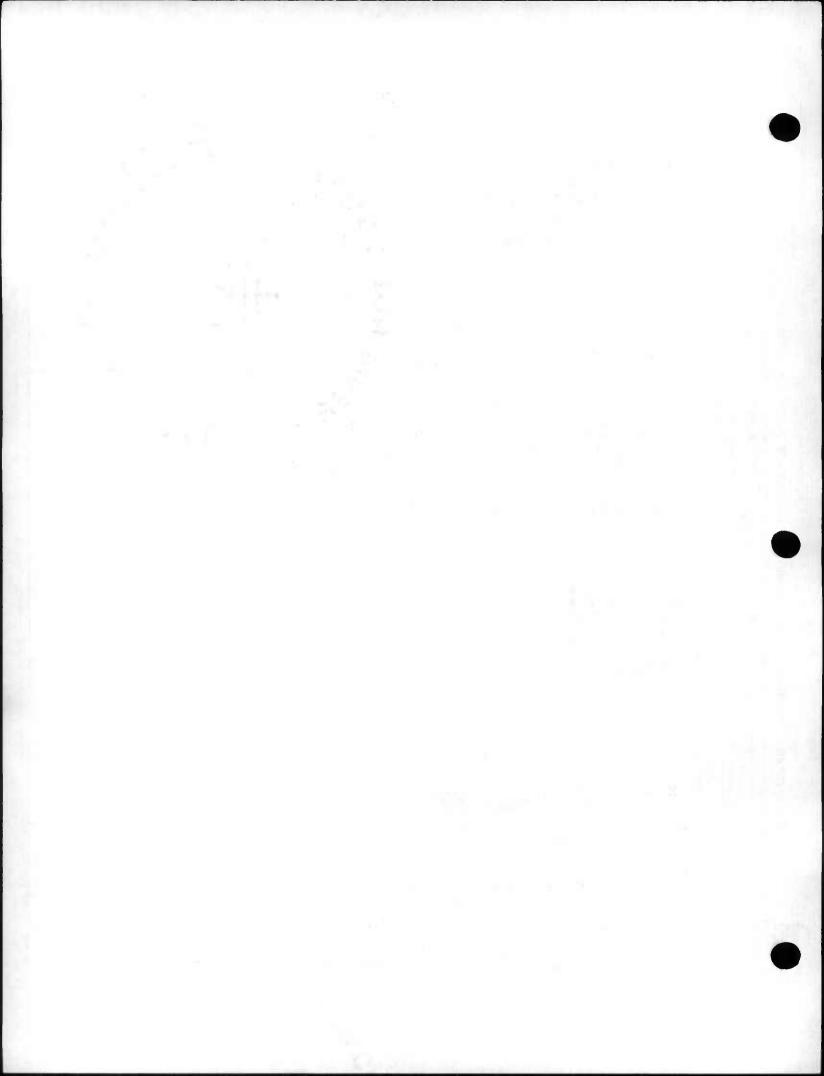
in Navidson-Randall



553		TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within wours after death. Page 6 may be retained by the 1	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	the same of the sa
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2ours after death. Page 6 may be retained by the hospit TO THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached be filled within 72 hours after death with the State Dept. of Health and Mental Hydiene prior to burial, cremation, or removal.		y the hospit	oe detached		And a second
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THE HOSPITAL DR ATTENDING PHYSICIAN: THE FUNERAL DIRECTOR: After this certificate filed within 72 hours after death with the Stat		he law requ	has been	e Dept. of h	
THE HOSPITAL DR ATTENDING PT THE FUNERAL DIRECTOR: After th filled within 72 hours after death v		HYSICIAN: T	nis certificate	vith the Stat	
THE HOSPITAL DR AT THE FUNERAL DIRECT filed within 72 hours		TENDING PI	TOR: After th	ofter death w	
THE HOSPI THE FUNEI filed within		ITAL DR AT	RAL DIRECT	72 hours a	
		THE HOSPI	THE FUNE	filed within	

1. DECEDENT'S NAME (F	irst, Middle, Last)			CERTIF			2. DATE O	REG. NO.			3. TIME OF DEATH	
THOMAS		Freder	ick	R	ICTOR	Sr.	MONTH 1 1	30		YEAR	4.16	м
4. SOCIAL SECURITY NU	IMBER	5. SEX	6. AGE (In)	rs. lest birthday)	IF UNDER 1 YEAR	7	7. DATE O	C BIDTH			LACE (State or Fon	
215-30-	-1429	1 XM 2 🗆 F		56 YRS.	MONTHS DAYS	HOURS MIN.	Nov	.6,19	934	Mar	yland	
9a. FACILITY NAME (# no	ot Institution, give :	street and number)			96. CITY, TOWN	OR LOCATION OF D				NTY OF DE	ATH	
Francis		Key Hosp	ital_		Ва	altimore						
10a. STATE	10b. COUNT	Υ		10c. CF	TY, TOWN OR LOC						10d. INSIDE CITY	
Md.		Baltim	ore		Mi	ddle Ri	ver				1 YES 2X	0
10e. STREET AND NUMB	Elika				1	IOI, ZIP CODE			10g. CITI	ZEN OF WI	HAT COUNTRY?	
23 MacD:	ill R	oad				21220	100			US	SA	
11. MARITAL STATUS		12. WAS DECEDED				ECENDENT OF HISPA specify Cuban, Mexic			or No-	14. RACE Black,	- American India White, etc.	l _y
1 Never Merried 2 3 Wildowed 4 💢 0		IF YES, GIVE				ES 2 NO Speci		,		Specify		
	ECEDENT'S EDL	ICATION	1	6. DECEDENTS	USUAL OCCUPAT	TION	185	KIND OF BUS	SINESS/IND	NISTRY	White	
(Specify	only highest grade	e completed)		(Give kind of life. Do NOT u	work done during r	most of working	100.	KIND OF BO.	311163371110	Josimi		
Elementary/Secondar	y (0-12)	College (1-4 or 5	*)	Machi	nist							
17. FATHER'S NAME (First	t, Middle, Last)				7.00	16. MOTHER'S N	AME (First, M	liddle, Maiden	Surname)			
Thomas	Rict	or				Mi	ldre	d Lu	tz			
19a. INFORMANT'S NAM	E (Type/Print)					t and Number or Rural						
Betty 2	Zentz			23 M	MacDill	Road B	alti	more	Mar	ylan	nd 2122	0
20a. METHOD OF DISPO 1 DXBurlel 2 □ Crem		novel from State	20b. P	LACE OF DISPO	SITION (Name of o	pemetery, cremetory or			CATION -			
4 Donation 5 0		HOVER HOILI STEELE		Morela	nd Mem	orial		1	Balt	imor	e MAr	vla
												4
21. SIGNATURE OF FUNI	PRAL SERVICE LI	ICENSEE	11	1.	22. NAME	AND ADDRESS OF F						
23. PART I. Enter the	Un F	Uncerce complications th	11 at caused t	lowe ha death. Do) Conn	and adoress of FallyFun	eral	Home	300	MAce	Approxima	22]
23. PART I. Enter the	diseases, pr	unela	11 at caused t	lowe ha death. Do) Conn	and adoress of FallyFun	eral	Home	300	MAce	Ave.21	22]
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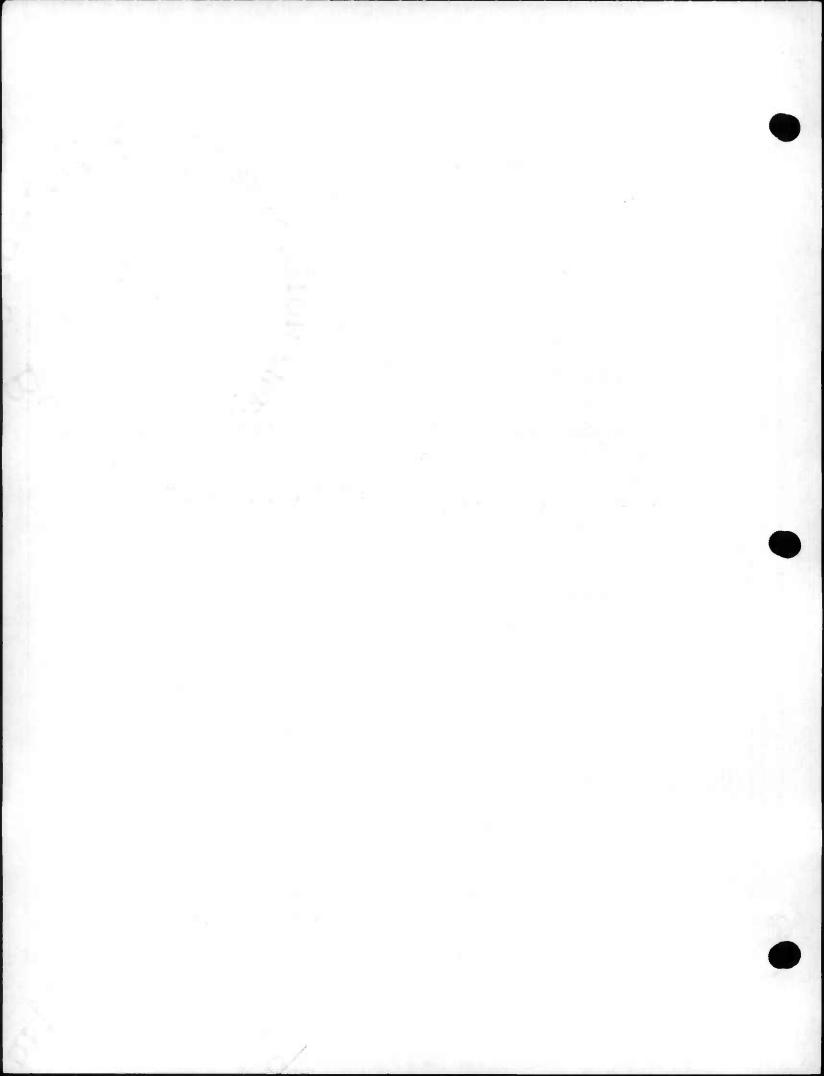
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- 1	1, DECEDENT'S NAME (First, TERRY LEE R									DEC.	3, 1	990	YEAR	3. TIME OF OEATH 8:03 A.M. M
	4. SOCIAL SECURITY NUMB		5. SEX	6. AGE (In yrs.	lest birthday)	IF UNDER 1 Y	/EAR	IF UNDER 24 H	\rightarrow	7. DATE O	F BIRTH	1	8. BIRTH	PLACE (State or Foreign
	212-44-7977		1 🛛 M 2 🗆 F	45	YRS.	MONTHS D	DAYS	HOURS M	IN.	MAY	24, 1	945	NEI	W JERSEY
	90. FACILITY NAME (If not in		treet and number)			96. CITY, TO	OWN O	R LOCATION				_	NTY OF O	
5	GOOD SAMAR					BA	LT:	IMORE				_		- 70
DIRECTOR	10a. STATE	10b. COUNT	Y		10c. CITY	, TOWN OR	LOCAT	ION	_					10d. INSIDE CITY
	MARYLAND					BALTI	[MO]	RE						LIMITS?
FUNERAL	10e. STREET AND NUMBER						101.	ZIP CODE				10g, CITI	ZEN OF V	VHAT COUNTRY?
	4500 WEITZE	L AVE				_		2121				- 1	S.	Α.
à l	11. MARITAL STATUS 1 Never Merried 2 XX 3 Widowed 4 Olvo		12. WAS DECEDEN FORCES? 1 IF YES, GIVE Y	NT EVER IN U.S. I YES 25		H y	res, spe	ENDENT OF H scify Cubers, M 2XXXNO		, Puerto Ri		s or No		WHITE
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COMPLET	Elementary/Secondary (0 NA	-12)	College (1-4 or 5 NA	+)	Ille. Do NOT us	e rettred.) IINIST			ď,		SPIC	E CON	1PANY	Z -
D H	17. FATHER'S NAME (First, M. DONALD REN	Chi. L. Ca.						18. MOTHER EV			iddle, Meiden LLIAM			
2	SHIRLEY RE		(WIFE)		196. MAJLING 4500 W			AVENUE						L4
	20e, METHOD OF DISPOSITI	n 3 🗌 Rem	noval from State		ETRO C				ry or			BALT		evrn, State
	21. SIGNATURE OF FUNERA	L SERVICE LI	CENSER	Qe.	0	SCH	IIM	JNEK F	UNE	RAL	HOMES	, INC	C. MD	21213
	23. PART I. Enter the d shock, or h IMMEDIATE CAUSE (Fir disease or condition resulting in death)	eart fallure.	List Drily Drie ca		line. Acres	4	he mo	de of dying	, such	aa cardi	ac or resp	iretory ar	rest,	Approximate Interval Between Onset and Death
z	Sequentially list condit			O TO NO			ock .	_						
CATIO	if any, leading to imme cause. Enter UNDERLY CAUSE (Disease or Inju	diate ING	c	Dicheter	i Me	lins								
CERTIFICATION	that initiated events resulting in death) LAS		d.	Chunic			e							
MEDICAL	PART II. Other algnifica	ent condition	na contributing to	o death but n	ot resulting	in the und	eriyin	g cause give	en in i	Part I.	24s. WAS AI PERFO 1 YES	RMED?	241	NOWERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
AN	25. WAS CASE REFERRED T	O MEDICAL					26. Pt	LACE OF DEAT	ΓΗ (Che	ck only one	9)			
2	EXAMINER?		HOSPITAL:	☐ ER/Outpatien	1 3 DOA	OTHER:		ne 5 🗆 Resid	lence	6 Other	(Specify)			
2			28a. DATE O	F INJURY Day, Year)	28b. TIM	IE OF 2	WC	JURY AT ORK?		28d. DE\$	CRIBE HOW	INJURY O	CURED	
- 1	27. MANNER OF CEATH 1 Netural 5 2 Accident	Pending Investigation				М		YES 2 N	10					
ED BY	1 Neturel 5 🗆 2 🗀 Accident		28e. PLACE	OF INJURY — A J, etc. (Specify)	t home, farm,	street, factor			10		ATION (Street or Town, State		or Runal	Route Number,
ED BY	1 Netural 5 2 Accident 3 Suicide 6 4 Homicide 29a. CENTIFIER (Check only 1 CENTIFIER)	Could not be determined	28e. PLACE building	g, etc. (Specify) of my knowledge	, death occurr	ed at the tim	ry, offic	e and place, er	nd due	to the cau	se(s) and m	anner as at	nted.	Floure Number,
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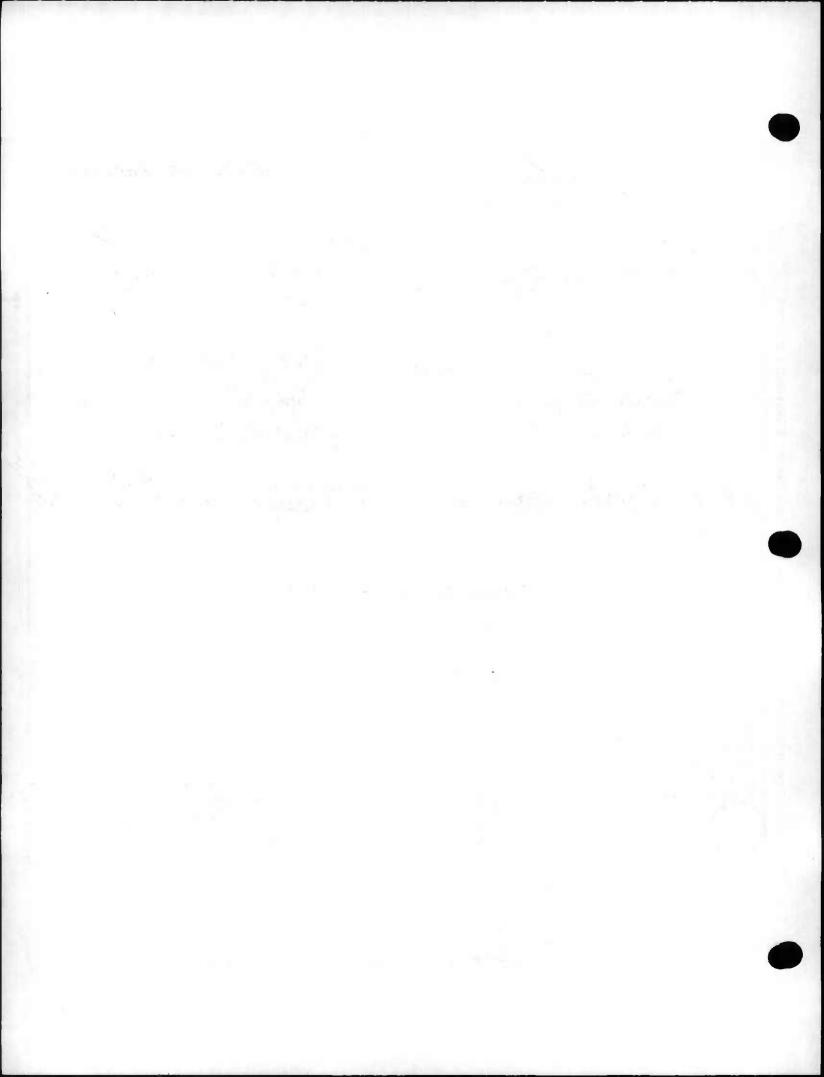
STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

DHMH-16 Rev 1/89



TO THE HOSPITAL MENDING PHYSICIAN: The law requires that the death certificate be executed within an after death. Page 6 mm. TO THE HUNGHOUSE THE CONTROL OF	E	E	tor,
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TO THE HOSPITAL GHECTORY OF	OF VITAL RECORDS, P.O. BOX 13146,	PHYSICIAN: The law requires that the death certificate be executed within 2.7	mis certificate has been signed by the attending physician and completely fill
	NOISIAIG	TO THE HOSPITAL MANAGADING	TO THE PUNER CORPUTDREMEN

1	1. DECEDENT'S NAME (First, Middle, Last	1)	CERTIFICAT		_ = = 1111	2. OATE OF	DEATH DAY	YEA	3. TIME OF OE	ATN
	MILTON	В	T	PLEY		12	1	90	8:43	P
	4. SOCIAL SECURITY NUMBER	1.01.0- 1.1	yrs. last birthday) IF UNI YRS.	DER 1 YEAR B DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF (Month, D		a 8	HTNPLACE (State or	Foreign
	9s. FACILITY NAME (If not institution, give	41		ITY, TOWN O	R LOCATION OF DI	SATIN	190	COUNTY O	H/CO//MQ FOEATN	•
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ECTO	RESIDENCE OF DECEDENT		10c. CLTX, TOW			4			10d, INSIDE CIT	ΓY
E	MAENLAND		Balt	-; MOA	CE				1 YES 2	NO
A	10e. STREET AND NUMBER	11			ZIP CODE	1	10	g. CITIZEN D	F WHAT COUNTRY	,
FUNERAL	18/0) MCC11101	120,			2/2/7			U,	5	41
	11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT EVER IN I FORCES? 1 YES IF YES, GIVE WAR OR DAT	2 1ND	If yes, spe	ENDENT OF HISPAI celfy Cuban, Mexico 2 1 HO Specifi	n, Puarto Rici		8	ACE — American In Hack, White, etc.	V dian,
B	3 Widowed 4 Divorced	11 120, 0100 1211 011 011		1 () 163	Z [] JIO Opecin	<u></u>			ZIACI	1
ETED	15. DECEDENT'S ED (Specify only highest grad	de completed)	16a. OECEDENT'S USUAL (Give kind of work do life. Do NOT use retire	ne during mo:		16b, Ki	ND OF BUSINE	SS/INDUSTR	Y	
7	Elamentary/Secondary (0-12)	College (1-4 or 5+)	Shippin	10 0	HERK	1 /	AREY.	1045	E	
COMPL	17. FATHER'S NAME (First, Middle, Last)	1,		7	18. MOTHER'S NA	ME (Frist, Mg)	Bin, Afantism Syrr	namy)		
BE	Milton Shi	pley			MAK	1 01	upie	У		
2	19a. INFORMANT'S NAME (Typo/Priet)	plev	2015 I	Sylvenia in	North De	IVA	Ant	DIN. ZID COON D		
	20a. METHOD OF DISPOSITION		PLACE OF DISPOSITION	(Name of	setary, crematory or	uc,	26E LOCATI	ION City o	or Town, State	
	1 Burial 2 Cremation 3 Re 4 Donation 5 Other (Specify)	emoval from Stata	other place)						10	Se
	21. SIGNATURE OF FUNERAL LERWICE I	LICENSEE		22 NAME AN	ADDRESS OF F	more	, over	nation	Ventol	m
	amtria	Lalmore		917-	MCKEAK	I AVE.	Da	eto.	md2	1.51
	ahock, or heart fellure IMMEDIATE CAUSE (Final disease or condition	e. List only one couse on each		ter the mo	de of dying, suc	h ee cerdia	c or reapirate	ory erreat,	Approxi Interval Onset a	Betw
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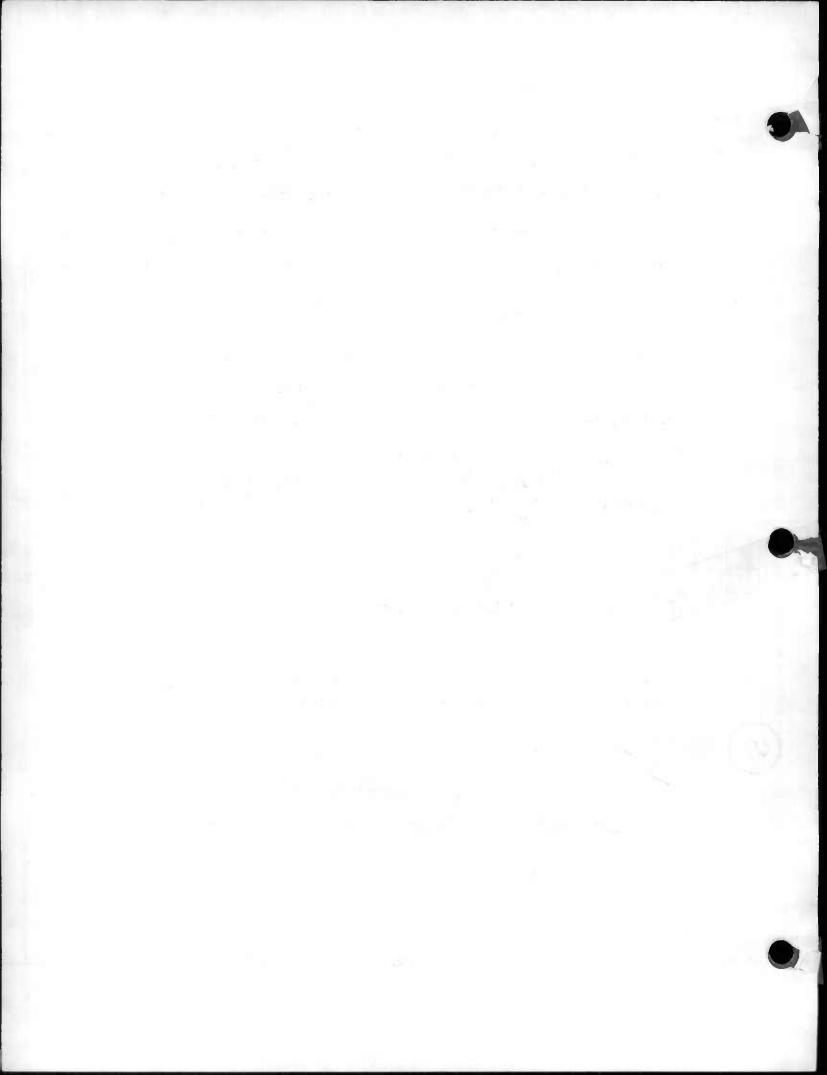


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RECORDS, P.O	mquires that the death ce	of Health and Mental Hyd	
DIVISION OF THE RECORDS, P.O.	LATTENDING PHISION THE SA	TO THE FUNERAL DIRECTOR And recovered to the stending within 22 house the stending to the sten	
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	REGISTRAR		CERTIFIC	CATE OF	DEATH	REG. NO		
	1. DECEPENT'S NAME (First, Middle, Last) Charles	н.		Schmitz		11 2		5 - P
	4. SOCIAL SECURITY NUMBER 219 16 4152	1 M 2 □ F	70 YRS.	F UNDER 1 YEAR ONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Ybar) Jan. 22,	1920 °	MRTHPLACE (State or Foreign country) Maryland
TOR	90. FACILITY NAME (If not institution, give si Anne Arundel Med				Annapolis		Anne	Arundel
DIRECTOR	100. STATE 10b. COUNTY Maryland Ans	ne Arundel	10c. CITY,	TOWN OR LOCAT	Millersv	illo		10d. INSIDE CITY LIMITS?
. 1	10e. STREET AND NUMBER	- Alunder			. ZIP CODE	1116	10g. CITIZEN	1 ☐ YES 2 💢 NO OF WHAT COUNTRY?
FUNERAL	208 Obrecht Rd.				2110			ed States
BY	11. MARITAL STATUS 1 Never Merried 2 X Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 TY YES IF YES, GIVE WAR OR OF WORLD WAT	2 NO	If yes, sp		NIC ORIGIN? (Specify Ye on, Puerto Rican, etc.) y:		RACE — American Indian, Black, White, etc. Specify: White
TED	15. DECEDENT'S EDUI (Specify only highest grade	completed)	16a. DECEDENT'S U (Give kind of wo life. Do NOT use	rk done during mo	ON set of working	16b. KIND OF BU	SINESS/INDUSTI	RY
COMPLET	Elementary/Secondary (0-12)	College (1-4 or 5+)	Shipf			U. S.	Coast G	uard
ш	17. FATHER'S NAME (First, Middle, Last) Lawrence	Sch	mitz		18. MOTHER'S NA Mari	ME (First, Middle, Meiden e	Surname)	
TO B	190. INFORMANT'S NAME (Type/Print) Marie L. Schmitz					Route Number, City or Tov illersvill		21108
	20a, METHOD OF DISPOSITION 1 X Burlal 2 Cremation 3 Rem 4 Denotion 5 Query (Specify)	oval from State	place of disposition other place) Cedar Hill		Service of the service of		Baltimo	11.00
	21. SIGNATURE OF FUNERAL SERVICE EX	Dinish		McCu		ситу ral Home o Rd., Pasa		
CERTIFICATION	IMMEDIATE CAUSE (Final disease or condition reaulting in death)	a. CARDIAC OUE TO (OR AS A DUE TO (OR AS A PEMPHE	APPLES CONSEQUENCE OF CONSEQUENCE OF	WEL 30cm				Interval Betwe
MEDICAL	PART II. Other algorificant condition ATMENOS MEM CORNOLL 055		DUASCULA	R DE	EMSE	Part I. 24a. WAS AI PERFO	RMED?	24b. WERE AUTOPSY FINDIN AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
SICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 RO	HOSPITAL:		OTHER:	LACE OF DEATH (CI			
PHYSICIAN:	27. MANNER OF DEATH 1 Natural 5 Pending	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME	OF 28c. IN	JURY AT ORK? YES 2 NO	8 Other (Specify) 28d. DE\$CRIBE HOW	INJURY OCCURE	EO
rED BY	2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, etc. (Spec	— At home, farm, st			28f. LOCATION (Street City or Town, Stets		tural Route Number,
COMPLE	cont only	CIAN: To the best of my know						euse(e) end manner as stated
TO BE CO		Fu, no			29c. LICENSE NU D 322			GNED (Month, Day, Year)
_		ETER, MO		Print)				
	31. DATE FILED (Morith, Day, Year)	32. REGISTRAR'S SIGN						
	DEO 4 1000	Julia Davidson	- Gandelle					DHMH-18 Rev

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE



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DIVISION OF VITAL RECORDS, P.O. BOX 13146,	2
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	SEPTAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within

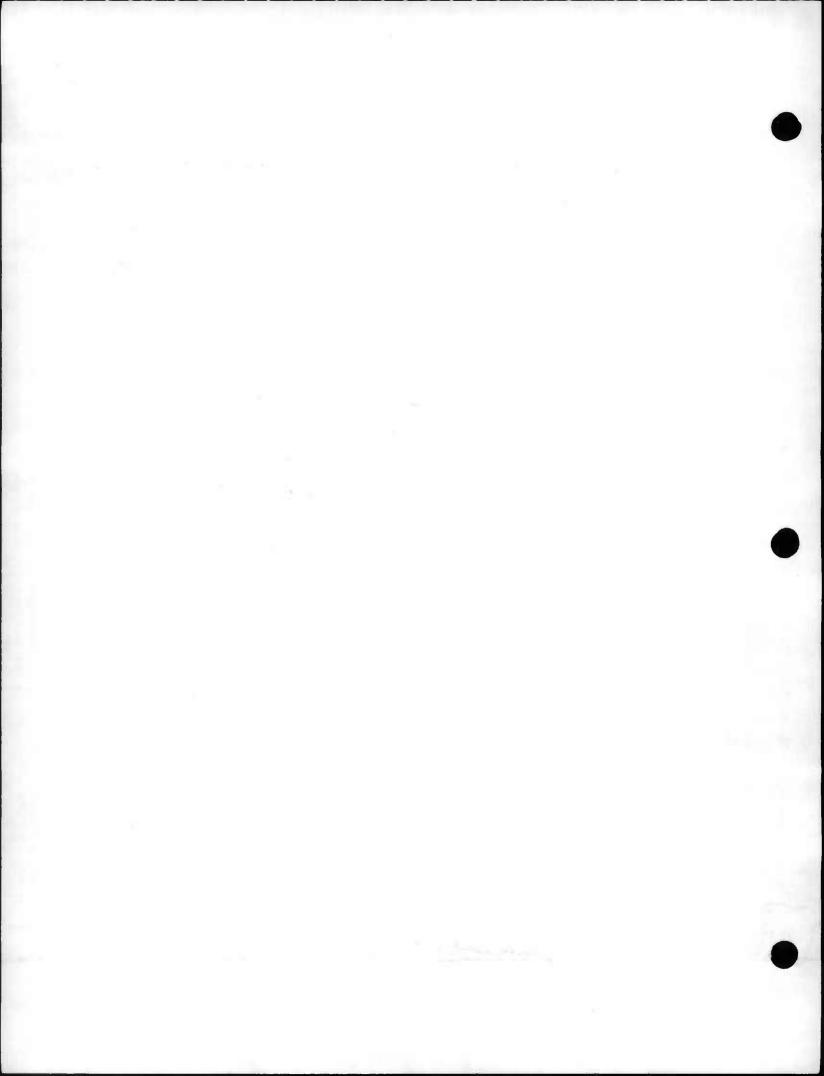
1. DECEDENT'S NAME (First, Mid	-ou Smi	th	E OF DEATH	2. OATE OF DEATH	9 90	
218 46 97	4 1 1 0 M 2 0 F	43 YRS. MONTH			+7	BIRTHPLACE (State or Foreign Country)
90. FACILITY NAME (If not institute University of RESIDENCE OF DECED	f Maryland H	ospital	But more			thmore.
10a. STATE 108	Baltimore	10c. CITY, TOWN	1 on Location			10d. INSIDE CITY LIMITS? 1 YES 2 NO
10e. STREET AND NUMBER 38 N 11. MARITAL STATUS	Knesson st		2) 22 CODE	}	u,	N OF WHAT COUNTRY?
3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES	2 10 NO	3. WAS OECENDENT OF HISPAI Il yes, specify Cuben, Mexico 1 YES 2 NO Specif	n, Puerto Rican, atc.)	Yea or No- 14	I. RACE — American Indian, Black, White, atc. Specify: White
(Specify only high	NT'S EDUCATION rest grade completed) College (1-4 or 5+)	life. Do NOT use retired	e during most of working		BUSINESS/INDU:	RAUMA
17. FATHER'S NAME (First, Middle	Whewell		16. MOTHER'S NA	ME (First, Middle, Make	ten Surname)	
P DAUD J. S	SMITH	38 N.	KrcSon Name of cometery, cramatory or	ST. B	Town, State, Zip C ALTO- LOCATION — CI	mb 2/22
1 Burlel 2 Cremation : 4 Donation 6 Other (Spe	Oliphamoval from State	ETRO CI	CMATORY 2. NAME AND ADDRESS OF FA	CI	a Tonsu	ille md.
shock, or heart IMMEDIATE CAUSE (Finsi disease or condition	ses, or complications that caused failure. List only one cause on ea	ich lins.	ormely fur er the mode of Fing, suc Caranem		spiratory arres	Approximate interval Betwo
Sequentially list conditions if any, leading to immediat cause. Enter UNDERLYING	DUE TO (OR AS A	CONSEQUENCE OF):	Coranem			1.4%
cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	d a	CONSEQUENCE OF):				
PART II. Other significant of	conditions contributing to death be	ut not resulting in the	underlying cause given in	PER	AN AUTOPSY FORMED?	24b. WERE AUTOPSY FINDIN AMALABLE PRIOR TO COMPLETION OF CAUS: OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO M EXAMINER? 1 YES 2 NO 27. MANNER OF OEATH	EDICAL HOSPITAL:	ОТН	26. PLACE OF DEATH (C	neck only one)		
III I NARUGAI DI PRO	1 Annetient 2 ER/Outp 26a. DATE OF INJURY (Worth, Day, Year)		turning Home 5 Residence 28c. INJURY AT WORK? 1 YES 2 NO	6 Other (Specify) 28d. OESCRIBE HO	W INJURY OCCU	RED
2 Deviates	id not be mined 28e. PLACE OF INJURY building, etc. (Spec	— At home, farm, street, i	actory, office	281. LOCATION (Str City or Town, S		r Rural Route Number,
4 Homicide deta	NG PHYSICIAN: To the best of my knowl					



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32. REGISTRAR'S SIGNATURE
Sika Dandson-Randam.



funeral director, page 5 should

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ending physician a Hygiene prior to

been signed by the atter nt. of Health and Mental

certificate has be h the State Dept.

Pages 1, 2, 3

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DIVISION OF VITAL RECORDS	PITAL DR ATTENDING PHYSICIAN:
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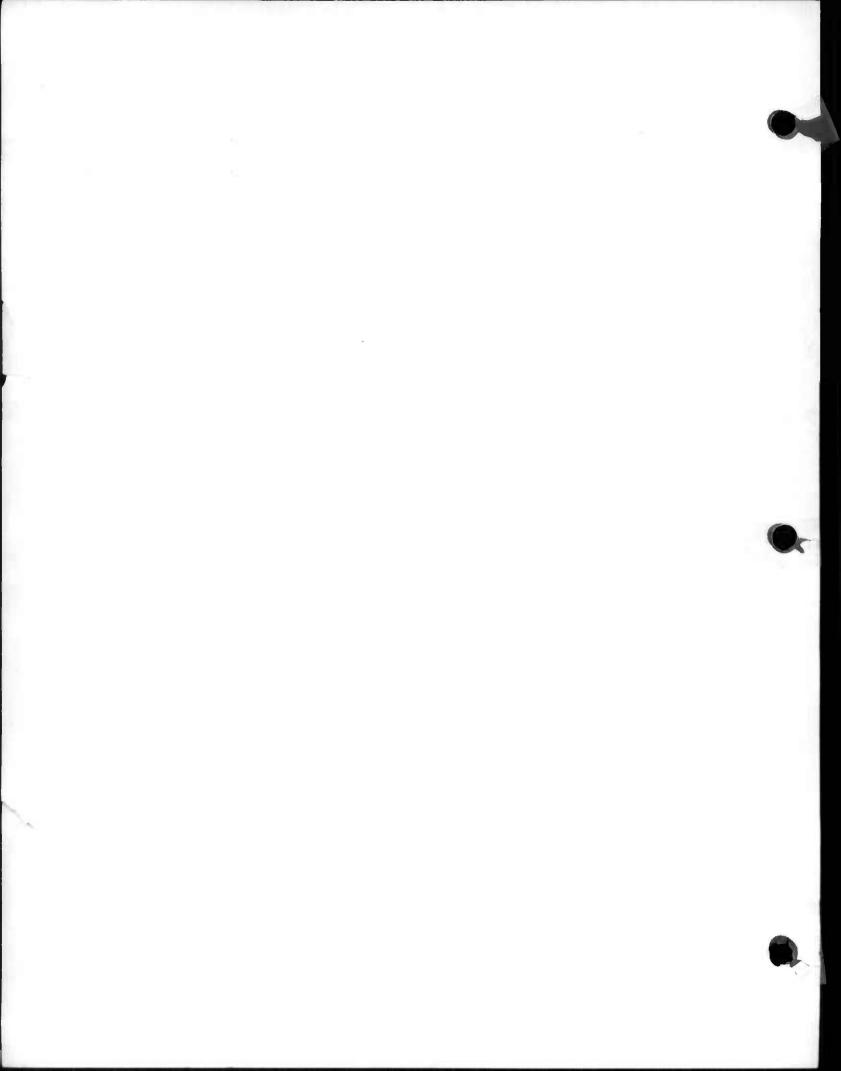
90 33092 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG NO I. DECEDENT'S NAME (First, Middle, Last) 1:10 P 2. DATE OF DEATH YEAR Harriet Stout 3.1990 Dec. 7. DATE OF BIRTH (Month, Day, Year) 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. lest birthday) IF UNDER 1 YEAR 6. BIRTHPLACE (State or Foreign IF UNDER 24 HRS. 1 | M 2 | F 173-32-4915 Oct.6 1906 9a, FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF OEATH 9c. COUNTY OF DEATH Baltimore RECTOR Franklin Square Hospital Rossville 10c. CITY, TOWN OR LOCATION 10h COUNTY 10e STATE 10d. INSIDE CITY Baltimore Md. Essex 1 YES 2 NO ō 10e. STREET AND NUMBER FUNERAL 10g. CITIZEN OF WHAT COUNTRY? 101 ZIP CODE 952 MArtin Road 21221 USA 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 HOU IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No-If yes, specify Cuben, Mexicen, Puerto Ricen, etc.) 14. RACE — American Indian, Black, White, etc. 1 Never Merried 2 Merried 1 TES 2 NO Specify Specify 3 Widowed 4 Divorced B White ETED 15. DECEDENT'S EDUCATION 16e. DECEDENT'S USUAL OCCUPATION 165 KIND OF BUSINESS/INDUSTRY (Specify only highest (Give kind of work done life. Do NOT use retired.) College (1-4 or 5+) Elementary/Secondary (0-12) COMPL 8th Housewife once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Melden Surname) notified at Levi Slusser BE MAry Yeager 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Arthur Stout 939 MArtin Road Baltimore Md. must be 20a. METHOD OF DISPOSITION
1 □ Burial 2 □ Cremetion 3 → Removal from State 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or 20c. LOCATION — City or Town, State Minimulle Cemetery Mifflin PA. 4 Donetion 5 Other (Specify) traumatic event, the medical examiner TI MEMATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY ConnellyFuneralHome300MAceAve.21221 23. PART I. Enter the displaces, or complications that ceused the death. Do not enter the mode of dying, such as cardiec or respiretory arrest, ahock, or helin fellure. List only one ceuse on each line. Interval Between Onset and Dasth Congestive Cardiomyopathy Idiopathic Hypertrophic disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF): Subaortic Stenosis Pneumonia CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If eny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disesse or Injury or other DUE TO (OR AS A CONSEQUENCE OF) thet initieted events resulting in deeth) LAST injury, PART II. Other significent conditions contributing to deeth but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS MEDICAL AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? PERFORMED? shows any 1 YES 2 NO PHYSICIAN: item 23 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) EXAMINER? X HOSPITAL: OTHER: 4 - Nursing Home 8 - Residence 8 - Other (Specify) 0 DIRECTOR: After this cert hours after death with the Item 28 is marked, o 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28c, INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 28b. TIME OF INJURY 1 🔼 Natural 5 Pending Investigation 1 YES 2 NO B 2 Accident 26e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 281. LOCATION (Street end Number or Rural Route Number, City or Town, State) 3 Suicide 6 Could not be COMPLETED 4 Homicide THE FUNERAL DIRECT be filed within 72 hours a IMPORTANT: If Item 2 29e. CERTIFIER 1 CERTIFYINO PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, end due to the cause(e) end manner as stated. 2 _ MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(a) and menner ea stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month. Day, Year) BE 2

Van Lomis 9000 Franklin Sq. Dr. Baltimore MD. 21237

who Davidson-Randalle

32. REGISTRAR'S SIGNATURE

31. DATE FILED (Month, Day, Year)

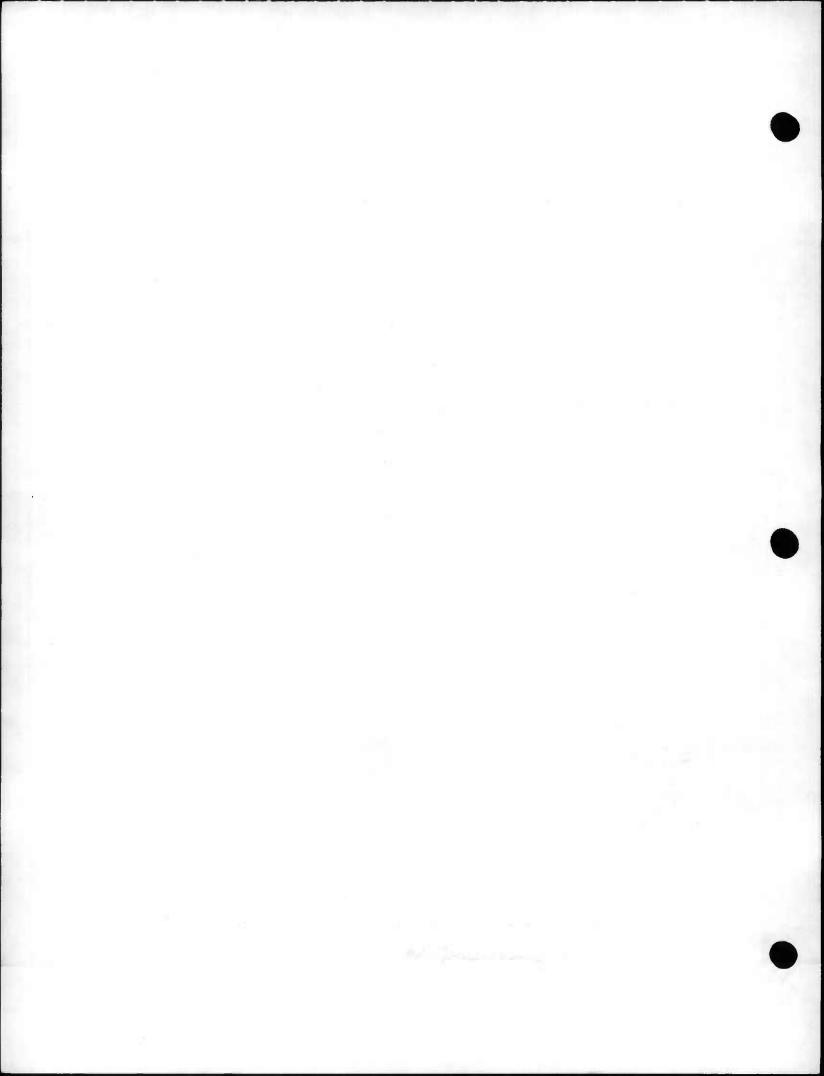


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or att	E	(Specify only highs Elementary/Secondery (0-12)	13
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requires that the death ce een signed by the attendit of Health and Mertal Hyy	MEDICAL CERT		
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STATE	0F	MARYLAND	/1	DEPARTMENT	0F	HEALTH	AND	MENTAL	HYG	IENE
		C	E	RTIFICATE	0	F DEAT	H		REG	NO

	FOR STATE REGISTRAR	STATE OF MARYLA			F HEALTH AND OF DEATH	MENTAL HYGIEN	_	
1	1. OECEOENT'S NAME (First, Middle, Last)	CLEOPHA ELI Cleopha	SABETH S	SCHANZ: SCHANZ		2. OATE OF DEATH	AY YI	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 212-46-4849	5. SEX 6. AGE (In	yrs. last birthday) YRS.	IF UNDER 1 YE	AR IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day War) FEB. 16,	1904 M	BIRTHPLACE (State or Foreign Country) ARYLAND
	99. FACILITY NAME (If not institution, give st FRANKLIN SQUARE I			POSE.	WA OR LOCATION OF C	DEATH	9c. COUNTY Ball	timore County
	MARYLAND BALTI			Y, TOWN OR L CIMORE	OCATION			10d. INSIDE CITY LIMITS? 1 YES 2 NO
	4103 CLIFFVALE RO	OAD			101. ZIP COOE 21236		U.S.	A.
	11. MARITAL STATUS 1 Never Merried 2 Merried 3 X Widowed 4 Olvorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 XNO	If ye	BECENDENT OF HISPA 8, specify Cuben, Mexic YES 2 M NO Speci			. RACE — Americen Indien, Black, White, atc. Specify: HITE
	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondery (0-12)	CATION completed) College (1-4 or 5+)	16a. DECEDENT'S (Give kind of life. Do NOT u	work done durir ise retired.)	PATION g most of working	HOME	SINESS/INOUS	TRY
	17. FATHER'S NAME (First, Middle, Last) VALENTINE HARTMAN		польти	KLIK	_	AME (First, Middle, Maiden (UNKNOWN)	Surneme)	
	190. INFORMANT'S NAME (Type/Print) EDGAR J. SMITH (S		4103	CLIFFV	ALE ROAD,	BALTIMORE,	MARYL	AND 21236
	20e. METHOD OF DISPOSITION 1 2 Buriel 2 Cremation 3 Rem 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICE	oval from State D	other place) ULANEY	VALLEY	MEMORIAL AE AND ADDRESS OF F	GARDENS I	IMONIU	y or Town, State M, MARYLAND
	23. PART I. Enter the diseases, or o	M. Bai	<u></u>	970	5 BELAIR F		MORE,	MARYLAND 21236
		a. Sepsis OUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A	consequence of conseq	DF): DF):	s mode of dying, su	cn ea cardiec or reap	irstory arrea	t, Approximata interval Between Onset and Death
	PART II. Other algnificant condition	e contributing to death be	ut not resulting	In the unde	riying cause given i		RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 X NO	HOSPITAL: ∰Xinpetient 2 □ ER/Outp		OTHER:	28. PLACE OF DEATH (C			
	27. MANNER OF OEATH 1 X Netural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	26b. TIS	ME OF 28	Home 5 Residence c. INJURY AT WORK? YES 2 NO	26d. DESCRIBE HOW	INJURY OCCUP	RED
	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, etc. (Spec	At home, farm,	street, factory	office	281. LOCATION (Street City or Town, State		Rural Route Number,
	CONTROL OF THE STATE OF THE STA	ICIAN: To the best of my knowl ER: On the basis of examination						couse(e) and manner ee stated.
	296. SIGNATURE AND TITLE OF CERTIFIE 30. NATHE AND ADDRESS OF PERSON WITH	enum 1	MP P	a Print)	N/A	UMBER	29d. DATE S	SIGNED (Morith, Day, Year)
	Deborah Keenum 31. DATE FILED (Month, Day, Year)		Frankli		re Drive.	Baltimore	Mary	land 21237
	DEC 4 1990	Jula Sandra	-Randell					

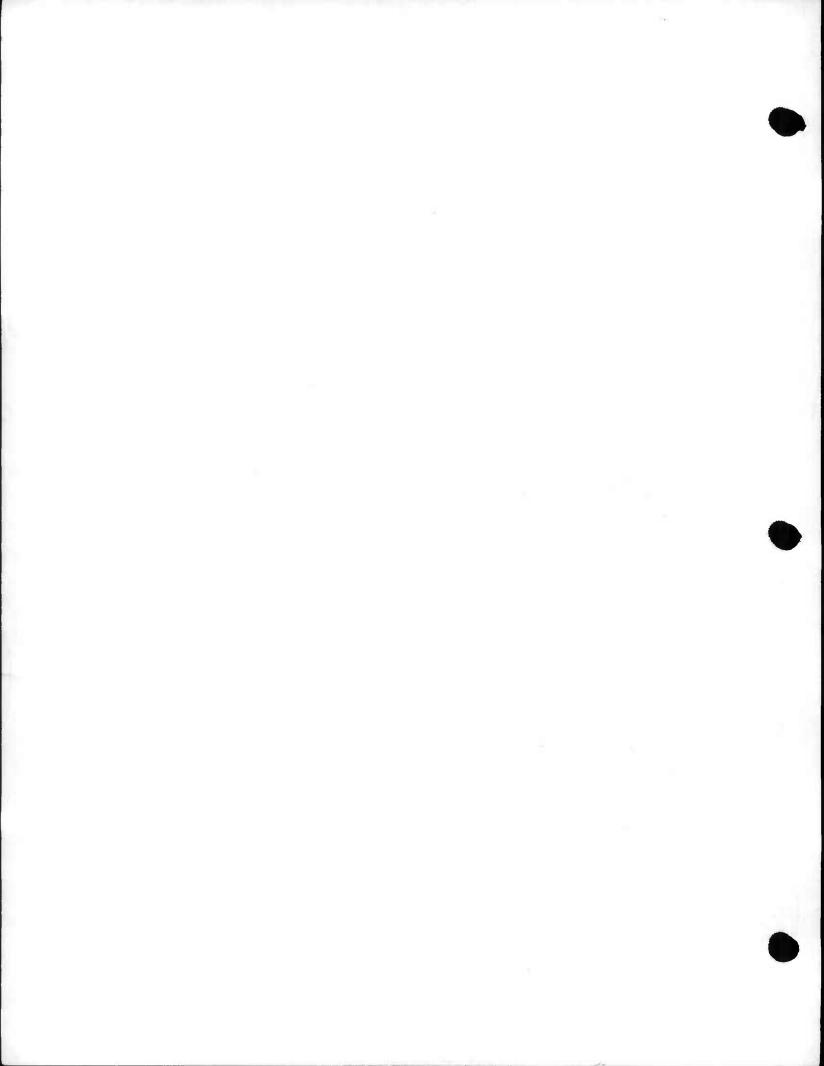


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	THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after de-	THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fu in filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal,
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ath, Page 6 may be retained by the hospital or attending physician.

Journal director, page 5 should be detached for use as the burial-transit permit, Pages 1, 2, 3 should TO BE COMPLETED BY FUNERAL DIRECTOR IMPORTANT. If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

1 - STATE REGISTRAR		STATE OF MARYL					EALTH AND I	MENTA	AL HYGIENE REG. NO.	91) 3	3094
1. DECEDENT'S NAME (First,		Y THOMAS SM	IART S	R.				2. DAT	E OF DEATH	19	AR	ME OF DEATH 7-30 ρ M
4. SOCIAL SECURITY NUMBER 217-05-7000		SEX 8. AGE	In yrs. lest bin		F UNDER	DAYS	IF UNDER 24 HRS. HOURS MIN.	(Mon	e of Birth th, Day, Year) .27,191		BIRTHPLAC Country) KENTU	E (State or Foreign
90. FACILITY NAME (If not inst HARBOR HOS		and number)		9			R LOCATION OF DE			9c. COUNTY		
RESIDENCE OF DEC			1				entin					
MARYLAND	ANNI	E ARUNDEL	10	GL		BURN					1 🗆	INSIDE CITY LIMITS?] YES 2 X NO
961 SHORELA	ND DRIV	/E				101.	ZIP CODE 2106	60		10g. CITIZEN		S. A.
11. MARITAL STATUS 1 Never Married 2 1 1 3 X Widowed 4 Divor	Aarried	FORCES? 1XXYES IF YES, GIVE WAR OR D WWII	2 NO)	11	yes, spe	ENDENT OF HISPAN city Cuban, Maxica 2 X NO Spectly	n, Puarto		or No — 14.	0	merican Indian, Ita, etc. WHITE
15. DECE (Specify only Elementary/Secondary (0-	DENT'S EDUCATI	ION npleted) College (1-4 or 5 +)	16a. DECED (Give A Ille. Do		k done d		N at of working		b. KIND OF BUS			
NA		NA	SEC	URIT	Y GI	JARD			BALTO.	CITY (COURT	HOUSE
17. FATHER'S NAME (First, Mic EDWARD FRANC		RT					18. MOTHER'S NA MAUDE E	, ,		Surname)		
HARRIET WII		(DAUGHTER)					DRIVE,					D 21060
20a. METHOD OF DISPOSITION 1 Surfal 2 Cremation 4 Donation 5 Other	3 🗆 Remova	from Stata	other place)				netery, cremetory or RANS CEM	[ETE		OWNSV		
21. SIGNATURE OF FUNDAL	SERVICE LICEN	Belli-			S	CHIM	D ADDRESS OF FA UNEK FUN BREHMS I	ERA.				21213
immediate Cause (Fin disesse or condition resulting in death) Sequentially list condition if any, leading to immediate. Enter UNDERLYII CAUSE (Disesse or injurthat initiated events resulting in death) LAS'	ons, Hete NG c	DUE TO (OR AS	A CONSEQUE	NCE OF):	:	ohi	re his	ist.	fail	ure		Onset and Death
	cemi	0	out not resu	uiting in	the un	deriying	g cause given in	Part I.	24a. WAS AN PERFOR 1 - YES 2	MED?	AWA CON OF	RE AUTOPSY FINDINGS ILLABLE PRIOR TO APLETION OF CAUSE DEATH? J YES 2 7 NO
25. WAS CASE REFERRED TO	MEDICAL					26. PL	ACE OF DEATH (C)	eck only	one)			
EXAMINER?		IOSPITAL:	patient 3 🗆		OTHER Nun	1 :	e 5 🗆 Residence					
27. MANNER OF DEATH 1 Natural 5	Pending	26a. DATE OF INJURY (Month, Day, Year)		8b. TIME INJU	OF	28c. INJ WO		T	ESCRIBE HOW II	JURY OCCUP	RED	
3 Suicide 6	nvestigation Could not be setermined	28e. PLACE OF INJUR building, atc. (Spe	Y — A1 home	, ferm, str	reet, fact	ory, offic	•	281. LC	OCATION (Street 8 ty or Town, State)	nd Number or	Rural Route	Number,
CONSTRUCTION OF THE PARTY OF TH		N: To the best of my know										d menner as stated.
295. SHOWATURE AND TITLE	\	MD.					29c. LICENSE NU	MBER		29d. DATE S ▶ /2	IGNED (Mo	nth, Day, Year) 1990
HARBOR	HOS PIT		TER	7) (Type, I	Print)	1-4.	BUONE	R S	1- B	BLAIR	nor.	E. mD
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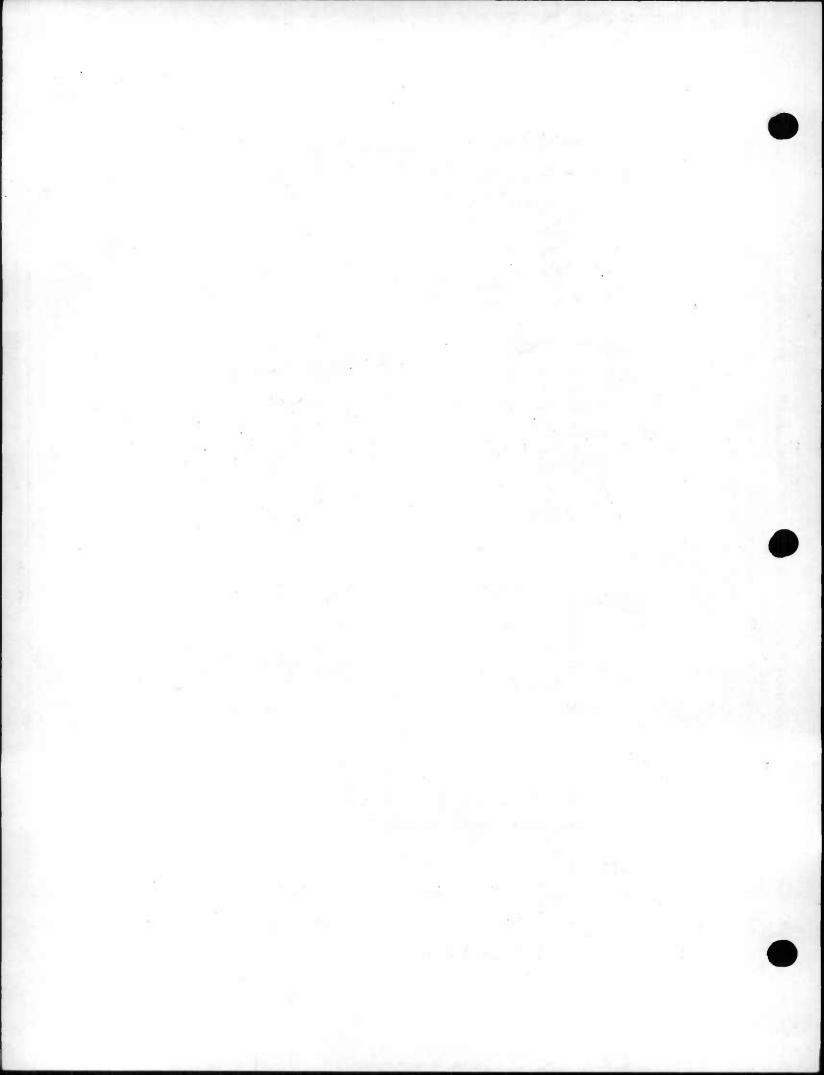
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DIVISION OF VITAL RECORDS, P.O. BOX 13146,	TEN	TOR:
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	HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page	TUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral direct

	1. DECEDENT'S NAME (First, Middle, Last	addleR		E OF DEATH	2. DATE OF DEATH	PAY 9	3. TIME OF DE
	4. SOCIAL SECURITY NUMBER 066-14-1976	8. SEX 6. AGE (In yrs.	lest birtnday) IF UNDEF YRS. MONTHS	1 YEAR IF UNDER 24 HRS. DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)		BIRTHPLACE (State of Country)
TOR	98. FACILITY NAME (If not institution, give Soton Name of December 1)	lanok N. H	9b. CITY	Ba Lto	PEATH	9c. COUNT	Y OF DEATH
DIRECTO	10e. STATE 10b. COUN	ITY	10c. CITY, TOWN	Bulto.			10d. INSIDE C LIMITS? 1 PES 2
FUNERAL	100. STREET AND NUMBER 50/ W. F.	PANKLIN SY 12. WAS DECEDENT EVER IN U.S.		10f. ZIP CODE	O /		OF WHAT COUNTRY USA 4. RACE — American In
BY	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 YES 2 I	DHO	If yes, specify Cuber, Maxic 1 YES 2 NO Speci	en, Puerto Ricen, atc.)		Black, White, etc. Specify: Wh
PLETED	15. DECEDENT'S EC (Specify only highest gra	DUCATION 16e. College (1-4 or 5+)	DECEDENT'S USUAL O (Give kind of work done life. Do NOT use retired.)	during most of working	16b, KIND OF B	USINESS/INDU	STRY
BE COMPI	17. FATHER'S NAME OF MINISTER LEST)				AME (First, Middle, Melde	en Surname)	
TO B	19a. INFORMANT'S NAME (Type/Print)	Hains	118 1	S (Street and Number or Rural	ud:	HER	et
	20g. METHOD OF DISPOSITION 1	amoval from State O other	Neste.	ame of cemetery, crespetory or	- 0	Don - CI	VILE T
	II. SIGNATURE OF FORCES	10700	22.	NAME AND ADDRESS OF F	T.	-/	162011
	1 Gulffry	pulle		Sett M.	Her '	/H	Broad
	23. PART I. Enter the dispuser of ahook, or heart failure iMMEDIATE CAUSE (Final disease or condition resulting in death)	Liet only one cause on each in Respust	ory Farle	Sedd Mo r the mode of dying, au 	Merc ch as cardiac or res	H piretory arres	
CATION	ehood, or heart failure iMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause, Enter UNDERLYING	a. DUE TO (OR AS A CONDE	Dry Farly SEQUENCE OF): Rt- Au SEQUENCE OF):	Sedd Mo	Ch as cardiac or res	H piretory arres	st, Approx Interval Onset
ERTIFICATION	immediate Cause (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate	a. Due to (or as a con-	Dry Farly SEQUENCE OF): Rt- Au SEQUENCE OF):	Sede Mirrita mode of dying, au	Ch as cardiac or res	H piretory arres	st, Approx Interval Onset
AL CERTIFICATION	shook or heart failure iMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events reaulting in death) LAST PART II. Other aignificant conditi	a. DUE TO (OR AS A CON-	Dry Farly SEQUENCE OF: SEQUENCE OF: SEQUENCE OF:	ene	n Pert I. 24s. WAS	AN AUTOPSY ORMED?	St, Approx Interval Onset: 304 CML 24b. WERE AUTOPS AMARABLE PRI COMPLETION OF DEATH?
MEDICAL CERTIFICATION	shook or heart failure iMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events reaulting in death) LAST PART II. Other aignificant conditions History of Demanda.	B. List only one cause on each is B. DUE TO (OR AS A CONDUCTOR OR	INE. Dry Falu SEQUENCE OF): SEQUENCE OF): SEQUENCE OF):	ndarlying cause given in	n Part I. 24a, WAS / PERF 1 _ YES	AN AUTOPSY ORMED?	st, Approx Interval Onset: 3 0 th CML
HYSICIAN: MEDICAL CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events reaulting in death) PART II. Other aignificant conditions or injury that initiated events reaulting in death) LAST PART II. Other aignificant conditions or injury that initiated events reaulting in death) LAST 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 VES 2 NO 27. MANNENOF DEATH	B. List only one cause on each is B. DUE TO (OR AS A CONDUCTOR OR AS A CONDUCTOR OR AS A CONDUCTOR AS A CONDUCTOR OR AS	SEQUENCE OF): SEQUENCE OF): SEQUENCE OF): SEQUENCE OF): OT reaulting in the unit of th	nderlying cause given in 26. PLACE OF DEATH (CIR: R: R	n Part I. 24a, WAS PERF 1 YES	AN AUTOPSY ORMED? 2 12 NO	24b. WERE AUTOPS AMAILABLE PRI COMPLETION COF DEATH? 1 YES 2
D BY PHYSICIAN: MEDICAL CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events reaulting in death) PART II. Other aignificant conditions of the cause in the cause of the caus	B. List only one cause on each is B. DUE TO (OR AS A CONDUCTOR OR	SEQUENCE OF): SEQUEN	28. PLACE OF DEATH (C) R: rsing Home 8 Residence 28c. INJURY AT WORK? 1 YES 2 NO	n Pert I. 24a. WAS / PERF 1 YES theck only one) 8 Other (Specify) 28d. DESCRIBE HOV	AN AUTOPSY ORMED? 2 IL NO	24b. WERE AUTOPS AMAILABLE PRI COMPLETION COF DEATH? 1 YES 2
D BY PHYSICIAN: MEDICAL CERTIFICATION	ehood, or heart failure iMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events reaulting in death) LAST PART II. Other aignificant conditions 1	B. List only one cause on each is B. DUE TO (OR AS A CONDUCTOR OR	Table SEQUENCE OF): A I DOA OTHER A I NU 20b. TIME OF INJURY M thome, farm, street, fact, death occurred at the	26. PLACE OF DEATH (CR: RSing Home 8 Residence 28c. INJURY AT WORK? 1 YES 2 NO ctory, office	n Pert I. 24e. WAS. PERF 1 YES Check only one) 8 Other (Specify) 28d. DESCRIBE HOV 28f. LOCATION (Stre- City or Town, Ste	AN AUTOPSY ORMED? 2 (LYNO V INJURY OCCL et and Number of te)	24b. WERE AUTOPS AMALABLE PRI COMPLETION OF DEATH? 1 YES 2



31. DATE FILED (Month, Day, Year)

4 1990



has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should all Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. TO THE HOSPITAL OR ATTENDING PHECTRIT THE law requires that the death certificate be executed within 4-1, nours after death. Page 8 may be retained by the hosp TO THE PLANERAL DIRECTION. After this sertificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached be filled within 72 hours after death which a face Dept. of Health and Mental Hygiens prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

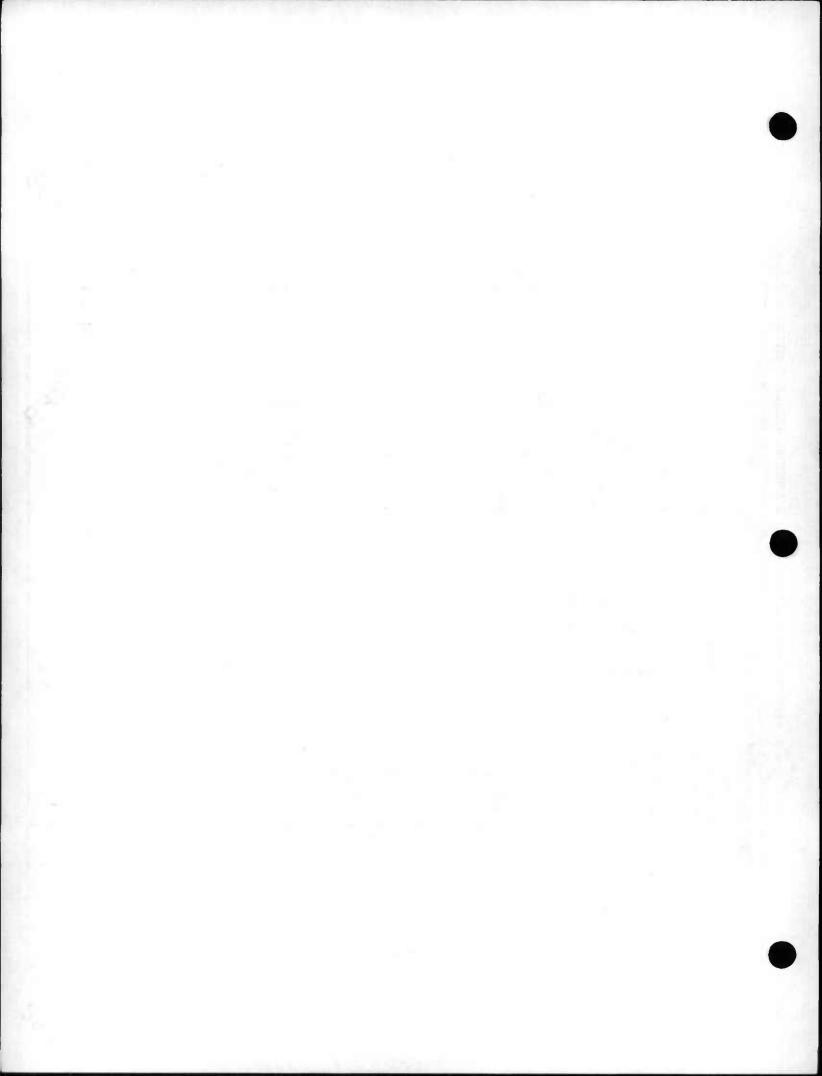
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32. REGISTRAR'S SIGNATURE

Sidne Swilson Professor

FOR STATE REGISTRAR	STATE OF MARY		IFICATE	OF DEATH	REG. NO	O.	
	lliam	Р.		ilotto, Jr.	2. DATE OF DEATH MONTH 12-2-90		12:30PM
4. SOCIAL SECURITY NUMBER 212-94-0995	1 🔀 M 2 🗌 F	E (In yrs. lest birthde	MONTHS I	DAYS HOURS MIN.	7. DATE OF BIRTH		or Maryland
99. FACILITY NAME (If not institution, give a 436 Back River N RESIDENCE OF DECEDENT			9b. CITY, T	ESSEX	EATH	9c. COUNTY o	more County
10a. STATE 10b. COUNT	BAltim		CITY, TOWN OR	ESSEX			10d. INSIDE CITY LIMITS? 1 YES 2 NO
831 N. Marlyn	Ave.			101. ZIP CODE 212	221		OF WHAT COUNTRY? USA
11, MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YE IF YES, GIVE WAR OF	ES 2 NO	10 1	AS DECENDENT OF HISPA yes, specify Cuben, Mexico YES 2 PNO Specif	an, Puerto Rican, etc.)		RACE — American Indian, Black, White, etc. Specify: White
15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)		(Give kind life. Do NO	of work done du of work done du of use retred.)	iring most of working	16b, KIND OF 81	USINESS/INDUST	RY
17. FATHER'S NAME (First, Middle, Last)		111	auorei		AME (First, Middle, Meide	on Surneme)	
William Sac	ilotto				ita Schu		
190. INFORMANT'S NAME (Typo/Print) Frank Schulz			117 Wi		Road BA	ltimor	e Md. 2122
20a, METHOD OF DISPOSITION 1 № Buriel 2 □ Cremation 3 □ Rem	ioval from State	20b. PLACE OF DIS	POSITION (Nam	ne of cemetery, cremetory or Cemetery	20c. L	Balti	or Town, State MOre Md.
4 Donetton 5 Other (Specify)	CENSEE Lunual	flom	22. N.	AME AND ADDRESS OF FU	neralHom	e300MA	ceAve. 212
4 Donation 5 Other (Specify)	complications that cau- List only one cause of	Morning the deeth. Dr. n each line.	22. N. Co	AME AND ADDRESS OF FU	neralHom	e300MA	Approximate Interval Batwe
21. PART I. Enter the disease, of shock, or heart (fallure.) IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions,	complications that cau List only one cause of DIABETES a. DUE TO (OR A	sed the deeth. Den each line.	22. N. C.C. Do not enter to WITH (AME AND ADDRESS OF FUND ON THE LITTLE OF THE	neralHom	e300MA	Approximate Interval Batwe
23. PART I. Enter the disease, of shock, or heart (allure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	CENSEE Complications that caulist only one cause of DIABETES DUE TO (OR A DUE TO (OR A	sed the deeth. Den each line. MELLITUS AS A CONSEQUENCE	Do not enter to WITH (AME AND ADDRESS OF FUND ON THE LITTLE OF THE	neralHom	e300MA	Approximate Interval Batwe
23. PART I. Enter the disease, of shock, or heart dallure. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if erry, isading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	CENSEE Complications that caulist only one cause of DIABETES DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A	meed the deeth. Done each line. MELLITUS AS A CONSEQUENCE AS A CONSEQUENCE AS A CONSEQUENCE	22. N. CC Do not enter to WITH (E OF): E OF):	AME AND ADDRESS OF FUND IN COMPLICATION	neralHomon ches cardiec or res	e 3 0 0 MA piratory errest,	Approximate Interval Batwe Onset and De
23. PART I. Enter the disease, of shock, or heart dillure. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if eny, isading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significent conditions.	CENSEE Complications that caulist only one cause of DIABETES DUE TO (OR A DUE TO (OR A d	sed the deeth. Done each line. MELLITUS AS A CONSEQUENCE	22. N. CC Do not enter to WITH (E OF): E OF):	AME AND ADDRESS OF FOUNDED LY Fundamental Ly Fundam	neralHomone cheek only one)	e 3 0 0 MA piratory errest,	Approximate Interval Batwe Onset and De
23. PART I. Enter the disease, of shock, or heart dillure. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if eny, isading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significent conditions. 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending	CENSEE Complications that cau List only one cause of DIABETES DUE TO (OR A DUE TO (OR A DUE TO (OR A d	sed the deeth. Done each line. MELLITUS AS A CONSEQUENCE	22. N. CC Do not enter to WITH (E OF): E OF): Ing in the und	AME AND ADDRESS OF FOOD THE LIGHT WITH THE PROPERTY OF THE PRO	neralHomone cheek only one)	e300MA spiratory errest,	Approximate Interval Batwe Onset and Dei Ons
23. PART I. Enter the disease, of shock, or heart dillure. When the shock is the shock of the shock of heart dillure. Sequentially list conditions, if eny, isading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) PART II. Other significent conditions. 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 2 NO 27. MANNER OF DEATH	CENSEE Complications that cau List only one cause of DIABETES DUE TO (OR A DUE TO (OR A)	sed the deeth. Done sed the deeth. Done sed tine. METITUS AS A CONSEQUENCE AS A CONSEQUENC	22. N. CC Do not enter to WITH (EE OF): EE OF): EE OF): INDIRY M	derlying cause given in the Home Western to the second service of the second second service of the second second service of the second se	neralHomone ches cardiec or real NS Part I. 24a. WAS A PERFI 1 X YES Thack only one) 18 □ Other (Specify)	e 3 0 0 MA spiratory errest, an autropsy ORMED? 2 NO	Approximate Interval Batwe Onset and De Onse
23. PART I. Enter the disease, of shock, or heart (fillure. immediate cause. Enter UNDERLYING CAUSE (Please or injury that initiated events resulting in death) 25. WAS CASE REFERREO TO MEDICAL EXAMINER? 1 2 4 Accident 2 4 Accident 3 5 Pending investigation 2 5 Pending investigation 2 6 CERTIFIER (Check only 1 CERTIFYING PHYS)	CENSEE Complications that caulist only one cause of DIABETES DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A C. DUE TO (OR A d. DUE	sed the deeth. Done sed the deeth. Done sech line. MELLITUS AS A CONSEQUENCE AS A CONSEQUE	22. N. CC Do not enter to WITH (E OF): E OF): Ing In the und OTHER A 4 OTHER INJURY M ITIME OF INJURY M	derlying cause given in the mode of dying, and derlying cause given in the mode of dying, and derlying cause given in the mode of dying, and derlying cause given in the mode of dying, and derlying cause given in the mode of dying, and derlying cause given in the mode of dying, and discount in the mode of dying, office of the mode of dying, office of the mode of dying, and discount in the mode of dying, office of the mode of dying, and discount in the mode of dying, and discount in the mode of dying, and the mode of dying,	neralHomone ches cardiec or resonance control re	e 3 0 0 MA spiratory errest, an autopsy ORMED? 2 □ NO w injury occurs et end Number or Fite)	Interval Batwe Onset and Dei 24b. WERE AUTOPSY FINDIN AMALABLE PRIOR TO COMPLETION OF CAUSE OF OBATHY XXI YES 2 \(\square\) NO

VC



injury, or other traumatic event, the medical examiner must be notified at once,

DIVISION OF VITAL RECORDS, P.O. BOX 13146, TO THE HOSPITAL OR ATTENDING PHYSICIAN: The TO THE FUNERAL DIRECTOR: After this certifical to be filed within 72 hours after death with the Sitem IMPORTANT: If Item 28 is marked, or income.

	FOR STATE REGISTRAR	STATE OF MARYL		MENT OF HEA		MENTAL HYGIEN		90 3309
		mith				2. DATE OF DEATH MONTH D		3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 2/7-07-8043 90. FACILITY NAME (# not institution, give	1 M 2 🗆 F	84 YAS. M	ONTHS DAYS H	UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	06 1	BIRTHPLACE (State or Foreign Country) EONAR dTown M.
CTOR	N. Arundel Conv	. Home		96. CITY, TOWN OR I	OCATION OF D	EATH	9c. COUNTY	
DIRECTOR		timore		TOWN OR LOCATION		ARRA Ax		10d. INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL	100. STREET AND NUMBER 6703 Duluth Ave	nue			222		U.S	of what country?
B≺	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 X YES IF YES, GIVE WAR OR D	2 NO	If yes, specif		NIC ORIGIN? (Specify Yean, Puerto Rican, atc.) fy:	a or No — 14.	RACE — American Indian, Black, White, stc. Specify: White
COMPLETED	15. DECEDENT'S ED (Specify only highest gree Elementary/Secondary (0-12)		16a. DECEDENT'S U (Give kind of wo life. Do NOT use STeel	SUAL OCCUPATION rk done during most o retired.)	f working	UNion	Worker	rry
S	17. FATHER'S NAME (First, Middle, Last)			1	. MOTHER'S N	AME (First, Middle, Melder	Surname)	
BE	Hugh Smith					Edith Drur	4	
10	19a. INFORMANT'S NAME (Type/Print) Lucille E. Kamm		280 1	Mackintos	h Driv	e, Glen Bu	rnie,	Md. 21061
	20e. METHOD OF DISPOSITION 1 ☑ Burlai 2 ☐ Cremation 3 ☐ Re 4 ☐ Donation 5 ☐ Other (Specify)	moval from State	other place) St. S	Stanislau	IS	В	altimo	re, Md.
	21. SIGNATURE OF FUNERAL SERVICE I	abrowski			Dabro	wski Funer Avenue 21		pel
CERTIFICATION	IMMEDIATE CAUSE (Finel disease or condition resulting in deeth) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST	b. Rec	CONSEQUENCE OF:	of re	Onest and Death			
A	PART II. Other algnificant condition	one contributing to deeth b	ut not resulting in	the underlying o	ause given in		RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
ANT.	25. WAS CASE REFERRED TO MEDICAL							
C	EXAMINER?	HOSPITAL:		OTHER	E OF DEATH (C			
PHYSICIAN: MEDIC	27. MANNER OF DEATH 1 Natural 5 Pending	1 Inpetient 2 ER/Outs 28a. DATE OF INJUSTY (Month, Day 1997)	28b. TIME	OF 28c. INJUR	r AT	6 Other (Specify) 28d. DESCRIBE HOW	INJURY OCCUR	DED
TED BY	2 Accident Investigation 3 Suicide 8 Could not b 4 Homicide detarmined	28e, PLACE OF INJURY	At home, farm, str	281. LOCATION (Street City or Town, State		Rural Route Number,		
TO BE COMPLETED	anal .	in A. de	n and/or investigation	, in my opinion, deal		e time, data and placa, a	nd due to the c	euee(a) and manner as stated.
	31. DATE FILED (Month, Day, Year) DEC 4 1990 4	32. REGISTRAR'S SIGN						

S 1 - -

TO BE COMPLETED BY FUNERAL DIRECTOR

ORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

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4,57	SHI	12.	KAME	KLAL	
			109	- 16	

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FOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

- STATE REGISTRAR		OMIL OF		CER	TIF	CATE	E O	F DEAT	H	WILLIA II	REG. NO.				
1. DECEDENT'S NAME (First	, Middle, Last)	Ma	nekl	al N		Shal	h			2, DAT	TE OF DEATH	J	YEAR	3. TIME OF OEA	rн
MANEKLAI	SHAH										VEMBER		1990	1:24	p,M
4. SOCIAL SECURITY NUME	BER	5. SEX	_	n yrs. last birt		IF UNDER		_		7. DAT	E OF BIRTH nth, Day, Year)		6. BIRTH Countr	IPLACE (State or F	oreign
218-96-679	94	1 📉 M 2 🗌 F	8	81 YRS. MONTHS DAYS HOURS MIN.				MIN.	l 08	-22-1	909		ďia		
90. FACILITY NAME (If not in		set end number)				9b. CITY	, TOW	N OR LOCATION	N OF DE				NTY OF D		
THE JOHNS	HOPKIN	S HOSPIT	CAT.			RAT	тт	MORE C	тту			BA.	тттм	ORE CITY	7
RESIDENCE OF DEC		D MODI I					J 1 JL	HOKE O	111			DA	LILL	OKE CIT	
10a. STATE	10b. COUNTY			10		, TOWN C								10d. INSIDE CITY	r
Maryland	Bal	timore			I	Nhi	te	Marsl	h					1 TYES 2 🛣	NO
10e. STREET AND NUMBER								101. ZIP CODE				10g. CIT		WHAT COUNTRY?	
4 Raylo	on Dri	.ve						21236	6				In	dia	
11. MARITAL STATUS		12. WAS OECEOEN FORCES? 1	IT EVER IN	U.S. ARMED)			ECENDENT OF specify Cuban			SIN? (Specify Yee	or No-	14. RACI	E — Americen Indi k, White, etc.	en,
1 Never Merried 2 🔀 3 Widowed 4 Olivo		IF YES, GIVE V						ES 2 NO			o ricali, alc.)		Spec	ettv.	- •
										_				ian In	llan
15. DEC (Specify onl	EDENT'S EDUC. ly highest grade of	ATION completed)		16e. DECED	ind of w	ork done	CCUPA during	TION most of working	7	1	66. KIND OF BUS	INESS/IN	DUSTRY		
Elementary/Secondary (0-12)	College (1-4 or 8	+)			retired.)					Reta	:п т	22.00	20000	
12th				Ma	ına	ger							usl	HESS	
17. FATHER'S NAME (First, M								1112			t, Middle, Melden				
Nagjee D		1									n Shal				
190. INFORMANT'S NAME (imber, City or Town			226	
Naren Sha										te	Marsh				
20e. METHOD OF DISPOSIT	TION on 3 ☐ Ramo	val from State	20b.					cemetery, creme		•				own, State	
4 Donation 5 Other				Metr	.0	_		tory,			ра.	T 6 T I	no t.e	, MD	
21. SIGNATURE OF UNERA	SERVICE CIO	NSEE	My	le-		22.	NAME	AND ADDRES	S OF FA	Soc	eiety	of N	larv	land	
Geor	ge E.	MacNab	ъ			2	99	Fred	eri	.ck	Road.	Ba]	Lto.	, MD 2	1228
shock, or h IMMEDIATE CAUSE (Fit disease or condition resulting in death) Sequentially list condit If any, leading to imme cause. Enter UNDERLY CAUSE (Disease or inj that initiated events resulting in death) LAS	Rions, soliete ring	DUE TO	O (OR AS A	CONSEQUE	AA NCE OF	ey:		ope			1 de	Sec	reo	Interval E Onset an	
PART II. Other eignific		contributing to	death be	ut not reau	alting l	n the u	nderly	ring cause g	ilven In	Part I.	24a. WAS AN PERFOY 1 — YES 2	MED?	24	b. WERE AUTOPSY AMAILABLE PRIOR COMPLETION OF OF DEATH?	CAUSE
25, WAS CASE REFERRED ** EXAMINER?	TO MEDICAL						_	PLACE OF DE	EATH (C)	heck only	one)				
1 TES 2 TO		HOSPITAL:	☐ ER/Outp	atlent 3 🗆	DOA	OTHE		forme 5 🗆 Res	sidence	6 🗆 0	ther (Specify)				
7	Pending Investigation	28e. DATE O (Month,	F INJURY Day, Year)	2	6b. TIMI INJ	E OF URY M		INJURY AT WORK?] NO	28d. I	DEŞCRIBE HOW	NJURY O	CCURED		
2/ Accident 3 Suicide 6 4 Homicide	Could not be determined	28e. PLACE (building	OF INJURY I, etc. (Spec	— At home,	term, a	street, fac	tery, o	iffice			OCATION (Street lity or Town, State)		er or Rural	Route Number,	
CONTROL ONLY		CIAN: To the best of												(e) and manner as	stated.
29b. SIGNATURE AND TITL	me	Kegi	der	nt 1	100	lu	cu	E E G	HSE NU	Z)		29d. DA	TE SIGNE	9 Filo	
30. NAME AND ADDRESS OF STATE	ve To	ower	110	1. JE	T) (Type,	Print)	il	enki	W.	S	Mosf	, (Bal	f. ALL) .
SI. DATE PLED (MORIS, 'Day	, rear)	32. REGISTR	SIGN	AT UNITED	JARR										

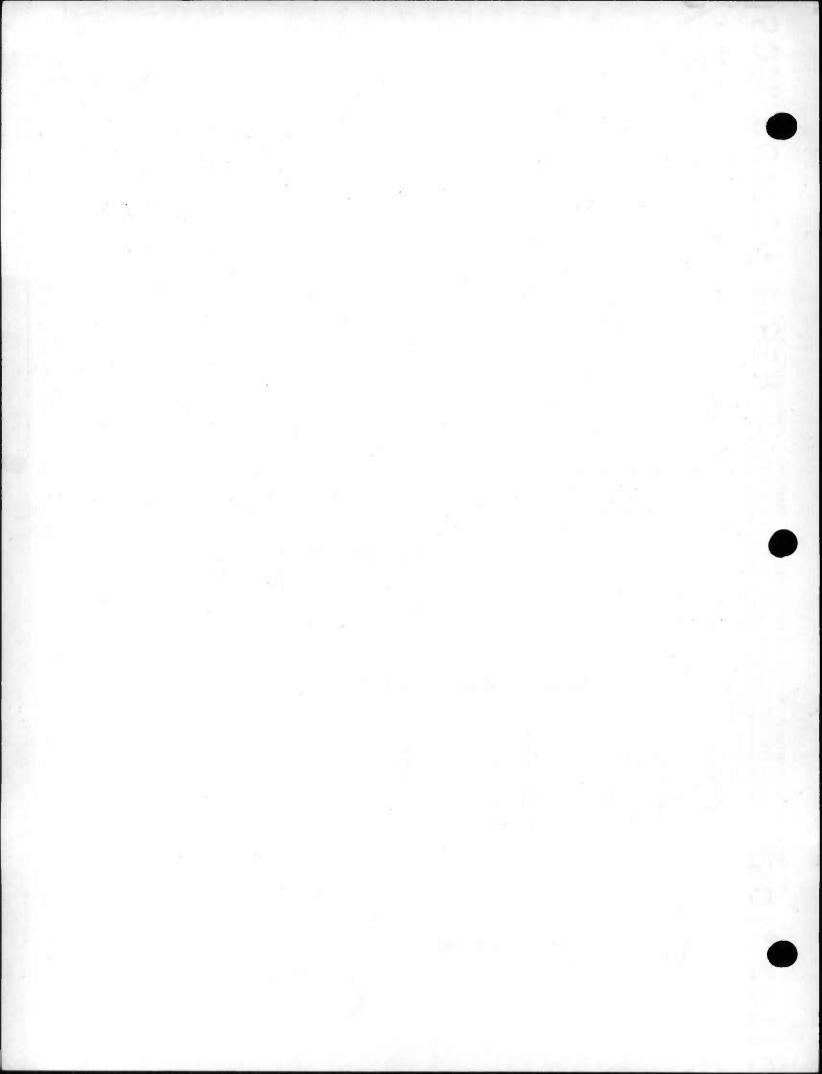
per precious Annual conflicte has been signed by the attenting physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be not man as the burial-transit permit. Pages 1, 2, 3 should be not marked, or feel that have any left traumatic event, the medical examiner must be notified at once.

1	-	FOR STATE REGISTR	AF
L	. 0	ECEDENT'S	N/

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

90	3	3	0	9	0

	REGISTRAR		CERTIF	ICATE OF	DEATH	REG	i. NO.			
	1. OECEDENT'S NAME (First Widdle, Last) Warren Schat	fer				2. DATE OF DEA	TN PAY	3. TIME OF DEATH 90 1152 PM		
	4. SOCIAL SECURITY NUMBER 215-38-9970	5. SEX 6. AGE	(In yrsst birthday) 77 '9s.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRT	713	6. 6IR. ACE (State or Foreign Mary land		
HOL	98. FACILITY NAME (If not institution, give se Howard County	ey'	ospital		or Location of Di bia	EATN		9c. COUNTY OF DEATN Howard		
DIMECTOR	10s. STATE 10b. COUNT	Howard		y, town or loca Ellicot	t City		10d. INSIDE CITY LIMITS? KXYES 2 \(\text{NS} \) NO			
FUNERAL	3004 North Ric			10	21043		10g. CITI	ZEN OF WNAT COUNTRY? USA		
R	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IF FORCES? XXYES IF YES, GIVE WAR OR C	2 NO	If yes, sp	13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yes or No—If yes, specify Cuban, Mexican, Puerto Rican, stc.) 1 YES XXNO Specify: VE					
COMPLEIED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12) Unknov	completed) College (1-4 or 5 +)	16a. DECEDENT'S (Give kind of ville. Do NOT us	USUAL OCCUPATI work done during made retired.)	ON ost of working		of BUSINESS/IND			
COMP	17. FATHER'S NAME (First, Middle, Last) Clyde W. Scha		Owner			ME (First, Middle, M	valden Surname)			
10 BE	19a. INFORMANT'S NAME (Type/Print) Clyde W. Scha:				and Number or Rural	Route Number, City	or Town, State, Zip	code) ty, MD 21043		
	20e. METHOD OF DISPOSITION XIX Burlel 2 Cremation 3 Ren 4 Donation 5 Other (Specify)	20	b. PLACE OF DISPOS	SITION (Name of ce		2	Oc. LOCATION —	imore, MD		
	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE		Ster.	ing As Ling As Edmonds	hton Fi	uneral /Balto	Home, Inc. . MD 21228		
CERTIFICATION	shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Finsi disease or condition resulting in death) Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):									
MEDICAL	PART II. Other aignificant conditio	ne contributing to death		in the underlyin	g cause given in	P	VAS AN AUTOPSY PERFORMED? YES 2 NO	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:		OTHER:	LACE OF DEATH (C					
BY PHYS	27. MANNER OF DEATH 1 Natural 5 Rending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	26b, TIN	IE OF 28c. IN	JURY AT ORK? YES 2 NO		NOW INJURY OC	CURED		
G	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJUR building, atc. (Sp	Y — At home, farm, ecify)	street, factory, offi	ca	261, LOCATION City or Town	(Street and Number c, State)	r or Rural Route Number,		
COMPLET	doe)	SICIAN: To the best of my kno ER: On the bests of examinati						ne cause(s) and manner as stated.		
BE	29b. SIGNATURE AND TITLE OF CERTIFIE	he Re	m h	10	29c. LICENSE NU	17821	29d. DAT	12/2/90		
TO	40. NAME AND ADDRESS OF PERSON W			e, Print)						
	31; DATE FILED (Month, 'Day, Year)	32. REGISTRAP'S SIG	NATURE							



TO BE COMPLETED BY FUNERAL DIRECTOR

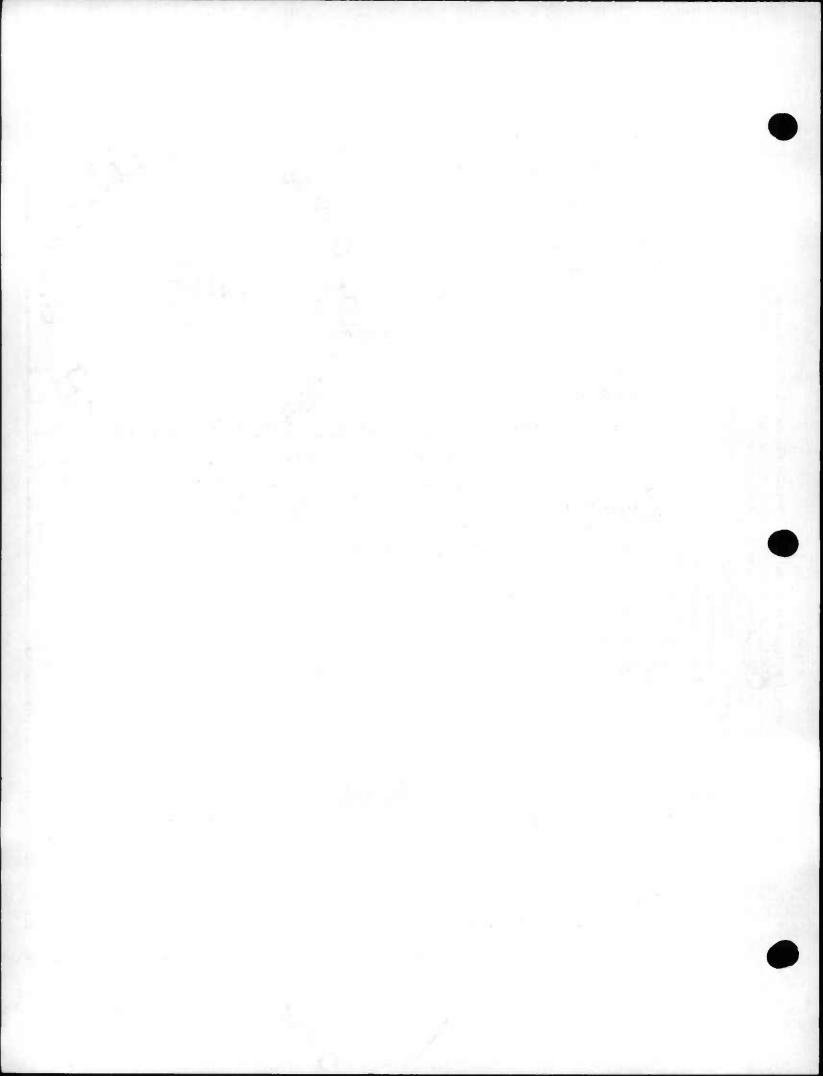
DIVISION OF VITAL RECORD

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

Unk. #90-223

Unk. #90-223											0.0	33100
FOR STATE REGISTRAR	STATE OF M							MENTA			00	33100
1. OECEDENT'S NAME (First, Middle, Last) DONOV AN	М.								OF DEATH	9	YEAR	
4. SOCIAL SECURITY NUMBER				IF UNDER	1 YEAR DAYS	IF UNDER	24 HRS. MIN.	(Mont	h Day Wood		Country)	LACE (State or Foreign
	44	24	Thu.	9h CITY	TOWN (OR LOCATI	ON OF D		9/66	ac COU		
1 - STATE AND PRODUCT AND PROCESSORY OF DEATH			AIN									
SINAL HOSDITAL			1		вал	tlmo	re					
							Ι ΤΥ					10d. INSIDE CITY LIMITS? 1 XYES 2 NO
					101	. ZIP COD				10g, CIT		
3820 HAYWOOD A								2121	.5		U	SA
1 Never Married 2 Married	FORCES? 1	YES 2	MED IO	13.	WAS DEC If yea, ap 1 YES	ENDENT Cooling Cubic	of HISPAI in, Mexica Specif	NIC ORIGII in, Puerto y:	N? (Specify Yes Ricen, etc.)	or No-	Black,	White, etc.
(Specify only highest grade	completed)	(G	ive kind of v	work done	CCUPATION MO	DN pat of world	ng	168	, KINO OF BUS	SINESS/INC	DUSTRY	
17. FATHER'S NAME (First, Middle, Last)						18. MOT	HER'S NA	ME (First,	Middle, Maiden	Sumame)		170
DAVID CHAMPIO	N					Pl	RISC	CILL	A JEF	FERS	5	
	FERS	191										MD. 21215
	oval from Stata	other pl	ece)					RY				
21. SIGNATURE/OF FUNERAL SERVICE LIC	ensee Out	ell)	I	ERC	Y O	. D:	YETT				
ahock, or heart failure. IMMEDIATE CAUSE (Final disease or condition	Gunsho	ot wound	of	ches		ode of dy	ing, suc	ch as cer	diec or resp	iratory er	reat,	Approximate interval Between Onset and Death
If any, leading to immediate cause. Enter UNDERLYING	OUE TO	(OR AS A CONSE	QUENCE O	NF):								
that initiated events	DUE TO	(OR AS A CONSE	QUENCE O	NF):								
PART II. Other significant condition	a contributing to	death but not	resulting	in the u	nderiyir	g ceuse	given ir	Part i.	PERFO	RMED?	24b.	MAILABLE PRIOR TO COMPLETION OF CAUSE
25 MMC CACE DEFENDED TO MEDICAL		_			20.0	ACE OF	DEATH //	hank ank a				
EXAMINER?		ER/Outpatient	DOA		R:				-			
	26a. DATE OF (Month, D	INJURY ay, Year)	26b. TIN	ME OF JURY	28c. IN	JURY AT ORK?					CURED	
t	12-1-	-90	5:4	7p M	1 🗆	YES 2	ON [sul	oject &	shot		
3 Suicide 6 Could not be	28e. PLACE O building,	F INJURY — Al he etc. (Specify)	ome, ferm,	street, fe	ctory, offi	ce		261. LO	y or Town, State)		
			stre	et	_			12600) blk.	W. (
(Check only						-						,
290 BIGNATURE AND TITLE OF CERTIFIE	1611						CENSE NU	MBER		29d, DA	12-2	(Month, Day, Year)
30. NAME AND ADDRESS OF PERSON WI	the second				7.			1		UD 01		70
Margarita A. Ko	rell. M.	D. 1	11 Pe	enn S	tre	et	В	alti	nore, l	עוי 21	1701	

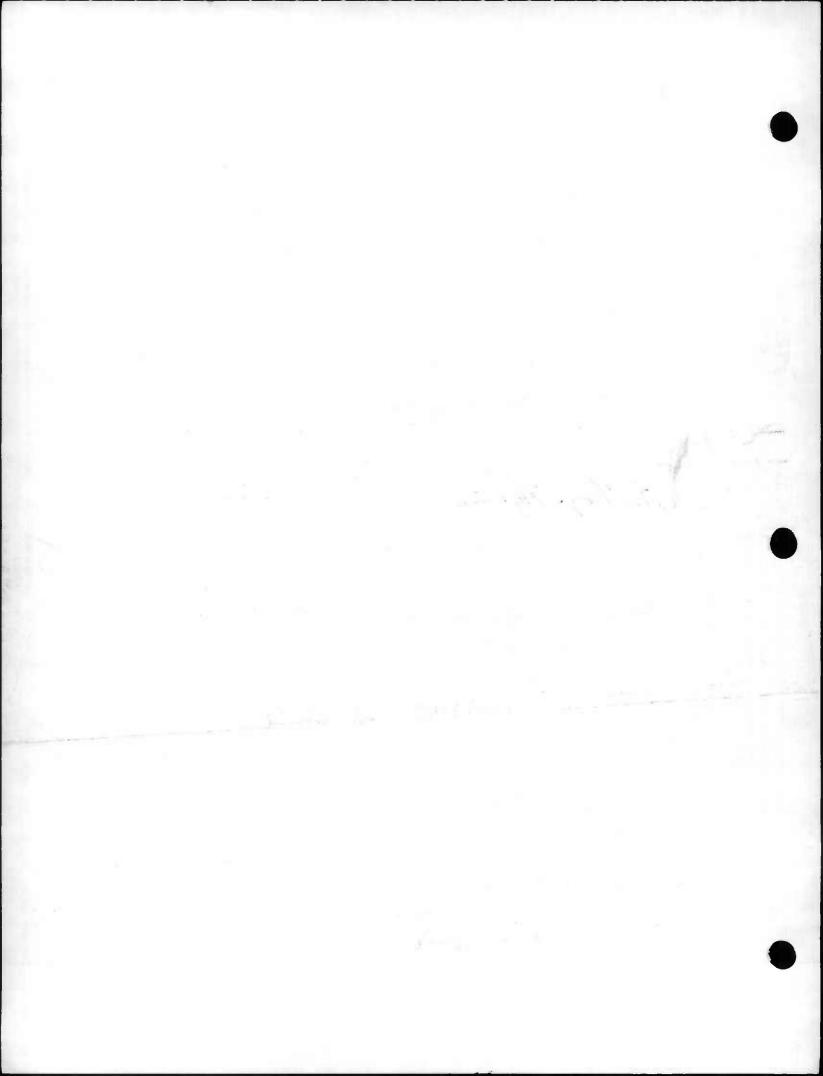
DHMH-16 Rev 1/89



TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within any order death. Page 6 may be retained by the intended by the attending physician and completely filled in by the funeral director, page 5 should be made tied within 72 hours after death with the State Dept. of Heath and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Itam 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at ence.

	REGISTRAR		CER	TIFICAL	E UF	DEA	I H	RE	EG. NO.			
	1. DECEDENT'S NAME (First, Middle, L.							2. DATE OF D	DAY		YEAR	TIME OF DEATH
	Arthur Bens		SR.					12	01		199 0	7:42 pm
	4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In yrs. last birt	MONTH	ER 1 YEAR	HOURS	R 24 HRS.	7. DATE OF BI (Month, Day)			8. BIRTHPL/ Country)	ACE (State or Foreign
	219-01-6237	1 🖾 M 2 🗌 F	68	YRS.				5-22-	22		Mary]	
~	9a. FACILITY NAME (If not institution, g				TY, TOWN		ION OF DE	EATH		9c. COU	NTY OF DEAT	TH
0	North Arundel H	lospital		Gle	n Bu	rnie				Anne	e Arun	del
S I	10a. STATE 10b. CO		10	De. CITY, TOWN	OR LOCA	TION					10	d. INSIDE CITY
DIRECTOR	Md. Ann	e Arundel		Glen	Burn	ie					1	LIMITS? YES 2 NO
	10e. STREET AND NUMBER					. ZIP COD	E			10g. CITI	IZEN OF WHA	T COUNTRY?
ER.	1656 Furnace Dr				2	1061				U.S.	Α.	
FUNERAL	11. MARITAL STATUS	12. WAS DECEDEN	T EVER IN U.S. ARMED	1				IIC ORIGIN? (Sp	ecify Yea		14. RACE	American Indian,
BY F	1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE V				2 NO			, 4(0.)		Specify:	
	15. DECEDENT'S	EDUCATION	44- 05050		000000	-		400 1/101	D OF BUS	1	Whi	te
COMPLETED	(Specify only highest g	rade completed)	(Give k	ENT'S USUAL and of work don NOT use retired	e during m	ost of worki	ing	100. KINI	D OF BUS	INESS/INE	JUSTRY	
2	Elementary/Secondary (0-12)	College (1-4 or 5	+)	tenanc				Clon	Dia	- A	1 = +	
MC	17, FATHER'S NAME (First, Middle, Last		I Haili	tellalle	е	18. MOT	HER'S NA	ME (First, Middle	Rid Melden S	_	TDC.	
	Arthur B. Vei	t. Sr.				Mar	ion I	Doxzen	Bio1	ev		
BE	19a. INFORMANT'S NAME (Type/Print)		19b. M.	AILING ADDRE	SS (Street			Route Number, C	-		p Code)	
우	Vicki L. Dowell		32	2 Camb	ride	e Rd	. Pas	sadena.	Md.	211	22	
	20s. METHOD OF DISPOSITION 1 Durial 2 Cremation 3 D	Bomman from Ctate	20b. PLACE OF I	DISPOSITION							City or Town	, State
	4 Donation 5 Other (Specify)	Namovar from State		o Crem	ator	У			Ba1	timo	ore,Md	
	21. SIGNATURE OF FUNERAL SERVICE	E LICENSEE	/	2	Sing	ND ADDRE	SS OF FA	outy neral H	lome			
	+ 95 Alcon	Heck	-							Bur	nie,M	d. 21061
	23. PART I. Enter the diseases,	or compileations the	et caused the death	. Do not ant	er the m	ode of dy	ing, suc	h as cardisc	or reapir	retory an	rest,	Approximate
	shock, or heart falls IMMEDIATE CAUSE (Final	ure. List only one car	use on each line.									Interval Batwean Onset and Death
	disease or condition	Card	iopulmon	arv A	rre	st						1
	readiting in death)		IPH AS A CONSEQUE			55						
Z	Commentative that are able to	r. Uns	tables	mari	na	-	M. 1					
CERTIFICATION	Sequentielly list conditions, if any, leading to immediate	DUE TO	HOR AS & CONSTOUR	NCE OF	1	1	//		747 24 26 A			
2	cause. Enter UNDERLYING CAUSE (Disease or Injury	- thyre	muny	Ca	w	NW	ruys	new	wy	e_		-
Ē	that initiated events resulting in death) LAST	1/1000	2 8 8 4 4 4 5	AA								
E		r a brokky	oy www.	ν.								+
	PART II. Other significant cond	itions contributing to	death put not resu	utting in the	ungerlyir	g cause	given in	Part I. 24e	PERFOR			ERE AUTOPSY FINDINGS WALABLE PRIOR TO
EDICAL	Jam Ja	CHTIA	swy a	MAN	WHA	A	1021	10 - CARE	Y85 2	□ NO		OMPLETION OF CAUSE F DEATH?
ME	7	mywatt	track h	w on	edite	XXI	11/0	_			,	☐ YES 2 ☐ NO
	S-2-V			0	our	Ner	Ken					
S	25. WAS CASE REFERRED TO MEDICA EXAMINER?	HOSPITAL:		ОТН		LACE OF	DEATH (CA	neck only one)				
PHYSICIAN:	1 YES 2 NO		ER/Outpatient 3	DOA 4 1	Yursing Ho	description of the last of the	lesidence	SE Other (Sp	-	326		
	27. MANNER OF DEATH 1 Natural 5 Pending	28e. DATE O	Dig. War)	SID. TIME OF	W	JURY AT ORK?	FT	284. DESCRIE	BE HOW II	KJURY OC	CURED	
BY	2 Accident Investigat					YES 2	□ wo	*** *******	N. (Theorem)		er or Punit Rou	n North
G	3 Suicide & Could no 4 Homicide determine	t be building	OF MUURY — At home, , etc. (Specify)	, nerm, street, 1	sectory, om	00			sero, State)	my Mumbe	r or Humi Hou	its number.
4	29a. CERTIFIER		S. V. Salara Salara		U/24 (2)		100	_		-	- 41	
M M	(Check only 1 to CERTIFYING P	SYSICIAN: To the best of										
COMPLET	255755	MINER: On the basis of	examination analyt the	retigation, in it	y opinion,			podrača nagrava	prace, an		A-1011111	See Assili e elli eret
BE	29h. SIGNATURE AND TITLE OF CHE	de C.	uD-			78c. U	88 (SEHRE HI			29d. DA	A 1-2	forth, Dec Year)
2	30. NAME AND ADDRESS OF PERSON	N WHO COMPLETED CA	ME OF DEATH STEW Y	D (See See		L	, 00	U1		- 1	210	170
1					c+ D	had	G 1	en Ru	rnic	M	larv1:	and 21061
	Nick P. Mout 31. DATE FILED (Month, Day, Year)	22 BEGISTE	ADIO CICALATUDE		L K	υαu,	ul	CII DU	1111	, 11	ar J I	ua 21001
	DEC 4 1990		don-Randa	2								
		A										

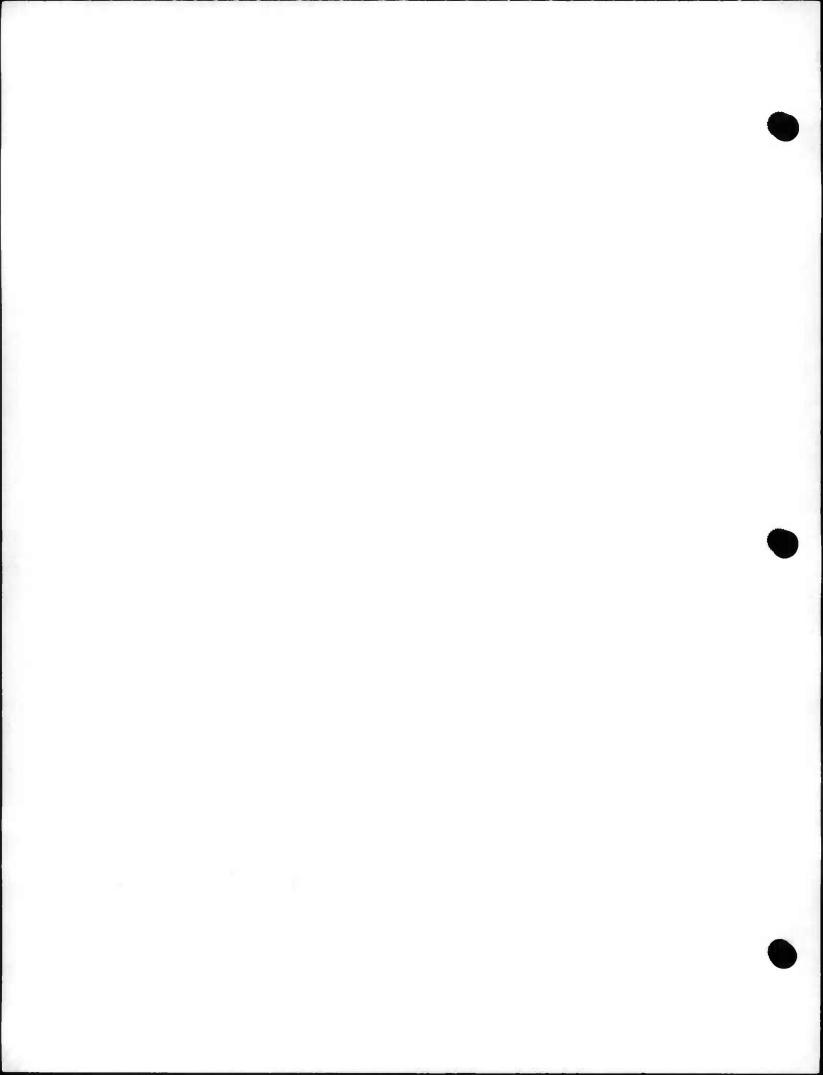


TO BE COMPLETED BY FUNERAL DIRECTOR

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TENDING PHYSICIAN: The law requires that the death certificate be executed within 25-mours after death. Page 6 may be retained by the hospita	TOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached it	ath	is marked or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once
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E	PR PR	the	œ

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

FOR												9 (33102
1 - STATE REGISTRAR		STATE OF M	// ARYLAI	ND / DEPA CERTIF						DEC NO			00102
1. OECEOENT'S NAME (First		Dorothv		i.		HIT	Έ		ň	F OF DEATH	990	90	3. TIME OF OEATH 10:16 A M
4. SOCIAL SECURITY NUMBER		5. SEX 1 M 2 F		yrs. last birthday; YRS.		YEAR DAYS	HOURS	24 HRS. MIN.	7. DATE (Mor	E OF BIRTH hth, Day, Year)		6. BIRTH	
217-32-7563		Δ.	86	1710.	9b. CITY,	TOWN O	R LOCATIO	ON OF DE		. 8, 19		MARY INTY OF DE	
FRANKLIN SQ	UARE H	IOSPITAL			BAL	rtmo	RE				Bal	ltimo	re
RESIDENCE OF DEC	10b. COUNT			10c. Ci	TY, TOWN OF							I	10d. INSIDE CITY
MARYLAND	BALTI	MORE		BA	LTIMO	RE							LIMITS? 1 YES 2 T NO
10e. STREET AND NUMBER						101.	ZIP CODE				10g. CI1	TIZEN OF W	HAT COUNTRY?
8507 DAYTON	A ROAL	12. WAS OECEDEN	T EVEN IN I		T 40 10		.237	E 111004		IN? (Specify Yea		S.A.	
1 Never Merried 2 3 Widowed 4 Dive		FORCES? 1	YES	2 NO	11	yee, spe	elfy Cuba 2 (2) NO	n, Maxica	in, Puarto	Rican, etc.)	or No-	Black WHII	— American Indian, , White, etc.
15. DEC (Specify on	EDENT'S EDU y highest grade	CATION completed)	1	Give kind o	work done di	CUPATIO	N st of workin	g	16	b. KINO OF BUS	INESS/IN	OUSTRY	
Elementary/Secondary (I	0-12) N/	College (1-4 or 5		HOMEMA						HOME			
17. FATHER'S NAME (First, N		n		HOTHER	KEK		16. MOTI	IER'S NA		Middle, Maiden	Surneme)		
CHARLES GRE	IF						BER	NAD]	INE :	RETHMAN	I		
19a. INFORMANT'S NAME (DOROTHY OEC		(DAUGHTE	R)							mber, City or Town			21237
20a. METHOD OF DISPOSIT	on 3 🗆 Rem	oval from State		PLACE OF DISP								- City or To	
4 Donation 5 Other 21. SIGNATURE OF FUNETURE		CENSES //	SAC	RED HE.		_	SUS			Y [BALT	'IMOH	RE, M	ARYLAND
10	1.4	Hay	4		SCI	IIMU	NEK	FUNI	ERAL	HOME,	INC.	•	YLAND 21236
iMMEDIATE CAUSE (Fi disease or condition resulting in deeth)	nel	Sepsi s. Due To	S (OR AS A C		OF):	the mod	ds of dy	ng, suc	ch ea ce	rdiac or respi	ratory a	rreat,	Approximate Interval Between Onset and Death
Sequentially list conditions to more cause. Enter UNDERLY CAUSE (Disease or injuited initiated events resulting in death) LAS	ing ing	Renal DUE TO Cardi	fail (OR AS A C ac ar	rest	OF):								
PART II. Other aignifica	ent condition	ne contributing to	death but	t not resulting	in the un	derlying	g cause (given in	Part I.	24a. WAS AN PERFOR 1 YES 2	MED?	7 24b.	WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
											^		1 YES 2 NO
25. WAS CASE REFERRED TEXAMINER?	TO MEDICAL	HOSPITAL:			OTHER	:	ACE OF D						
27. MANNER OF DEATH X 1 X Natural 5	Pending	28a. DATE O		26b. T	ME OF NJURY	28c. INJ WO			r	her (Specify) ESCRIBE HOW II	NJURY O	CCURED	
2 Accident 3 Suicide 6 4 Homicide	Investigation Could not be datarmined	26e. PLACE (OF INJURY -	- At home, farm	, street, facto	ry, office	•			OCATION (Street a ty or Town, State)		er or Rural F	loute Number,
(Chick only		ICIAN: To the best of) and manner as stated.
29b. SIGNATURE AND TITL	mes	i K 7	fall	w	>		29c. LIC	H O	MBER /	3	29d. DA	TE SIGNED	(Month, Day, Year)
30. NAME AND ADDRESS OF).[)r	Bal	bo	MD 2123	37	6	•
31. DATE FILED (Month, Day	1990	Sella DEM	AR'S SIGNA	TURE 200									



1 - FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

Addic

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J.	death
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HECO	requires
	WB
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DIVISION OF VITAL RECORDS, P.O. BOX 13146	HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within
ISION	ATTENDING
\leq	DR
	HOSPITAL

000	9e. FACILITY NAME (If not ins	titution, give stre	1	53	YRS.	b. CITY, TOWN C	PR LOCATION OF DE	8/1	12/37	9c. COUNTY	Country) W. V	7.
Ď.	Saint A		ospital			Ва	ltimore					
0 1	Md.	10b. COUNTY				rown on Locat	LIMITS?					
< 11	100. STREET AND NUMBER 2738	Moshe	r Street		101. ZIP CODE 21216					10g. CITIZEN OF WHAT COUN USA		
E	11. MARITAL STATUS 1 Never Merried 2 1 1 3 Widowed 4 Divor	Married	12. WAS DECEDENT I FORCES? 1 I IF YES, GIVE WAR	YES 2		if yes, sp	endent of Hispan ecity Cuben, Mexice 2 NO Specify	n, Puerto I				
LETED		DENT'S EDUCA highest grade of		(SUAL OCCUPATION done during moretired.)		166	. KIND OF BUS	SINESS/INDUS	STRY	
E COMPLET	17. FATHER'S NAME (First, Milliam)		derson		•		16. MOTHER'S NA	ME (First, i	Middle, Malden Art			
2	190. INFORMANT'S NAME (Ty Addie B		is	1			St. Bal			n, Stata, Zip G 1216	ode)	
- 11	20e. METHOD OF DISPOSITION 1 Buriel 2 Cremetion 4 Donation 8 Other	n 3 🗆 Remov	val from State	20b. PLAC other Gar	e of disposit	TON (Name of cer	metery, cremetory or			ings N		
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Estep Brothers Funeral Home P 1300 Eutaw Place Balto, Md. 2 23. PART I. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cerdiec or respiratory arrest,											
ERTIFICATION	Sequentially list condition if any, leading to immediate. Enter UNDERLY!! CAUSE (Disease or injust that initiated events resulting in death) LAS*	ona, flete NG ry	S EF	PIRATOR AS A CONS		FAILU	RE					
MEDICAL C	PART II. Other significant	nt conditione	contributing to d	not resulting in the underlying cause given in Part i. 24a, WAS AN AUTOPSY PERFORMED? 1 YES 2 NO						AVAI COM OF I	RE AUTOPSY FINDI ILABLE PRIOR TO IPLETION DF CAU DEATH? YES 2 NO	
SICIAN:	25. WAS CASE REFERRED TO EXAMINER? 1 YES 2 NO	O MEDICAL	HOSPITAL:	ER/Outpatient		OTHER:	LACE OF DEATH (Ch					
ву РНУ		Pending Investigation	26e. DATE OF II (Month, Day	(Year)	28b. TIME INJUI	RY M 1 🗆	JURY AT DRK? YES 2 NO		SCRIBE HOW			
8	3 Suicide 6 Could not be 4 Homicide 6 Could not be determined 26e. PLACE OF INJURY — At home, term, street, factory, office building, etc. (Specify) 26e. PLACE OF INJURY — At home, term, street, factory, office City or Town, State)										r Rural Route	Number,
COMPLET	(Critick only		IAN: To the best of n									d menner en state
	29b. SIGNATURE AND TITLE	OF CERTIFIER		29c. LICENSE NUMBER 29d. DATE SIGNED (Month, D 11/30/90					nth, Day, Year)			
TO BE	Und	in t	Hholer							> //	130/	

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

Wilsonwilson

Addie

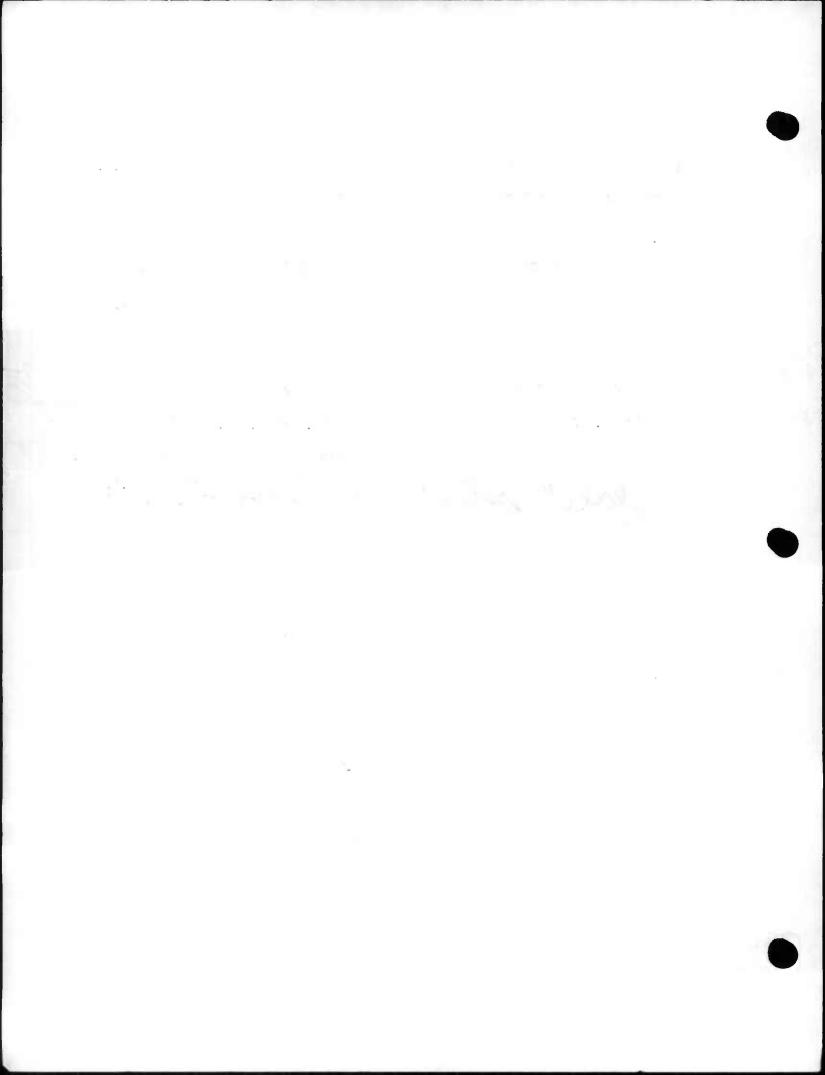
2. DATE OF DEATH

BAY 30

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DHMH-18 Rav 1/89



n. ransit permit. Pages 1, 2, 3 should BALTIMORE, MARYLAND 21203-31 TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2-mounts after death. Page 6 may be retained by the hospital or 10 THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached from the filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. DIVISION OF VITAL RECORDS, P.O. BOX 13146,

FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRAR

CERTIFICATE OF DEATH

REG. NO.

2. DATE OF DEATH

	1. DECEDENT'S NAME (First, Mid		,	/	11 1	1 -			2. DATE OF DI	EATH DAY	12-1-	AP 0 3. TI	ME OF DEATH
	MA	RGA	RET	K. U	Jhi	TE			12	1	90) >	055 4
	4. SOCIAL SECURITY NUMBER		S. SEX	6. AGE (In yrs. las	,, L	IF UNDER 1 Y		UNDER 24 HRS.	7. DATE OF BI	RTH			E (State or Foreign
	219-30-4340	A 1	□ M 2 💢 F	88	YRS.	MONTHS E	AYS HO	URS MIN.	(Month, Day,			Country)	
	9a. FACILITY NAME (If not institut		et and number)			9b. CITY, TO	OWN OR LO	CATION OF DE		72	9c. COUNTY	114 4	
OC.	Ch Amman	11 -	24-7			77 - 7					37		
6	St. Agnes	HOST	ntal			Bal	timo	re Ci	ty		N/	A	
낊		b. COUNTY	-		10c. CITY	, TOWN OR	LOCATION					10d.	INSIDE CITY
%	Md. 1	Balti	more		0	aton	arri 1	٦٥					LIMITS? YES 2 XNO
٦	10e. STREET AND NUMBER	Darol	THUT E		- 0	a. 11 0 111	10f. ZIP				10g. CITIZEN	OF WHAT	COUNTRY?
FUNERAL DIRECTOR	100 0 100	A				Ne o i		07.000			** 4		
뿔	409-C Wheat	ton	- CS.	TODSVI	le,		S DECEND	21228	IIC ORIGIN? (Sp	nolfu Vno	II S		nadese Indiae
F	1 Never Married 2 Men		FORCES? 1	YES 2		If y	es, specify	Cuben, Mexico	n, Puerto Ricen,				marican Indien, le, atc.
ΒÝ	3 Widowed 4 Divorced	d	IF YES, GIVE V	MY / V		ן יו	J TES 2	NO Specify	NT / A			Specify:	
		ENT'S EDUCA		16a, DE	CEDENT'S	USUAL OCC	JPATION		16b. KIND	OF BUS	INESS/INDUS	11.44	, E
COMPLETED	(Specify only high Elementary/Secondary (0-12)	1		life	ive kind of w Do NOT us	rork done dur e retired.)	ing most of	working	350.00				- 1
7	Elementary/Secondary (U-12)	'	College (1-4 or 5	·				4		7-1	L	4.7	17
M	17. FATHER'S NAME (First, Middle	in Leat)	N/A	INI	1781	ng S		tary	ME (First, Middle			an I	Hospita
							100						
BE	Columbia		lall	1					Route Number, Cl				
2													.043
	Howard M	Whit	e,dr.						dEl	lic	ott (lity,	Md.
	20e. METHOD OF DISPOSITION Section 2 Cremetton 2	J A Romov	al from State	other p	ace)			y, crematory or			CATION — CITY		tate
	4 Donation 5 Other (Spe	pecify)		Loud	ion			eterv		Ba	lto.	Md.	
	21. SIGNATURE OF FUNERAL SE	ERVICE LICEN	NSEE					DORESS OF FA	ore N	0+4	onel	Di ke	
	C m	7111m OY	Schw	ob					Md. 2			LIKE	, l
	23. PART i. Enter the disea				eth. Do n							t. I	Approximats
	shock, or heer	t fellure. Li	st only one ce	use on each line									Interval Between Onset and Death
	IMMEDIATE CAUSE (Finel disease or condition		\wedge	4		0	. 0	Trul	es - C -	4		i	Oliset sud Death
	resulting in death)	8.	Y-1 C	OR AS A CONSE	M2)	ande	ell	14	onciu	1-			484
			Co	0	OUE TOE OF	7:	1	. 0 9				i	01
N	Sequentially list conditions	18, b.	DIJE TO	OR AS A CONSE	OLIENCE OF	D.	MA						62
0	if any, leading to immediat	100				,						İ	
ATIC	cause. Enter UNDERLYING					n.							
FICATIO	cause. Enter UNDERLYING CAUSE (Disease or injury	3	DUE TO	(OR AS A CONSE	OUENCE OF								
TIFICATION		3	DUE TO	(OR AS A CONSE	OUENCE OF	-):						ļ	
CERTIFICATION	CAUSE (Disesse or injury that initiated events	3	DUE TO	(OR AS A CONSE	OUENCE OF	7:							
AL CERTIFICATION	CAUSE (Disesse or injury that initiated events	d.					erlying co	Buse given in	Part I. 24a		AUTOPSY MED?		E AUTOPSY FINDINGS
	CAUSE (Disess or injury that initiated events resulting in death) LAST	d.					erlying ca	Buse given in		PERFOR	MED?	AVAI	LABLE PRIOR TO PLETION DF CAUSE
	CAUSE (Disess or injury that initiated events resulting in death) LAST	d.	contributing to	deeth but not			erlying co	suse given in			MED?	COM OF S	LABLE PRIOR TO PLETION DF CAUSE DEATH?
MEDICAL	CAUSE (Disess or injury that initiated events resulting in death) LAST	d.	contributing to	deeth but not			erlying co	ouse given in		PERFOR	MED?	COM OF S	LABLE PRIOR TO PLETION DF CAUSE
MEDICAL	CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significent of the control of the cont	c c d.	contributing to	deeth but not				Buse given in	1[PERFOR	MED?	COM OF S	LABLE PRIOR TO PLETION DF CAUSE DEATH?
MEDICAL	CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant of the control of the cont	conditions	contributing to	deeth but not	resulting :	In the und	26. PLACE	E OF DEATH (C)	1 [PERFOR	MED?	COM OF S	LABLE PRIOR TO PLETION DF CAUSE DEATH?
MEDICAL	CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significent of the control of the cont	conditions	contributing to	ER/Outpatient	resulting	OTHER:	26. PLACI	E OF DEATH (Cr	1[PERFOR	MED?	AMAI COM OF S	LABLE PRIOR TO PLETION DF CAUSE DEATH?
PHYSICIAN: MEDICAL	CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant of the control of the cont	conditions weoical	contributing to	e deeth but not	resulting	OTHER:	26. PLACI	E OF DEATH (CF	1 [PERFOR	MED?	AMAI COM OF S	LABLE PRIOR TO PLETION DF CAUSE DEATH?
BY PHYSICIAN: MEDICAL	CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant of the control of the cont	c. d. conditions	HOSPITAL: 1 Impatient 2 280. DATE O	ER/Outpatient FINJURY Day, Year)	3 DOA 286. TIM	OTHER: 4 Nursin	26. PLACE 19 Home 1 18c. INJURY WORKT 1 YES	E OF DEATH (Cr	a Other (Sp. 28d. DESCRIE	PERFOR	MED?	AMAI COM OF S 1	LABLE PRIOR TO PLETION DF CAUSE MEATH? YES 2 NO
ED BY PHYSICIAN: MEDICAL	CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant of the s	conditions weoical	HOSPITAL: Impetient 2 28e. DATE 0 (Month.) 28e. PLACE	ER/Outpatient	3 DOA 286. TIM	OTHER: 4 Nursin	26. PLACE 19 Home 1 18c. INJURY WORKT 1 YES	E OF DEATH (CF	1 [PERFOR	MED?	AMAI COM OF S 1	LABLE PRIOR TO PLETION DF CAUSE MEATH? YES 2 NO
ED BY PHYSICIAN: MEDICAL	CAUSE (Disease or Injury that Initiated events resulting in death) LAST PART II. Other significent of the control of the cont	c. d. conditions	HOSPITAL: Lippettent 2 28e. DATE building	ER/Outpatient F INJURY Dey, Year) OF INJURY — At h, etc. (Specify)	B DOA 28b. TIM INJ	OTHER: 4 Nursir	26. PLACE 19 Home 19 10 WORK? 1 YES 1 Yes	E OF DEATH (CF	a Other (Sp. 28d. DESCRIE 28f. LOCATIO City or for	PERFOR YES 2 BOTH OCITY N (Street over, State)	NJURY OCCUPANT NUMBER OF	ARAI COM OF E	LABLE PRIOR TO PLETION DF CAUSE MEATH? YES 2 NO
ED BY PHYSICIAN: MEDICAL	CAUSE (Disease or Injury that Initiated events resulting in death) LAST PART II. Other significent of the control of the cont	c. d. conditions	HOSPITAL: Jepsetsent 2 28e. PLACE building	ER/Outpatient F INJURY — At h, etc. (Specify)	DOA 28b. TIM INJ	OTHER: 4 Nursir E OF 2 URY M street, factor	26. PLACI ng Home 1 ng. INJURY WORK? 1 VES y, office	E OF DEATH (CF	a Other (Sp. 28d. DESCRIE 28f. LOCATIOn City or To	PERFOR YES 2 POLITY DE HOW III	NJURY OCCUPANT OF THE PROPERTY	ARACON OPT 1 1	LABLE PRIOR TO PLETION OF CAUSE MATTER VES 2 NO
ED BY PHYSICIAN: MEDICAL	CAUSE (Disease or Injury that Initiated events resulting in death) LAST PART II. Other significent of the control of the cont	c. d. conditions	HOSPITAL: Jepsetsent 2 28e. PLACE building	ER/Outpatient F INJURY — At h, etc. (Specify)	DOA 28b. TIM INJ	OTHER: 4 Nursir E OF 2 URY M street, factor	26. PLACI ng Home 1 ng. INJURY WORK? 1 VES y, office	E OF DEATH (CF	a Other (Sp. 28d. DESCRIE 28f. LOCATIOn City or To	PERFOR YES 2 POLITY DE HOW III	NJURY OCCUPANT OF THE PROPERTY	ARACON OPT 1 1	LABLE PRIOR TO PLETION DF CAUSE MEATH? YES 2 NO
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BE COMPLETED BY PHYSICIAN: MEDICAL	CAUSE (Disease or Injury that Initiated events resulting in death) LAST PART II. Other eignificent of the control of the cont	c. d. conditions MEOICAL Inding restigation auld not be termined VYING PHYSICI EXAMINER: PERSON WHO All EXAMINER:	HOSPITAL: 28e. PLACE building IAN: To the best of COMPLETEO CAI	ER/Outpatient FINJURY Dey, year) DF INJURY — At h, etc. (Specify) If my knowledge, departmention end/ord	a DOA 28b. TIM INJ Dome, farm, s seath occurr investigation	OTHER: 4 Nursile E OF	26. PLACI gg Home 1: 8c. INJURY WORK' 1 YES y, office e, date and	E OF DEATH (CF G Residence AT 2 NO d place, and due n occured at the	a Other (Sp. 28d. DESCRIE 28f. LOCATIO City or for the cause(s) time, date end MBER 9 6 9	PERFOR VES 2 scity) HE HOW II N (Street of wrn, State) and man place, en	NJURY OCCUI	ARA COM OF E	Number, manner ee stated.

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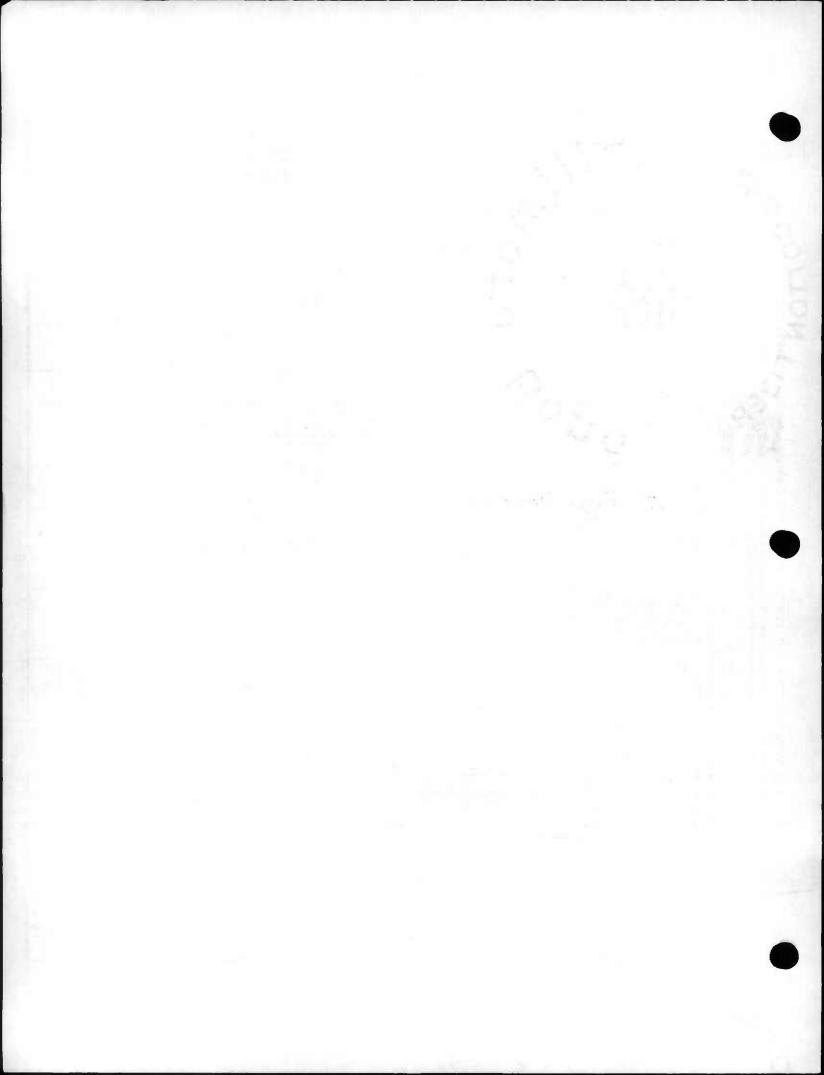
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4. SOCIAL SECURITY NUMBER 5 SEY 8. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign (Month, Day, Year) Maryland DAYS HOURS 212-10-6018 1 M 2 F 86 YRS Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street and number) 9c. COUNTY OF DEATH 9b. CITY, TOWN OR LOCATION OF DEATH DIRECTOR 779 Stevenson Rd. Severn Anne Arundel RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10b. COUNTY 1 YES 2 1 NO Severn Md. Anne Arundel permit. 10g. CITIZEN OF WHAT COUNTRY? FUNERAL 10e. STREET AND NUMBER 101. ZIP CODE 779 Stevens Rd. 21144 U.S.A. detached for use as the burial-transit the hospital or attending physician. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, etc. FORCES? 1 YES 2
IF YES, GIVE WAR OR DATES If yes, specify Cuben, Mexican, Puerto Rican, etc.)

1 YES 2 ND Specify: 1 Never Married 2 Married Specify: BY 3 🔀 Widowed 4 🔲 Divorced White 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) COMPLETED 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade Elementary/Secondary (0-12) College (1-4 or 5+) 6th None G&G Uniform Presser once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surneme) Howard Harvey Anna BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 255 Mallard Dr. Pasadena Md. 21122 Doris Williams 20e, METHOD OF DISPOSITION
1 🗠 Burlel 2 🗆 Cremation 3 🗆 Removal from State
4 🗆 Donation 5 🗀 Other (Specify) 20b. PLACE OF DISPOSITION (Name of cometery, cremetory or 20c. LOCATION - City or Town, State Mt. Olivet Cemetery died nours after death. Page 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 1 Second Ave. S.W. examiner the funeral Glen Burnie, Md. 21061 removal medical 23. PART I. Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such as cardisc or respiretory errest, Approximate filled in by shock, or heart failure. List only one cause on each line. Cancer of the left lung 6 Onset and Death IMMEDIATE CAUSE (Final completely filled rial, cremation, c the disease or condition_ executed within resulting in death) traumatic event, DUE TO (OR AS A CONSEQUENCE OF) attending physician and con ttal Hygiene prior to burial, CERTIFICATION Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): 2 certificate other DUE TO (OR AS A CONSEQUENCE OF): 6 has been signed by the after Dept. of Health and Mental Injury, PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS the MEDICAL AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? Due that 23 shows any GT YES 2 Hyperleurian 1 TES 2 NO aciqua 3 ecton PHYSICIAN: M.B 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL OR ATTENDING PHYSICIAN: The FUNERAL DIRECTOR: After this certificate ha within 72 hours after death with the State D Item EXAMINER? OTHER:
4 □ Nursing Home 5 Residence 6 □ Other (Specify) HOSPITAL: fent 2 ER/Outpetient 3 DOA 6 27. MANNER OF DEATH 28s. DATE OF INJURY 28b. TIME OF 28c. INJURY AT WORK? 28d, DESCRIBE HOW INJURY OCCURED marked, 1 Natural 2 Accident 5 Pending Investiga 1 YES 2 NO BY 281. LOCATION (Street end Number or Rural Route Number, City or Yown, State) 28s. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Suicide 28 ls COMPLETED 4 Homicide Item 29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(s) and menner as stated. = 2 MENICAL EXAMINER: On the THE HOSPITA THE FUNERA filed within 73 end/or investigation, in my opinion, death occured at the time, date and place, and due to the cause(s) and menner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE P P 2 E 0 OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 30, NAME AND ADDRESS 2932A- MOUNTAIN MI MARTINEZ MD BENITO 32. REGISTRAR'S SIGNATURE 31. DATE FILED (Month, Day, Year) Sandren Pandelle **OHMH-16 Rev 1/89**

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH 2. DATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 3. TIME OF DEATH YEAR 12 Margaret Mae Wissmann 5 Moute



BALTIMORE, MARYLAND 21203-3146

DIMISION OF VITAL RECORDS, P.O. BOX 13146,

The law requires that the death certificate be executed within 24-mours after death. Page 6 may be retained by the hospital or attending physician.

Conflict the second of the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunial-transit permit. Pages 1, 2, 3 should be State Dept. of Health and Mental Hygiene prior to bunial, cremation, or removal.

The transit of Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. TO THE HOSPITAL OF STATEMENT TO THE FUNERAL DIFFERS HE DE filed within 72 hours are IMPORTANT: If them 25 mm.

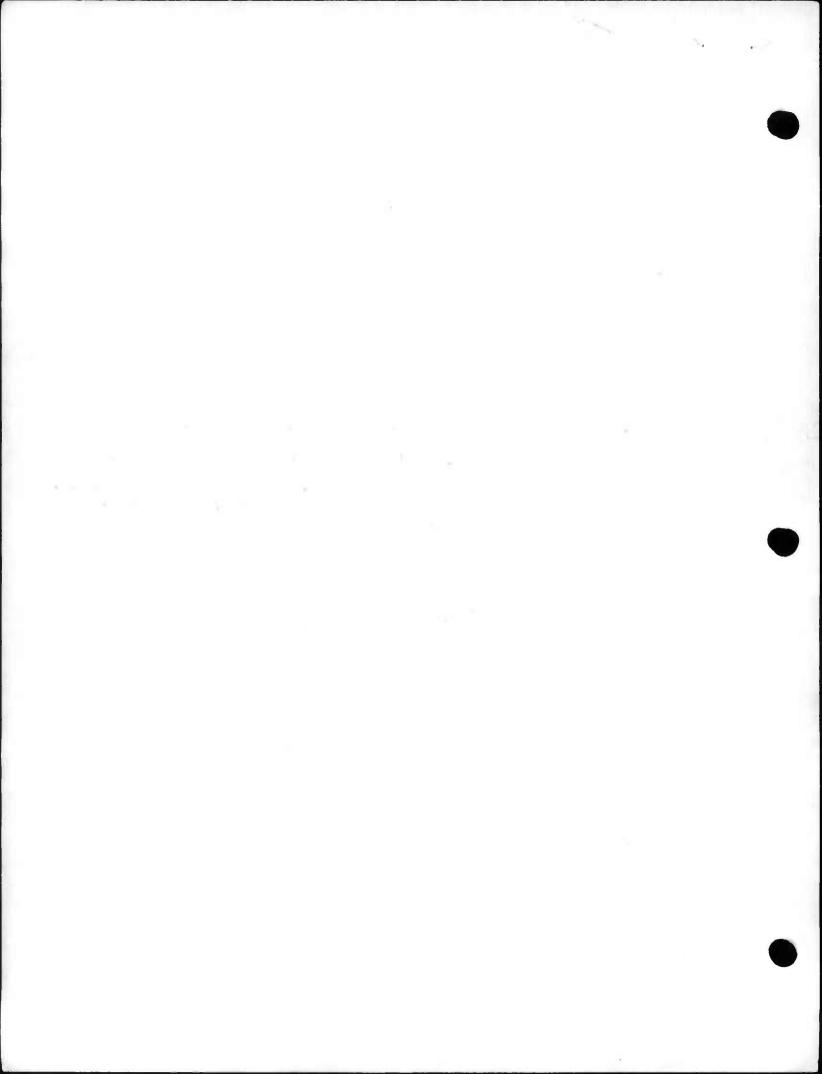
	FOR STATE REGISTRAR	TATE OF MARYLAND			HEALTH AND F DEATH	MEN	ITAL HYGIENE			
	1. DECEDENT'S NAME (First, Middle, Last)						DATE OF DEATH	Y YE		TIME OF DEATH
1		DRBOR					11 2	7 90		9:28am
		SEX 6. AGE (in yrs. in		IF UNDER 1 YEA		7 6	ATE OF BIRTH Month, Pay, Year) 9 11123	8. E	IRTHPLA OUNTRY) TE	CE (State or Foreign
	9a. FACILITY NAME (If not institution, give atreet of				N OR LOCATION OF	DEATH		9c. COUNTY		
OR		Hospital Ce	nter	Ba1	to.City	,Md				
DIRECTOR	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY		10c. CITY,	TOWN OR LO	CATION				100	I. INSIDE CITY
PHO	Md		60	03 Wy	eth St.	В	alto.Ci	ity, Mo	1. 15	LIMITS?
AL	10e. STREET AND NUMBER	G.,			101. ZIP CODE			10g. CITIZEN	OF WHAT	COUNTRY?
FUNERAL	603 Wyeth				21230			US		
BY	1 Never Married 2 17 Married	WAS DECEDENT EVER IN U.S. A FORCES? 1 YES 2 YES IF YES, GIVE WAR OR DATES		If yes,	BECENDENT OF HISF specify Cuben, Mex ES 2 NO Spe	can, Pu			Black, W	American Indian, hite, atc. White
8	15. DECEDENT'S EDUCATION (Specify only highest grade company)	pleted) (Give kind of wo	SUAL OCCUP	TION most of working		16b. KIND OF BUS	INESS/INDUST	RY	
COMPLETED	Elementary/Secondary (0-12) Co	ollege (1-4 or 5+)	e. Do NOT use	retired.)	Guard		Пол-	ard Se	G11 16	
OMF	17. FATHER'S NAME (First, Middle, Last)		5000	ar roj		NAME (F	First, Middle, Meiden		Cul	ity
BE C		rt L. Yarbo	r		Ur	sul	a	Unkno	wn	
TO B	19a. INFORMANT'S NAME (Type/Print) Mes, Helen V. Yar				th St.B				e)	
	20e. METHOD OF DISPOSITION	from State 20b. PLACE other p	E OF DISPOSI	TION (Neme of	cemetery, cremetory of Hill Ce	r	20c. LO	CATION — City	or Town, Md	State
	21. SIGNATURE OF FUNERAL SERVICE LICENS	EE /	1	22. NAM	AND ADDRESS OF	FACILIT	γ	Ba 1	to	Md.21230
	* 1/h : 0 /	O Shoul		Mc	Cully F	ıne	ral Hom			Fort Ave
	23. PART I. Enter the diseases, or com									Approximata
	shock, or heart failure. List IMMEDIATE CAUSE (Final	C. The secondition of								Interval Batween Onset and Death
	disease or condition	DUE TO (OR AS A CONS	EQUENCE OF	CONG	ESTIVE	HE	DRT FA	ALLUPE		
_		END STAGE DUE TO (OR AS A CONS								
5										
	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	ATREROSCE A DUE TO (OR AS A CONS)10 V AS G	JUAI	R D 15 E	ASE		
CERTIFICATION	reaulting in dasth) LAST		2001							
	PART II. Other algnificant conditions of	ontributing to death but not	resulting is	the under	ving cause given	In Pari	t I. 24s. WAS AN	AUTOPSY	24b. WF	RE AUTOPSY FINDINGS
S	INTEST MASL 14	and the second s					PERFOR	MED?	AM	AILABLE PRIOR TO IMPLETION OF CAUSE
ED	OPEN HEART S		CABG				1 TYES 2	_ NO		DEATH?
ä										
PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	OSPITAL:		OTHER:	PLACE OF DEATH	(Check c	only one)			
1YS	1 YES 2 NO 1	Inpatient 2 ER/Outpatient 28s. DATE OF INJURY	3 DOA		iome 5 🗆 Resident	-	Other (Specify) d. DESCRIBE HOW I	N ILIBA OCCITB	FD	
ВУ Р	1 Natural 5 Pending 2 Accident investigation	(Month, Day, Year) 28a. PLACE OF INJURY — At	INJ	M 1	WORK? YES 2 NO	200	u. DESCRIBE NOW			
	3 Suicide 6 Could not be 4 Homicide determined	261	261. LOCATION (Street and Number or Rural Route Number, City or Town, State)							
COMPLETED	Consoli Only	N: To the best of my knowledge, On the besis of examination and/o							use(a) er	nd manner se stated.
BE	29b. SIGNATURE AND TITLE OF CERTIFIER	n.D. H.O.			29c. LICENSE	NUMBER	R	29d. DATE SI	27	onth, Day, Year)
10	30. NAME AND ADDRESS OF PERSON WHO CO ALLAN KAPILIVSKY	OMPLETED CAUSE OF DEATH (IT			- Ba	1-	Inore	Do.	212	
	31. DATE IT BO (Month, Day, Year)	32 REGISTRAR'S SIGNATURE			1.07-3		77 (07-0	- 10		
	HEAN 38 1220	Julia Davidon M.	adapp.	110						

was the same

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ner m	exami	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner m	the	event,	natic	traur	other	ny, 01	를	s any	show	m 23	or Ite	ed,	mark	28 18	tem	=	TANT	POR
	al.	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	ation,	crem.	burial o	prior 10	lygiene	ental H	and Me	afth a	t. of He	e Dep	e Stat	vith th	leath w	after	Suno	12	within	filed
al direct	he funera	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral direct	ly filled	mplete	and co	ysician	ding ph	atten	by the	paud	been si	has	tificate	ils cer	After th	TOR: /	DIREC	RAL	FUNE	THE
Page 6	r death.	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6	1 25 m	d withir	execute	nte be	certifica	death	at the	es tha	requir	he law	IAN: T	HYSIC	ING PI	TEND	OR AT	TAL	HOSP	岩
MO	BALTIMO			16,	DIVISION OF VITAL RECORDS, P.O. BOX 13146,	ŏ	0.8	٥.	DS,	OH	REC	4	E	F	Z	SIC	\leq	_		

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	1 - STATE REGISTRAR	STATE OF MAR			F HEALTH AND I	MENTAL HYGIEI REG. NO		
	1. DECEDENT'S NAME (First, Middle, Lest)	Charles	Henry A	Amos		2. DATE OF DEATH		3. TIME OF DEATH
1	4. SOCIAL SECURITY NUMBER 218 - 14 - 100 3	/	GE (in yrs. lest birthday, G 5 YRS.	MONTHS DA		7. DATE OF BIRTN (Month, Day, Year)		BIRTNPLACE (State or Foreign Country) Maryland
HOLO	Falston General	Hospita	1	96. CITY, TO	STON		9c. COUNTY Har	4
DIFFECT	RESIDENCE OF DECEDENT 100. STATE 10b. COUNT Maryland Ha	rford		nty, town on u	OCATION			10d. INSIDE CITY LIMITS? 15 YES 2 NO
FUNERAL I	100. STREET AND NUMBER 4 S. Reed Street				10f. ZIP CODE 21014		10g. CITIZEN	OF WHAT COUNTRY?
BY FUNE	11. MARITAL STATUS 1 Never Merried 2 V Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVE FORCES? 1 Y IF YES, GIVE WAR O	ES 2 300	If ye	DECENDENT OF NISPAN a, specify Cuben, Mexica YES 2 NO Specify	n, Puerto Rican, etc.)	es or No— 14.	RACE — American Indian, Black, White, etc. Specify: White
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)		(Give kind o	's usual occu if work done durin use retired.) enter	PATION g most of working		onstruc	TRY
BE CON	17. FATHER'S NAME (First, Middle, Leat) Walter Scott A	mos			16. MOTHER'S NA Flore	ME (First, Middle, Malde Ince Rebe		'ew
2	19. INFORMANT'S NAME (Type/Print) Leota H. Amos				reet and Number or Aural I Street, B			
	20a. METNOD OF DISPOSITION X Burlal 2 Cremetion 3 Rem 4 Donation 5 Other (Specify)	loval from State	other place)		of cometery, crematory or copal Ceme		ocation - city ingdon,	111111111111111111111111111111111111111
	21. SIGNATURE OF FUNERAL SERVICE LI	Me Com	0, 111	How		comas III		Home, P.A.
	23. PART I. Enter the diseases, prehock, pr heart fellure. IMMEDIATE CAUSE (Finel disease or condition resulting in deeth)	List only one cause of	ration	pne	mode of dying, suc		piratory arrest	Approximeta Interval Between Onset and Daeth
ATION	Sequantially list conditions, if any, leading to immediate cause, Enter UNDERLYING	· Park	AS A CONSEQUENCE	dise	\ .	vascuk	خارخ	years
CERTIFICATION	CAUSE (Disease or Injury that Initiated events resulting in death) LAST	DUE TO (QR	AS A CONSEQUENCE	OF):	thmia	Vasca	y C 13C	or C great
PHYSICIAN: MEDICAL CE	PART II. Other significant condition	na contributing to dea	th but not resulting	g in the under	rlying cause given in		N AUTOPSY ORMED? 2 NO	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO
CIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHER:	26. PLACE OF DEATH (C)			
	1 YE8 2 NO 27. MANNER OF DEATN 1 Netural 5 Pending	1 Inpatient 2 ER/ 28a. DATE OF INJU (Month, Day, Ye	JRY 28b. T	IME OF 28	C. INJURY AT WORK?	8 Other (Specify) 28d. DESCRIBE NOV	INJURY OCCUP	RED
LED BY	2 Accident Investigation 3 Suicide 8 Could not be 4 Nomicide determined	28e. PLACE OF IN. building, etc.	JURY — At home, fern (Specify)			281. LOCATION (Stree City or Town, Sta	et and Number or	Rural Route Number,
COMPLET	CONSTRUCTION OF THE CONSTR	SICIAN: To the best of my I						suse(s) and manner es stated.
BE	29b. SIGNATURE AND TETRACOF CENTIFIE	ibyoski V	MD		D292	MBER 27	29d. DATE S	INED (Month, Day, Year)
2	30. NAME AND ADDRESS OF PERSON W	NO COMPLETED CAUSE O	F DEATN (ITEM 27) (7)	pa, Print) 1 Bel 1	Air Ad 1	3el Air	MO Z	1014
	31. DATE DYMONIN, Day, Year)	32. REGISTRAR'S					-	-

wha Javidson Pander



STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 90 331

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FOR STATE

	REGISTRAR		CERTIF	ICATE (OF DEATH	RE	EG. NO.		4 7 7 1 4
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF D	DAY	YEAR 3.	TIME OF DEATH
	RICHARD C.	ANNAN				()	19	90	9:00 AM
N	4. SOCIAL SECURITY NUMBER	5. SEX 6. A	GE (In yrs. last birthday)	IF UNDER 1 YE	AR IF UNDER 24 HRS.	7. DATE OF B		6. SIRTHPL	ACE (State or Foreign
11	212-07-5603	1 🔯 M 2 🗆 F	80 YAS.	MONTHS DA	YS HOURS MIN.	(Month, Day	18,1910	Mary	land
	39a. FACILITY NAME (If not institution, give s	traet and number)		9h CITY TO	WN OR LOCATION OF D			INTY OF DEAT	
œ .	1					L-111	30.000		
DIRECTOR	Good Samaritan	Hospital		Ва	ltimore			City	
<u>ს</u> _	10a. STATE 10b. COUNTY	1	10c. CI	TY, TOWN OR L	OCATION			10	d. INSIDE CITY
<u>=</u>	Md. Ba	ltimore		Glyn					LIMITS? V
	10e. STREET AND NUMBER	reimore		- 02/1			Last an		
FUNERAL		77.111 D!-			101. ZIP CODE 21071		10g. CI	FIZEN OF WHA	SA
üΙ	19 Worthington	n Hill Driv	re		210/1			U	OA .
5	11. MARITAL STATUS	12. WAS DECEDENT EVI	R IN U.S. ARMED	13. WAS	DECENDENT OF HISPA s, apacify Cuban, Maxic	NIC ORIGIN? (Sp	pecify Yea or No-	14. RACE — Black, V	- American Indien, Vhita, etc.
	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 1 1	R DATES		YES 2 X NO Specif		, a.c.)	Specify: Whi	
B	3 Widowed 4 Divorced							Whit	te
	15. DECEDENT'S EDU (Specify only highest grade	CATION completed	16a. DECEDENT	S USUAL OCCU	PATION	16b. KINI	D OF BUSINESS/IN	DUSTRY	
<u> </u>	Elementary/Secondary (0-12)	College (1-4 or 5+)	Ille. Do NOT	use retired.)	ng most of working				
립	High School		Superi	vsor	Wester n B	lectri	С		
COMPLETED	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	AME (First, Middle	a, Maiden Surname)		
0	Edgar L.	Annan			Pat	iline M	cNair		
B	19a, INFORMANT'S NAME (Type/Print)	illian	19h MAILIN	G ADDRESS (S	treet and Number or Rural			in Codel	1
2		A	1000		gton Hill				071
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	1 X Burial 2 Cremation 3 Rem	oval from State	other place)						
			All Sair				Reister	Stown	, Ma.
	21. SIGNATURE OF FUNERAL SERVICE LIC	CENSEE		22. NA	ME AND ADDRESS OF FA	ACILITY	11824 Re	eister	stown Rd.
	Jam 13	Suni		Eli	ne Funeral				Md. 21136
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z	Sequentially list conditions,	D	LATION						1
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	thet initieted evanta	DUE TO (OR	AS A CONSEQUENCE	OF):					
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EDICAL	CONGEST	E CILTIE	-3 /	OCIO-C		1(YES 2 NO		F DEATH?
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Sic	1 Tes 2 No	HOSPITAL:	Outpatient 3 DOA	OTHER:	Home 5 - Residence	6 Other (Sp	ecify)		
H	27. MANNER OF DEATH	28a. DATE OF INJ		IME OF 26	c. INJURY AT	28d. DESCRI	BE HOW INJURY O	CCURED	
	Natural 6 Pending	(Month, Day, Year) INJURY WORK?							
BY	2 Accident Investigation 3 Suicide & Could not be	28e, PLACE OF IN	JURY — At home, farm	street factory	et, factory, office 28t. LOCATION (Street and Number or Rural Route Number,				
B	4 Homicide 6 Could not be	building, etc.	(Specify)		· mark		ity or Town, State)		
E	One OPPOSITION								
COMPLETED	CONTROL ONLY	ICIAN: To the best of my							
Ö	2 MEDICAL EXAMINI	ER: On the basis of axami	nation and/or investiga	tion, in my opir	ion, death occured at th	e time, data and	place, and due to	the cause(a) a	and manner as stated.
	29h. SHANATURE AND TITLE OF CERTIFIE	n 4. A			29c. LICENSE NO	JMBER	29d. D/	ATE SIGNED (A	Month, Day, Year)
) BE	May W. Dero	gge MU					•	11/19	190
5	30. NAME AND ADDRESS OF PERSON W	O COMPLETED CAUSE O	F DEATH (ITEM 27) (Ty	pe, Print)		0.		-11	
	MARKW. SCRO	665 6a	DIO SAMPLIT	inh (to	SPITAL	BALTIA	HOKE	MARY	LAND
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STATE OF MADYLAND / DEDADTMENT OF MEALTH AND MENTAL HYCIENS

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25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1. PYES 2 NO 28. DATE OF DEATH (Check only one) 27. MANNER OF DEATH 1. Impatient 2 ER/Outpatient 3 DOA 28. DATE OF INJURY 1. Impatient 2 ER/Outpatient 3 DOA 28. INJURY AT WORK? 28. INJURY AT WORK? 29. Accident 3 Suicide 4 Homicide 5 Could not be delermined 6 Could not be delermined 28. PLACE OF INJURY — At home, farm, street, factory, office 28. LOCATION (Street and Number or Rural Boute Number, City or Town, State) 298. CERTIFIER (Check only one) 298. DEATH (The date and place, and due to the cause(a) and manner as stated. 298. SIGNATURE OF TITLE OF CERTIFIER 299. LICENSE NUMBER 290. DATE SIGNED (Month, Day, Year) 290. LICENSE NUMBER 290. DATE SIGNED (Month, Day, Year)	ehock, pr heart failure. Liet iMMEDIATE CAUSE (Fine) disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initieted events resulting in death) LAST PART II. Other algnificant conditions or	DUE TO (OR AS A	CONSEQUENCE OF):	enter the mo	r accid	Part I. 24a	or reepira	utory arrest,	Approximate interval Between Onset and Deeth Onset and Deeth 24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE
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19 Jetural 2 Accident 3 Sulcide 4 Homicide 5 Could not be determined 6 Could not be determined 7 CERTIFYINO PHYSICIAN: To the best of my knowledge, death occurred at the Hime, date end place, and due to the cause(a) and manner as stated. 7 MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occurred at the time, date and place, end due to the cause(a) end manner as stated. 7 MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occurred at the time, date and place, end due to the cause(a) end manner as stated. 7 MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occurred at the time, date and place, end due to the cause(a) end manner as stated. 7 MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occurred at the time, date and place, end due to the cause(a) end manner as stated. 7 MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occurred at the time, date and place, end due to the cause(a) end manner as stated. 7 MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occurred at the time, date and place, end due to the cause(a) end manner as stated. 7 MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occurred at the time, date and place, end due to the cause(a) end manner as stated. 7 MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occurred at the time, date and place, end due to the cause(a) end manner as stated. 7 MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(a) end manner as stated. 7 MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(a) end manner as stated. 8 MEDICAL EXAMINER: On t	ehock, pr heart failure. Liet iMMEDIATE CAUSE (Fine) disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initieted events resulting in deeth) LAST PART II. Other aignificant conditions or EXAMINERY	DUE TO (OR AS A DUE TO (OR AS	CONSEQUENCE OF): A CONSEQUENCE OF): A CONSEQUENCE OF): Dut not resulting in	the underlyin	g cause given in	Part I. 24a	or reepira	utory arrest,	Approximate interval Between Onset and Deeth Onset and Deeth 24b. Were autopsy findings AMILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?
29a. CERTIFIER (Check only one) 29b. SIGNATURE AND TITLE OF CERTIFIER 29b. SIGNATURE AND TITLE OF CERTIFIER 3 Gary J. Sprouse 29c. LICENSE NUMBER 29c. LICENSE NUMBER 29c. LICENSE NUMBER 29c. LICENSE NUMBER 29c. LICENSE NUMBER 29d. OATE SIGNEO (Month, Dey, Year)	ehock, pr heart failure. Liet iMMEDIATE CAUSE (Fine) disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initieted events resulting in deeth) LAST PART II. Other aignificant conditions of EXAMINER? 1 YES 2 NO	DUE TO (OR AS /	CONSEQUENCE OF): A CONSEQUENCE OF): A CONSEQUENCE OF): Put not resulting in the consequence of the conseq	the underlyin 26. P THER: Washing Hon	g cause given in	Part I. 24e	or reepira . WAS AN AI PERFORM YES 2	UTOPSY ED?	Approximate interval Between Onset and Deeth Onset and Deeth Onset and Deeth Onset and Deeth Onset and Deeth Onset and Deeth Onset and Deeth Onset Ons
296. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the best of my knowledge, death occurred at the lime, date and place, and due to the cause(a) and manner as stated. 296. SIGNATURE ATD TITL OF CERTIFIER 296. SIGNATURE ATD TITL OF CERTIFIER 297. LICENSE NUMBER D32036 298. OATE SIGNED (Month, Day, Year) D7. Gary J. Sprouse P. O. Box 210, Queenstown, MD 21658	ehock, pr heart failure. Liet iMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initieted events resulting in death) LAST PART II. Other aignificant conditions cause. Examiner? Layres 2 NO	DUE TO (OR AS /	CONSEQUENCE OF): A CONSEQUENCE OF): A CONSEQUENCE OF): Put not resulting in the consequence of the conseq	the underlyin 26. P THER: Nursing Hon OF 28c. IN. W	g cause given in	Part I. 24e	or reepira . WAS AN AI PERFORM YES 2	UTOPSY ED?	Approximate interval Between Onset and Deeth Onset and Deeth Onset and Deeth Onset and Deeth Onset and Deeth Onset and Deeth Onset and Deeth Onset Ons
(Check only one) 2 MEDICAL EXAMINER: On the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated. 29b. SIGNATURE ATD TITLE OF CENTETIEN 29c. LICENSE NUMBER 29d. OATE SIGNED (Month, Dey, Vear) D32036 29d. OATE SIGNED (Month, Dey, Vear) D7. Gary J. Sprouse P. O. Box 210, Queenstown, MD 21658	ehock, pr heart failure. Liet IMMEDIATE CAUSE (Fine) disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initieted events resulting in death) LAST PART II. Other aignificant conditions c 25. WAS CASE REFERREO TO MEDICAL EXAMINER? 1. YES 2 NO 11 27. MANNER OF DEATH 1 Natural 6 Pending Investigation	DUE TO (OR AS / DUE TO (OR AS	CONSEQUENCE OF): A CONSEQUENCE OF): A CONSEQUENCE OF): Dut not resulting in the consequence of the conseq	the underlyin 26. P THER: Nursing Hon Y M 1	g cause given in LACE OF DEATH (Ch	Part I. 24e Lock only one) 6 Other (Sp 28d. DESCRIE	D. WAS AN AN PERFORM YES 2 Octify) BE HOW IN.	UTOPSY ED?	Approximate interval Between Onset and Deeth Onset and Deeth Onset and Deeth Onset and Deeth Onset and Deeth Onset and Deeth Onset O
29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER D32036 29d. OATE SIGNEO (Month, Dey, Year) D7. Gary J. Sprouse P. O. Box 210, Queenstown, MD 21658	ehock, pr heart failure. Liet iMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initieted events resulting in death) LAST PART II. Other algnificant conditions of the cond	DUE TO (OR AS / DUE TO (OR AS	CONSEQUENCE OF): A CONSEQUENCE OF): A CONSEQUENCE OF): Dut not resulting in the consequence of the conseq	the underlyin 26. P THER: Nursing Hon Y M 1	g cause given in LACE OF DEATH (Ch	Part I. 24e Lock only one) 6 Other (Sp 28d. DESCRIE	D. WAS AN AN PERFORM YES 2 Octify) BE HOW IN.	UTOPSY ED?	Approximate interval Between Onset and Deeth Onset and Deeth Onset and Deeth Onset and Deeth Onset and Deeth Onset and Deeth Onset O
296. LICENSE NUMBER D3 20 36 D3 20 36 D7 Gary J. Sprouse P. O. Box 210, Queenstown, MD 21658	ehock, pr heart failure. Liet iMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause, Enter UNDERLYING CAUSE (Disease or Injury that initieted events resulting in deeth) LAST PART II. Other aignificant conditions c EXAMINER? 1 YES 2 NO 1 27. MANNER OF DEATH 1 Metural 6 Pending Investigation 3 Suicide 6 Could not be delermined	DUE TO (OR AS / DUE TO (OR AS	CONSEQUENCE OF): A CONSEQUENCE OF): A CONSEQUENCE OF): A CONSEQUENCE OF): Dut not resulting in the consequence of the conse	the underlyin 26. P THER: Nursing Hon OF M 1 et, factory, office	g cause given in	Part i. 24a 1 [October (Sp 28d, DESCRIE 28f, LOCATIO City or 70	i. WAS AN AN PERFORM YES 2 Weelty BE HOW IN. IN (Street an win, State)	UTOPSY ED? NO	Approximate interval Between Onset and Deeth Onset and Deeth Onset and Deeth Onset and Deeth Onset and Deeth Onset and Deeth Onset O
D32036 D32036 D7. Gary J. Sprouse P. O. Box 210, Queenstown, MD 21658	ehock, pr heart failure. Liet iMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initieted events resulting in deeth) LAST PART II. Other aignificent conditions of the cond	DUE TO (OR AS / DUE TO (OR AS	CONSEQUENCE OF): A CONSEQUENCE OF): A CONSEQUENCE OF): A CONSEQUENCE OF): Dut not resulting in the consequence of the conse	the underlyin 26. P THER: Nursing Hon OF W M 1 inter, factory, office at the lime, date	g cause given in LACE OF DEATH (Ch. URY AT JURY AT JU	Part i. 24a 1 [October (Sp 28d. DESCRIE 28f. LOCATIO City or fo	i. WAS AN AN PERFORM YES 2 Ocity BE HOW IN. IN (Street an wm, State)	UTOPSY ED? NO JURY OCCURE of Number or Re	Approximate interval Between Onset and Deeth Deeth Onset and Deeth D
Dr. Gary J. Sprouse P. O. Box 210, Queenstown, MD 21658	ehock, pr heart failure. Liet iMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initieted events resulting in deeth) LAST PART II. Other aignificant conditions c 25. WAS CASE REFERREO TO MEDICAL EXAMINER? LIPES 2 NO 1 27. MANNER OF DEATH 1 Netural 6 Pending Investigation 3 Suicide 6 Could not be delermined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: C	DUE TO (OR AS / DUE TO (OR AS	CONSEQUENCE OF): A CONSEQUENCE OF): A CONSEQUENCE OF): A CONSEQUENCE OF): Dut not resulting in the consequence of the conse	the underlyin 26. P THER: Nursing Hon OF W M 1 inter, factory, office at the lime, date	g cause given in LACE OF DEATH (Ch ne 5 Residence JURY AT JRK? YES 2 NO	Part I. 24a Part I. 24a 1 [Chy or for the cause(s time, date and	or reepira . WAS AN AN PERFORM YES 2 WOOdly) BE HOW IN. IN (Street an win, State) and menning place, end	UTOPSY ED? NO JURY OCCURE of Number or Ru er as stated, due to the cas	Approximate interval Between Onset and Deeth Onset and Deeth Onset and Deeth 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO
Dr. Gary J. Sprouse P. O. Box 210, Queenstown, MD 21658	ehock, pr heart failure. Liet iMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initieted events resulting in deeth) LAST PART II. Other aignificant conditions c 25. WAS CASE REFERREO TO MEDICAL EXAMINER? LIPES 2 NO 1 27. MANNER OF DEATH 1 Netural 6 Pending Investigation 3 Suicide 6 Could not be delermined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: C	DUE TO (OR AS / DUE TO (OR AS	CONSEQUENCE OF): A CONSEQUENCE OF): A CONSEQUENCE OF): A CONSEQUENCE OF): Dut not resulting in the consequence of the conse	the underlyin 26. P THER: Nursing Hon OF W M 1 inter, factory, office at the lime, date	g cause given in LACE OF DEATH (Ch to 5 Residence JURY AT JIKY YES 2 NO to end place, and due death occured at the	Part I. 24a 1 [26ck only one) 6 Other (Sp 28d. DE\$CRIE 26f. LOCATIO City or To to the cause(a time, date and	or reepira . WAS AN AN PERFORM YES 2 WOOdly) BE HOW IN. IN (Street an win, State) and menning place, end	UTOPSY ED? NO JURY OCCURE of Number or Ru er as stated, due to the cas	Approximate interval Between Onset and Deeth Onset and Deeth Onset and Deeth 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO
	ehock, pr heart failure. Liet immediate cause or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initieted events resulting in death) LAST PART II. Other aignificant conditions cause. Examiner? 1. YES 2 NO 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1. YES 2 NO 27. MANNER OF DEATH 1 Netural 6 Pending Investigation 3 Suicide 6 Could not be delermined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: Capture of the could not be delermined 29b. SIGNATURE AND TITLE OF CENTIFIER	DUE TO (OR AS / DUE TO	CONSEQUENCE OF): A CONSEQUENCE OF): A CONSEQUENCE OF): A CONSEQUENCE OF): Dut not resulting in the consequence of the conse	the underlyin 26. P THER: Nursing Hon 27. Nursing Hon Pr 28. IN. W 1 1 1 1 1 1 1 1 1	g cause given in LACE OF DEATH (Ch to 5 Residence JURY AT JIKY YES 2 NO to end place, and due death occured at the	Part I. 24a 1 [26ck only one) 6 Other (Sp 28d. DE\$CRIE 26f. LOCATIO City or To to the cause(a time, date and	or reepira . WAS AN AN PERFORM YES 2 WOOdly) BE HOW IN. IN (Street an win, State) and menning place, end	UTOPSY ED? NO JURY OCCURE of Number or Ru er as stated, due to the case	Approximate interval Between Onset and Deeth Onset and Deeth Onset and Deeth 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO
31. DATE FILEO (Month, Day, Year) 90 32. REGISTRAR'S SIGNATURE Julia Davidson-Randelle	ehock, pr heart failure. Liet iMMEDIATE CAUSE (Finei disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initieted events resulting in deeth) LAST PART II. Other aignificant conditions of the cond	DUE TO (OR AS / DUE TO (OR AS	Patient 3 DOA Pa	the underlyin 26. P THER: Nursing Hon PF 28c. IN Y M 1 1 set, factory, office at the Hme, date in my opinion, office Third in my opinion, office Trint)	g cause given in LACE OF DEATH (Ch no 5 Residence JURY AT 2PKY 2 NO ne end place, and due death occurred at the 29c. LICENSE NUI D3203	Part I. 24e Part I. 24e 1 [Other (Sp 28d. DE\$CRIE 28f. LOCATIO City or To to the cause(a time, date and	or reepira D. WAS AN AN AN PERFORM YES 2 WORLD STREET OF THE STREET O	JURY OCCURE OF BE Stated. due to the cau	Approximate interval Between Onset and Deeth Onset and Deeth Onset and Deeth Onset and Deeth Onset and Deeth Onset and Deeth Onset and Deeth Onset and Onset

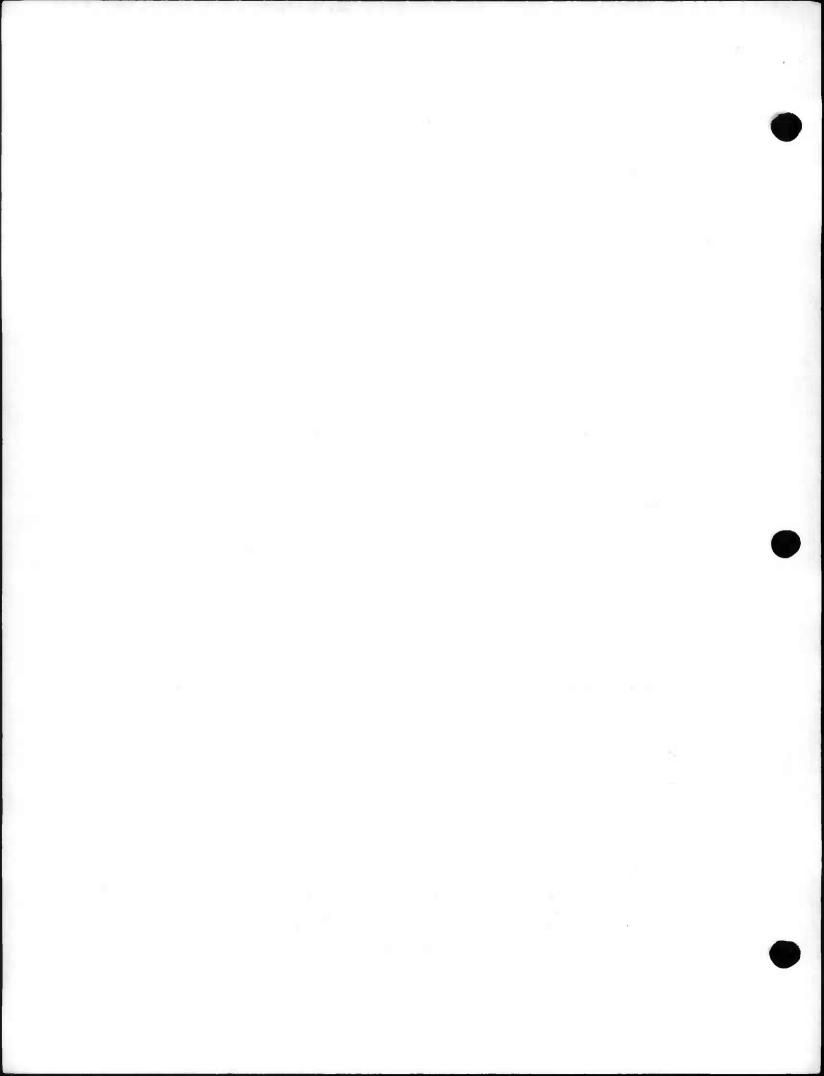
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2 miled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. BALTIMORE, MARYLAND 21203-3146 DIVISION OF VITAL RECORDS, P.O. BOX 13146,

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

TO BE COMPLETED BY FUNERAL DIRECTOR

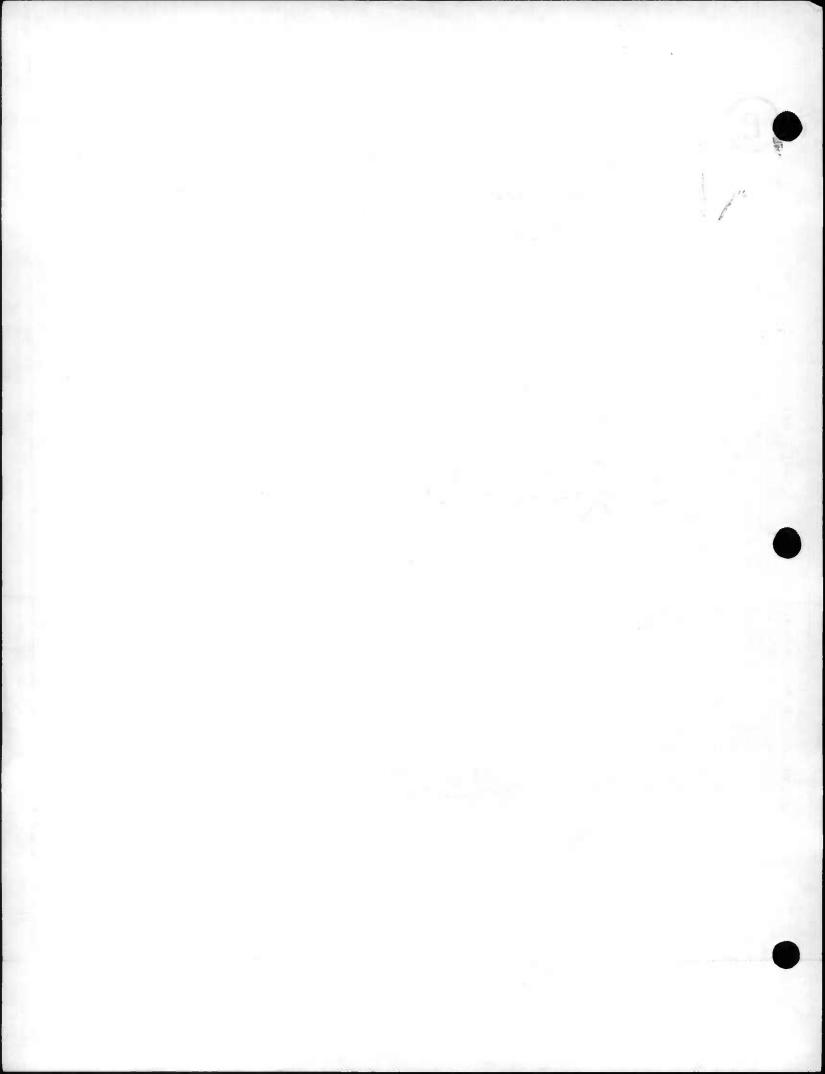
DHMH-15 Rev 1/89



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-672 2	/1	2/9	1	Cm Cm

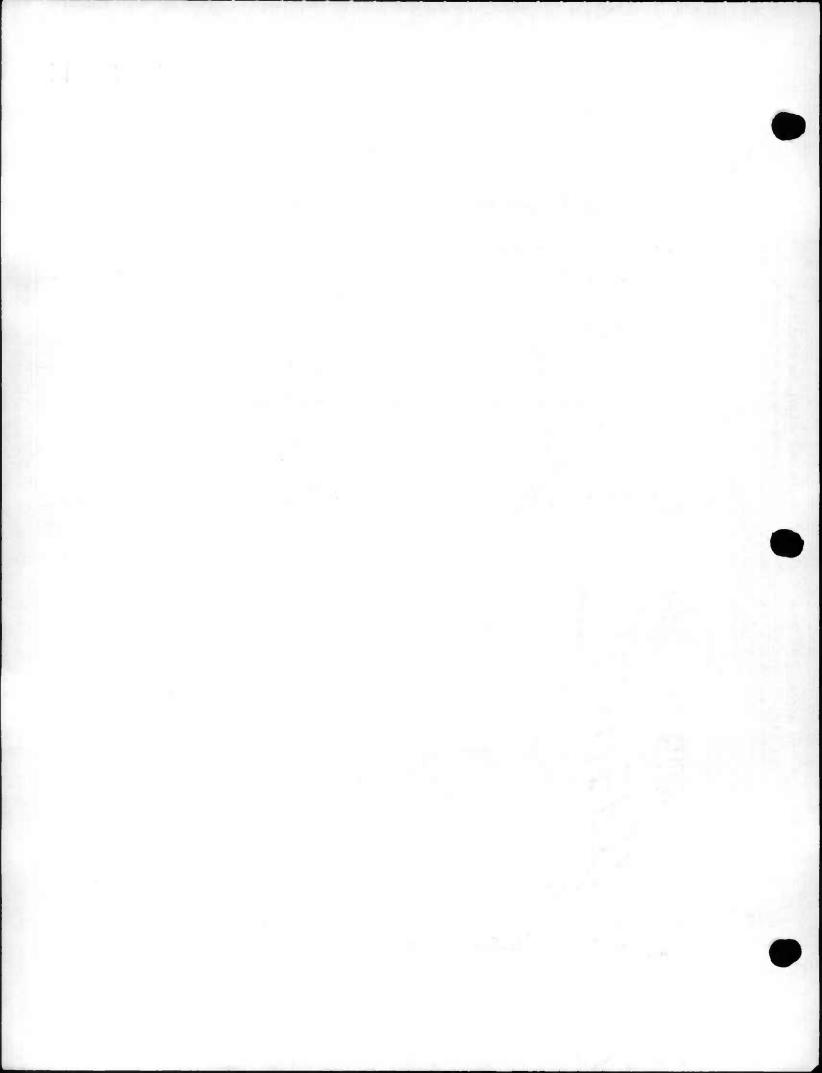
	DECEDENT'S NAME (First, Middle, Last	Mark	Francis	Aires		2. DATE OF DEATH	D,	3. TIME OF E 7:22PM
	4. SOCIAL SECURITY NUMBER 220-06-3889	5. SEX 6. 1 1 1 M 2 F	AGE (In yrs. lest birthday) 23 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) OCt • 19		BIRTHRI ACE /Comm.
ECTOR #	9a. FACILITY NAME (If not institution, give Washington Cour RESIDENCE OF DECEDENT		Hospital		on Location of DE Hagerstow	ATH	9c. COUNT	ry of DEATH .ngton Cou
DIR	10a. STATE 10b. COUN	n llegany	10c. CIT	Y, TOWN OR LOCA Cumber				10d. INSIDE LIMITS?
ERAL	330 Sunset	Orive		10	21502			EN OF WHAT COUNTRISA
BY FUNER	11. MARITAL STATUS 1. Rever Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EV FORCES? 1 I	YES 2	If yes, sp		IIC ORIGIN? (Specify Yen, Puerto Rican, etc.)	a or No—	14. RACE — American Black, White, etc. Specify: Whi
COMPLETED	15. DECEDENT'S EO (Specify only highest grad Elementary/Secondary (0-12) N/A	UCATION le completed) College (1-4 or 5+)	(Give kind of the Do NOT us	usual occupati work done during ma se retired.) disable	ost of working	166. KIND OF BU	sabil	
ш	17. FATHER'S NAME (First, Middle, Last) Charles Dal	vin Aires	man			ME (First, Middle, Maide) Ann Dre		
TO B	19a. INFORMANT'S NAME (Type/Print) Charles Dalv	h-	19b. MAILING			Route Number, City or To		
	20a. METHOD OF DISPOSITION 130 Burlel 2 Cremetion 3 Re 4 Donation 5 Other (Specify)	moval from State	20b. PLACE OF OISPO	sition (Name of ce	metery, cremetory or	ted Social	merse	Sty or Town, State
	THE GUNDALURE OF FUNERAL SERVICE L	ICENSEE	tale	22, NAME A	NO ADDRESS OF FA	cometer l of the al Highw	Hill ay,La	s Mortu Vale,MD
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR	ARRHYTHMIA AS A CONSEQUENCE O AS A CONSEQUENCE O	F):				
: MEDICAL CE	PART II. Other algnificant condition	d.	ath but not resulting	In the underlyir	ng cause given in	Part I. 24a. WAS A PERFC	RMED?	24b. WERE AUTOP AMAILABLE PI COMPLETION OF DEATH?
SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	2/Outpetlant 2 DOS	OTHER:	LACE OF DEATH (Ch			
BY PHYS	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	28s. DATE OF INJ (Month, Day,	URY 28b. Til	AE OF 28c. IN	JURY AT ORK? YES 2 NO	6 Other (Specify) 28d, DESCRIBE HOW	INJURY OCC	URED
ETED E	3 Suicide 6 Could not b 4 Homicide determined	28s. PLACE OF IN- building, etc.	IJURY — At home, farm, (Specify)	atreet, factory, offi	GII	28f. LOCATION (Stree City or Town, State		or Rural Route Number,
ui l	3737	SICIAN: To the best of my						
OMPL							_	
TO BE COMPL	29b. SIGNATURE AND TITLE OF CERTIF	ight			OCME	MBER	29d. DATE	11-20-90

DHMH-16 Rev 1/89



TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a fater death. Page 6 may be retained by the hosp TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached be filed within 72 hours after death with the State Degr. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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	1 - STATE REGISTRAR	STATE OF N	MARYLAND / I		ICATI					YGIEN EG. NO.	E		
7	1. DECEDENT'S NAME (First, Middle, Las	1)							2. DATE OF D	EATH			3. TIME OF DEATH
	Helen	М.	Amrine						Nov.	12 1		YEAR	8:40 P.M.
Ы	SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. lest	birthday)	IF UNDER	1 YEAR	IF UNDER	24 HRS.	7. DATE OF BI	RTH	. 9 9 0		PLACE (State or Foreign
1	578-34-3092	1 🗆 M 2 🗗 👍	80	YRS.	MONTHS	DAYS	HOURS	MIN.	(Month, Day,	-	010	Countr	
	Sa HACILITY NAME (If not institution, give	street end number)			9b. CITY	, TOWN (R LOCATI	ON OF DE	July 18	0, 1		IOW.	
2	Phtomas Vollar	Numaria a U			Doo	1 1	1.				Mon	tgom	0.817
8	Potomac Valley	Nursing n	ome		ROC	kvil	те				Hon	Lgom	ely
2	10a. STATE 10b. COUN	ITY	4	10c, CI1	Y, TOWN	OR LOCAT	TION						10d. INSIDE CITY LIMITS?
ā		ntgomery		Ro	ckvi	11e							1 XYES 2 NO
A	10e. STREET AND NUMBER					101	ZIP COD	E			10g. CIT	IZEN OF V	VHAT COUNTRY?
5	10201 Grosvenor	Lane					208	52				U.S.	Α.
BY FUNERAL DIRECTOR	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced		T EVER IN U.S. ARN YES 2 1 NO WAR OR DATES		- 1	If yes, sp	ecity_Cubi		IIC ORIGIN? (Sp n, Puerto Rican, /:			14. RACE Black Speci Whit	E — American Indien, K, White, etc. My: Ĉ
	15. DECEDENT'S EI				USUAL C				18b. KIND	OF BU	SINESS/INI		
E	(Specify only highest gra Elementary/Secondary (0-12)	College (1-4 or 8	Ma	e kind of Do NOT u	work done ise retired.)	during mo	at of worki	ng					
립		4		xecu	tive	As	sist	ant	Priv	vate	Com	pany	
COMPLETED	17. FATHER'S NAME (First, Middle, Last)						16, MOT	HER'S NA	ME (First, Middle	, Maiden	Sumame)		
BE C	William Jackma	n						Nel	lie Ma	rtir	1		
9 0	19a. INFORMANT'S NAME (Type/Print)		19b.	MAILIN	G ADORES	S (Street	and Numbe	r or Rural F	Route Number, Ci	ity or Tow	m, State, Zi	p Code)	
F	Robert W. Amri	ne	1	1420	Ro1	ling	Hou	se R	oad, Ro	ocky	rille	, Md	. 20852
	20a. METHOD OF DISPOSITION 1 □ Burlel 2 \(\frac{1}{2} \) Cremetion 3 □ Re	amoval from State	20b. PLACE C	ce)							CATION -		own, State
	4 Donation 5 Other (Specify)		Metrop	olit				SS OF FA		Ale	ex.,	Va.	
	21, SIGNATURE OF FUNERAL SERVICE								Home				
	Menare	SHa	as		2	222	Wisc	onsi	n Ave.	, N.V	V.,Wa	shin	gton, D.C.
	23. PART I. Enter the diseases, of shock, or heart failur IMMEDIATE CAUSE (Final disease or condition resulting in death)	e. List only one can	Use on each line.	lice	ui	-	oda or dy	ring, auc	n as cardiac	or reap	iratory ar	Test,	Approximate interval Between Onset and Death
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	c	(OR AS A CONSEQ		·								
MEDICAL	PART II Other significant condition of the Careful Value C	in Calar Ethero	dis	nf		nderlyin		given in		WAS APPERFO		246	D. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			ОТНЕ		LACE OF I	DEATH (Ch	neck only one)				
YSI	1 TYES 2 NO		ER/Outpatient 3		4 (3KNu	irsing Hor		lesidence	8 - Other (Spi				
ВУ РН	27. MANNER OF DEATH 1 📉 Netural 5 🗍 Pending 2 🗍 Accident investigation	28e. DATE Of (Month, L		26b. Ti	ME OF JURY M	W	JURY AT ORK? YES 2	□ NO	28d. DEŞCRIE	BE HOW	INJURY O	CCURED	
ED	3 Suicide a Could not a	be building	OF INJURY — At hor, etc. (Specify)	me, farm	, street, fa	ctory, offi	Ca		28f. LOCATIO			er or Runal	Route Number,
COMPLET	one) 2 MEDICAL EXAM	1					death occu	ured at the	time, data end		nd due to	the cause(a) and menner as stated.
TO BE	296, SIGNATURE AND TITLE OF CONTIN	Lore	446	A	()	29c. LIC	2 /2	509	_	≥ /	1///	3 /90 Year)
F	30. NAME AND ADDRESS OF PERSON Henry C. Scrugg	s, M.D.,				Ros	hoad	0 35	200 L	1.7		1	/
	31. DATE FILED (Month, Day, Year)	32. BEGISTR	AR'S SIGNATURE			Del	nesn	A, M	d 208	14			
	NOV 16 '90	guliar	Tavidson-Ro	ndel	2								



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PHYSICIAN: The law requires that the death certificate be executed within 24-curs after death. Page 6 may be retained by the hospital or attending physician.	this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages (1, 2, 3 shown we can be an or leasth and Mental Hydrone prior in burial, cremation, or removal.	narked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
YSICI	S cer	0 'pa
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NON	A: Aft	is n
O THE HOSPITAL OR ATTENDING	O THE FUNERAL DIRECTOR: After to	APORTANT: If item 28 is mai
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	REGISTRAN		OL.		IVAIL	. 01	DEAL	111	Pi	EG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)	Ru	THBER	3G	A	RP	SIT	MAN	DATE OF D	EATH DAY	3-6	YEAR 3.	TIME OF DEATH
7.1	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. las	t birthday)	IF UNDER	1 YEAR	IF UNDER	24 NRS. 7	DATE OF B				ACE (State or Foreign
Л	218-56-5380	1 □ M 2 XXF	40	YRS.	MONTHS	DAYS	HOURS		(Month, Day 9/17/	1950		Mich	igan
	a. FACILITY NAME (If not institution, give s	reet and number)			9b. CITY,	TOWN (R LOCATIO	ON OF DEAT	Н		9c. COUN	TY OF DEA	тн
CTOR	12324 Polermo Dri	ve			Sil	ver	Spri	ng			M	ontgo	mery
20-4	RESIDENCE OF DECEDENT	,		I soc CIT	Y. TOWH O	R I OCAT	TON					1 10	Dd. INSIDE CITY
DIRE		gomery			ver :								LIMITS?
4	10e. STREET AND NUMBER	3				<u> </u>	. ZIP CODI	E			10g. CITI	ZEN OF WH	AT COUNTRY?
FUNERAL	12324 Polermo Dri	ve					209	04			U	.S.A.	
3	11. MARITAL STATUS		T EVER IN U.S. AR						ORIGIN? (Sp		or No-	14. RACE -	- American Indian, White, atc.
BY F	1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE V		•0				Specify:	Puarto Rican	, stc.)		Specify:	
	3 Widowed 4 Divorced												White
텔	15. DECEDENT'S EDU- (Specify only highest grade		(G	ive kind of s	USUAL OC	CUPATIO	ON ast of working	10	16b. KINI	D OF BUS	INESS/IND	USTRY	
<u> </u>	Elementary/Secondary (0-12)	College (1-4 or 5	+)	Do NOT us	_				l _				
M M		4		each!	er		,				- M	usic	
COMPLETED	17. FATHER'S NAME (First, Middle, Last)								(First, Middle				
BE	Stanley Ruthberg							ella		dner			
2	19a, INFORMANT'S NAME (POPERING	1921 10							ite Number, C				
- 1	Steven M. Arbitma		-						lver				0904
	20s. METHOD OF DISPOSITION 1 M Burtal 2 Commetter 3 Mem	ovel from State	20b. PLACE other pl	lace)					- 1			City or Town	
	4 Donation 5 Other (Specify)	//	King	Davi						Fal.	ls Ch	nurch	, VA
	21. SIGNATURE OF TIMESAL SERVICE LIC	THE X	1.					ss of facil Goldb		emor	ial	Chape	ls, Inc.
	Large	M. 1.	use						Pike,				
	23. PART I. Inter the disease, or o	complications the	t caused the de	ath. Do	not antar	tha mo	de of dy	ing, such a	na cardiac	or reapli	ratory an	est,	Approximate
	mhock, or hear fallura.	List only qua ca	use on each line										Onset and Death
	disease or condition resulting in death)		ASC	sh.	L X	0							
ı	readiting in death)	DUE TO	(OR AS A CONSE	QUENCE O	e)							_	
z	•	h.	ASP	100	4	00)						
EDICAL CERTIFICATION	Sequentially list conditions, if any, leading to immediate	DUE TO	ION AS A CONSE				,						
S	cause. Enter UNDERLYING CAUSE (Disease or Injury	. \	so mi			2							-
뜯	that initiated events resulting in death) LAST	DUE TO	(OR AS A CONSE	OUENCE O	F):								
H	Tosaiting in cautily 2501	d											-
7	PART II. Other algnificant condition	a contributing to	death but not	reaulting	In the ur	deriyin	g cause	given in Pr	ert I. 24e		AUTOPSY		VERE AUTOPSY FINDINGS
2									1.5	PERFOR		0	MAILABLE PRIOR TO COMPLETION OF CAUSE
									_ ''	_ 123 2	X		F DEATH?
≥									-				
A	25. WAS CASE REFERRED TO MEDICAL					26. P	LACE OF E	DEATH (Check	k only one)				
PHYSICIAN:	EXAMINER? 1 X YES 2 NO	HOSPITAL:	☐ ER/Outpatient :	3 DOA	OTHE!		ne 5 🕅 R	esidence 6	☐ Other (Sp	eclfv)			
Ŧ	27. MANNER OF DEATH	28a, DATE O		26b. TIN	AE OF	28c, IN	JURY AT		8d. DESCRI		NJURY OC	CURED	
ВУ Р	1 Netural 5 Pending	(Month,	Day, Year)	IN	JURY		ORK? YES 2 [□ NO					
	2 Accident Investigation 3 Suicide 6 Could not be	26a. PLACE	OF INJURY At he	ome, farm,	street, fac	tory, offic	:0	- 1	861. LOCATIO		nd Numbe	r or Aurai Ro	ute Number,
	4 Homicide detarmined	bullang	, stc. (Specify)						City bir io	wn, State)			
٦	29a. CERTIFIER 1 CERTIFYING PHYS	ICIAN: To the best of	f my knowledge, d	esth occur	red at the t	ime, det	and place	a, and dua to	the cause(s) and mar	mer as sta	ted.	
COMPLETED	CONSCR ONLY	_											and manner as stated.
EC	29b. SIGNATURE AND TITLE OF CERTIFIE	-					29c. LIC	ENSE NUMB	ER		29d. DAT	E SIGNED (Month, Day, Year)
8	Dolm	You	June 4	5			D	082	46		1	1-1	3-90
2	30. NAME AND ADDRESS OF PERSON WI	O COMPLETED CAL	ISE OF OEATH (ITE										Men.
	1 colds	auber	8	321	8	6	150	-0 WS	SIN	P	NA.	Bee	143da
	31. DATE FILEO (Month, Day, Year)	32. DEGISTR	AR'S SIGNATURE										
	NUV 10 9U	gunar	revident-	many	•								

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TO THE HOSPIDL, OR ATTENDING PHYSICIAN: The law requires that the death cartificate be executed within 24 flours after death. Page 6 may be retained by the hospital or attending physician.

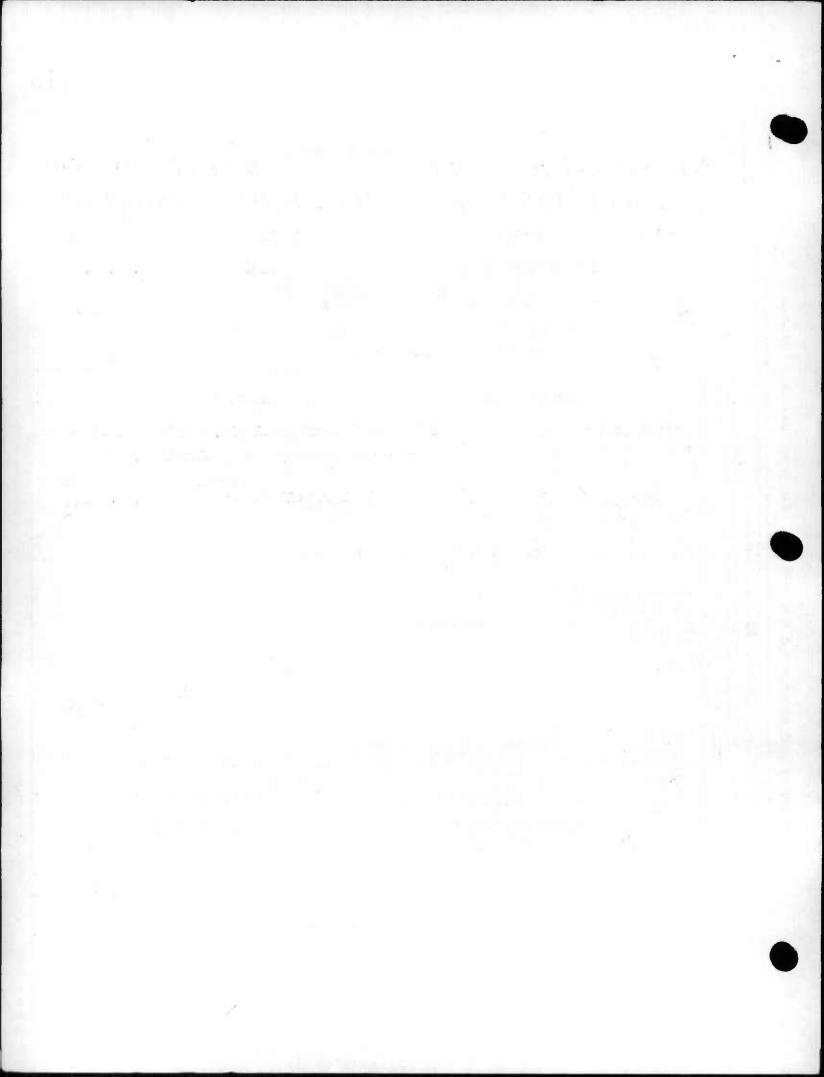
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely flied in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 and flied within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

1. DECEDENT'S NAME (First, Middle, Last)	R. Bes	+		2. DATE OF DEATH DAY	7 YEAR	3. TIME OF DEATH (a; 35)
4. SOCIAL SECURITY NUMBER 24-5-01-2869	1 M 2 🗆 F	7 / YRS. MONTH		7. DATE OF BIRTH (Month, Day, Year)	7 Nort	h Carolina
SHELLA MORESTER OF DECEDENT	aris Hosp	ice sho	TO WSon	Md.	Balti	More
Maryland 106. COUNT	Harford	10c. CITY, TOW	n or location Bel A	ir		10d. INSIDE CITY LIMITS? 1 YES 2 X NO
10e. STREET AND NUMBER	Dakmore Court		10f. ZIP CODE	21014	og. CITIZEN OF W	S. A.
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U FORCES? 1 YES IF YES, GIVE WAR OR DATE	2 🖺 NO	13. WAS DECENDENT OF HISPA If you, specify Cuban, Mexic 1 YES 2 NO Speci	an, Puerto Rican, etc.)	No- 14. RACE Black Specif	- American Indian, White, etc.
15. DECEDENT'S EOU (Specify only highest grade Elementary/Secondary (0-12)	CATION ocompleted) College (1-4 or 5+)	6a. OECEDENT'S USUAI (Give kind of work do life. Do NOT use retire Truck Dri	ne during most of working d.)	166. KIND OF BUSINE	portati	on
17. FATHER'S NAME (First, Middle, Lest)	ther Best		1	AME (First, Middle, Malden Surr	name)	
19a. INFORMANT'S NAME (Type/Print)	tther best	19b. MAILING ADDR	ESS (Street and Number or Rural	nknown Route Number, City or Town, St	tate, Zip Code)	7-1
Kasana Best			nore Court	Bel Air, Mar	yland 2	1014
20s. METHOD OF DISPOSITION 1 Separation 2 Cremetion 3 Rem	oval from State	HACE OF DISPOSITION ther place) EVERY	(Name of comotory, cremetory or cen Cemetery		ion – chy or to eland,	
4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LIC						
			22. NAME AND ADDRESS OF F			
			22. NAME AND ADDRESS OF F	Marzullo	Funera	1 Service
> marzullo,	muchael P. complications that caused to	he death. Do not en	22. NAME AND ADDRESS OF F	Marzullo ton Road Up	Funera perco, M	l Service D. 21155
23. PART I. Enter the diseases, or shock, or heart failure. IMMEDIATE CAUSE (Finel disease or condition	Buchaul R complications that caused the complications that cause on each	he death. Do not en h line.	22. NAME AND ADDRESS OF F	Marzullo ton Road Up	Funera perco, M	l Service D. 21155 Approximate Interval Between
23. PART I. Enter the diseases, or shock, or heart failure. IMMEDIATE CAUSE (Finel	Buchaul R complications that caused the complications that cause on each	he death. Do not en h line.	3981 Carroll ter the mode of dying, such	Marzullo ton Road Up	Funera perco, M	l Service D. 21155 Approximate Interval Betw
23. PART I. Enter the disease, or shock, or heart failure. IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	Buchaul R complications that caused the complications that cause on each	he death. Do not en h line. GEA/ CONSEDUENCE OF):	3981 Carroll ter the mode of dying, such	Marzullo ton Road Up	Funera perco, M	l Service D. 21155
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23. PART I. Enter the diseases, or shock, or heart failure. IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending	DUE TO (OR AS A CO. DUE TO (O	he death. Do not en h line. Geal Consequence of: ONSEQUENCE OF:	22. NAME AND ADDRESS OF F. 3981 Carroll. Rer the mode of dying, such that the mode of dying, such tha	Marzullo ton Road Up the accordactor reapirate 1 Part I. 24a. WAS AN AUT PERFORME 1 YES 2 heck only one) 6 Other (Specify)	Funera perco , M ory arreat, TOPSY D7 NO DRY OCCURED	Approximate Interval Betwoen Dr. 21155 Approximate Interval Betwoen Dr. 2000 Approximate Interval Betwoen Dr. 2000 Approximate Prior to Completion of Call Of Death?

31. DATE FILED (Mgoth, Pay, Year)

32. HEGISTRAPIS SIGNATURE Pandelle



BALTIMORE, MARYLAND 21203-3146

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Zar nours after death. Page 6 may be retained by the hospital or attending physician.
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. be filled within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal. IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

	FOR STATE REGISTRAR	STATE OF I	MARYLAND /		RTMENT				MENT	AL HYGIEN REG. NO.		0 0	33114
	1. DECEDENT'S NAME (First, Middle, Last) Dorot	hy Rac	chel	F	Baxte	er			MON	TE OF DEATH DA	19	YEAR	3. TIME OF DEATH 4 · O 4 A M
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. les		IF UNDER		IF UNDER	24 HRS.	7. DAT	E OF BIRTH		8. BIRTHE	PLACE (State or Foreign
	214-34-8984	1 🗆 M 2 🔀 F	74	YRS.	MONTHS	DAYS	HOURS	MIN.		nth, Day, Year) 8 / 1 0 / 1	6	Country	
	Sa. FACILITY NAME (If not institution, give s	tmet and number)	/4		9b. CITY,	TOWN C	R LOCATI	ON OF DE	_	5/10/1		TY OF DE	inion, MD
œ,													
0	Memorial	Но	spital			Eas	ton				Ta	bot	
D C	10a, STATE 10b, COUNTY	,		10c, CIT	Y, TOWN O	R LOCAT	IÓN						10d. INSIDE CITY
DIRECTOR		een Ani	ne's		S	tev	ens	vill	Le				LIMITS? 1 YES 2 NO
FUNERAL	10e. STREET AND NUMBER					101	ZIP COD	E			10g. CITI2	EN OF W	HAT COUNTRY?
E	3411 Calvert	Road	Bay C	ity				2166	56			U.S	. A .
3	11. MARITAL STATUS		T EVER IN U.S. AR							iN? (Specify Yes		14. RACE	- American Indian.
	1 Never Married 2 Married		YES Z	10				in, Mexica Specifi		o Rican, atc.)		Specifi	White, etc.
BY	3 Widowed 4 Divorced						- Qino	Opeon				Opponi	White
	16. DECEDENT'S EDU	CATION			USUAL OC				10	Sb. KIND OF BUS	SINESS/IND	USTRY	
E	(Specify only highest grade Elementary/Secondary (0-12)	completed) College (1-4 or 5	Min	he kind of Do NOT u	work done d se retired.)	luring mo	st of workl	ng					
7	7	Conege (I-4 or 5		Home	emak	~ ~							
COMPLETED	17. FATHER'S NAME (First, Middle, Last)			110111	emak	er	10 MOT	HEDIO NA	ME (El-	, Middle, Maiden	Sumama)	_	
							16. 8001		-		Surname)		
8	Robert E. Le	e								Jones			
2	19a. INFORMANT'S NAME (Type/Print)		19	b. MAJLING	ADDRESS	(Street a	nd Numbe	r or Rural	Route Nu	mber, City or Tow	n, State, Zip	Code)	
-	_Joseph E. Bax	ter		341	1 Ca	lve	rt 1	RD.	Ste	evensy	ille	MI	D 21666
00	20m. METHOD OF DISPOSITION		20b. PLACE	OF DISPO						20c. LO	CATION —	Olty or Tov	vn, StateQ.A. Co
	120 Burial 2 Cremation 3 Rem	oval from State	_ Stev		ville	0	emet	ter	7	Sto	vens	vil	le. MD
	21. SIGNATURE OF FUNERAL SERVICE LIC	CENSEE	- 1000	CIID				SS OF FA		Dee	VEIIS	VII.	re, MD
	17/	11 2/	11/							1 Fune	ral	Home	es, PA
	Gromas t	. Hel	Lenber	n						RD, Ch			
	23. PART I. Enter the diseases, or	complications th	at caused the de	ath. Do									Approximate
	shock, or heart failure.	List only one ca	use on each line	1 10	~								Interval Between Onset and Death
	IMMEDIATE CAUSE (Final disease or condition	000	12,1341	1	200	14	-						1000
	resulting in death)	o. CHK	DIAC	19/4	KE	51							JANE
		Add	(UH AS A CONSE	QUENCE C	<i>)</i> +):	100	10	1					
Z	Sequentially list conditions,	a ACUT			RDI	92	IN	FAR	EC7				18-36 HZS
Ĕ	if any, leading to immediate		(OR AS A CONSE										44
2	CAUSE (Disease or Injury	c. CORO	MARY /	21671	=124	17	412	oll.	150	515			
CERTIFICATION	and the detailed of the least												
E	resulting in death) LAST	. CORON	MIZY 1	4RTI	FIRY	1	RIC	FR10	50	LERO:	515		475
ö												_	
A	PART II. Other significant condition	e contributing to	death but not i	resulting	In the un	derlyin	g ceuse	given in	Part i.	24a. WAS AN		24b.	WERE AUTOPSY FINDINGS AMILABLE PRIOR TO
MEDIC/	COPP.	111								1 XYES 2	. □ NO		COMPLETION OF CAUSE OF DEATH?
													1 YES 2 NO
		-											1/4 1.00 1.01
A N	25. WAS CASE REFERRED TO MEDICAL					00.04	105 05 1	NEATH 604					
$\overline{\circ}$	EXAMINER?	HOSPITAL:	XXXXIII		OTHER		ALE OF I	DEATH (CA	reck orny	Orie)			
PHYSICIAN:	1 TES 2 NO		☐ ER/Outpatient 3	-	_			esidence		her (Specify)			
F	27. MANNER OF DEATH	28a, DATE O (Month,	F INJURY Day, Year)	28b. Til	JURY	28c. INJ WC	URY AT		28d. D	ESCRIBE HOW	NJURY OCC	URED	
B	Return 5 Pending Investigation				M	1 🗆	YES 2	NO					
	3 Suicide 8 Could not be	28e. PLACE	OF INJURY — At he , etc. (Specify)	ome, farm,	street, facto	ory, offic	•		28f. LG	DCATION (Street ty or Town, State)	and Number	or Rural A	oute Number,
1	4 Homicide determined		, (,						_ ~	ty or rown, otale,			
COMPLETED	29a. CERTIFIER 1 CERTIFYING PHYS	ICIAN: To the heat	d mu knowladaa d	anth coo-	end at the st	me 4.4	and also	and do	to the			ad .	
A P	one)	ICIAN: To the best of											and management state 4
<u>S</u>	2 MEDICAL EXAMINI	On the pasts of	10/2018 HOUSEHINEAN	**************************************	on, m my o	pinon, c	HUBERT OCCL	irea at the	ume, d	are and place, er	ru que to th	e canse(s)	und manner as stated.
ш	296. SIGHATURE AND TITLE OF CERTIFIE	R						ENSE NU			29d, DATI	SIGNED	(Month, Day, Year)
00	JULY DYNI	Mil	ND				1	320	150		>	101	20/20
2		1	-				4	of arms	7	150			

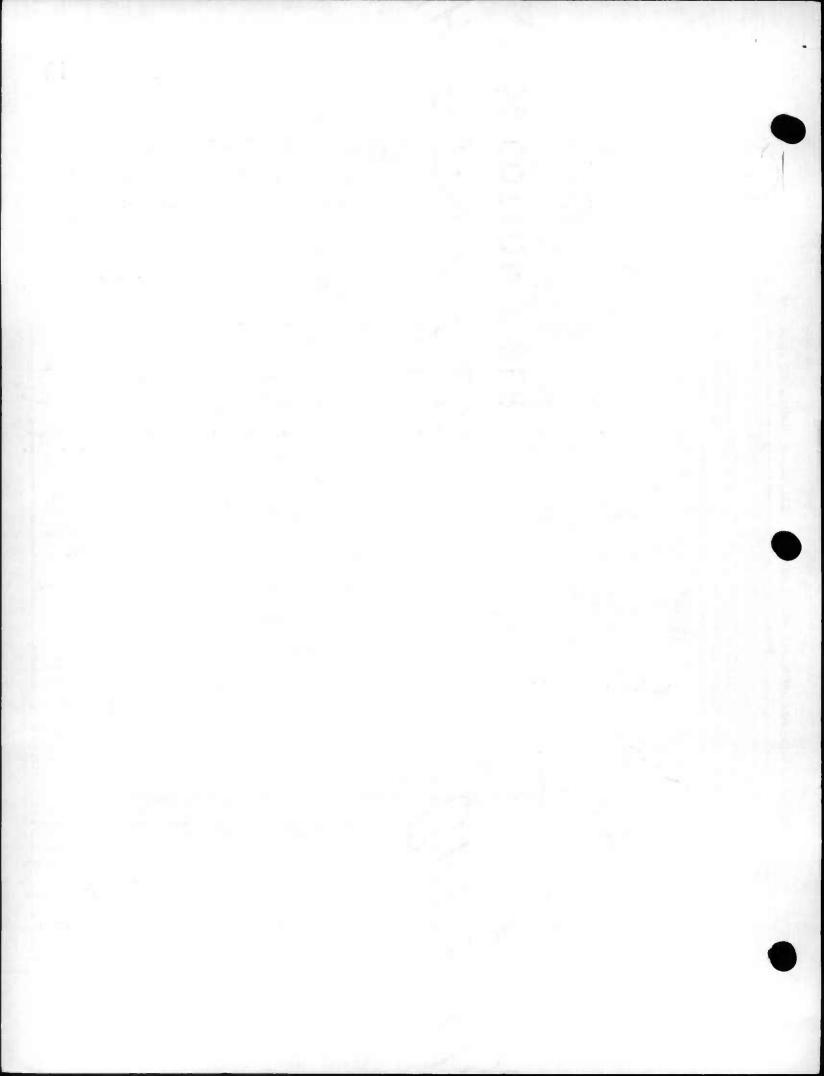
Box

0

PLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

3 NSQ 31. DATE FILED (Month, Day, Year) 90

Julia Davidson-Randell



4. SOCIAL SECURITY NUMBER 21.3-12-0028 1	REGISTRAR		CERTIFIC	ATE OF	DEATH	REG. NO		
Target T	. DECEDENT'S NAME (First Middle, Las	ES W.	BRA	4SHZ	TARS		7 9	3. TIME OF DEATH
THE BEST COLOR OF ROAD ANNA POLIS ANNA POLIS ANNA POLIS ANNA POLIS SET DECEMBER TO DIMINISER TO DIMINISTRATION DECEMBER TO DIMINISTRATION DECEMBER TO DIMINISTRATION DECEMBER TO DIMINISTRATION DECEMBER TO DIMINISTRATION DECEMBER TO DIMINISTRATION DECEMBER TO DIMINISTRATION DECEMBER TO DIMINISTRATION DECEMBER TO DIMINISTRATION DECEMBER TO DIMINISTRATION DECEMBER TO DIMINISTRATION DECEMBER TO DIMINISTRATION DECEMBER TO DIMINISTRATION DECEMBER TO DIMINISTRATION DECEMBER TO DIMINI	The same of the same		940		1	(Month, Day, Year)		Country)
No. STREET AND NUMBER 7.4.4.6. EDGEWOOD ROAD 11. MANTAL STRUS 11. MANTAL STRUS 12. WAS DECEMBER OF HISPANIC ORIGINF (Speetly We in No. A. AMBRED 12. WAS DECEMBER OF HISPANIC ORIGINF (Speetly We in No. A. AMBRED 12. WAS DECEMBER OF HISPANIC ORIGINF (Speetly We in No. No. Color and No. A. AMBRED 13. WAS DECEMBER OF HISPANIC ORIGINF (Speetly We in No. No. Color and No. A. AMBRED 14. W. J. T. T. WAS DECEMBER OF HISPANIC ORIGINF (Speetly We in No. No. Color and No. A. AMBRED 15. WAS DECEMBER OF HISPANIC ORIGINF (Speetly We in No. No. No. Color and No. A. AMBRED 16. WAS DECEMBER OF HISPANIC ORIGINF (Speetly We in No. No. No. OR BUSINESS (Will all and No. A. AMBRED 17. KATHER'S NAME (First, Moletin, Lary) 17. KATHER'S NAME (First, Moletin, Lary) 17. KATHER'S NAME (First, Moletin, Lary) 18. MALINO ADDRESS (Show and Allower Parts) Moletin Statements 18. MALINO ADDRESS (Show and Ambred Parts) Moletin Statements 18. MALINO ADDRESS (Show and Ambred Parts) Moletin Statements 18. MALINO ADDRESS (Show and Ambred Parts) Moletin Statements 18. MALINO ADDRESS (Show and Ambred Parts) Moletin Statements 18. MALINO ADDRESS (Show and Ambred Parts) Moletin Statements 18. MALINO ADDRESS (Show and Ambred) 18. MALINO ADDRESS (Show an			9			АТН	9c. COUNTY	OF DEATH
Secondary Specific	MARYLAND AN							10d. INSIDE CITY LIMITS? 1 YES 2 N
Section Sect	100. STREET AND NUMBER 7446 EDGEWDDD						U	.S.A.
Security Security	The state of the s	IF YES, GIVE WAR OR D	DATES	If yes, s	ecify Cuben, Mexica	n, Puerto Rican, etc.)		Specify:
JESSE BRASHEARS ST. HENRIETTA WELLS 196. MICHOO OF DEPORTOR 175 BURST 2 Crementor 3 Removal from State 4 Donation 6 Other (Specify) 215. MALING ADDRESS (Stower and Number or Partal Route Number, City or Rows, State, Zip Code) 175 BURST 2 Crementor 3 Removal from State 4 Donation 6 Other (Specify) 215. MALING ADDRESS (Stower and Number or Partal Route Number, City or Rows, State, Zip Code) 175 BURST 2 Crementor 3 Removal from State 4 Donation 6 Other (Specify) 215. MALING ADDRESS (Stower and Number or Partal Route Number) (200 ANN APOLITS, MD, 21403 215. MALING ADDRESS (Stower and Number or Partal Route Number) (200 ANN APOLITS, MD, 21403 215. MALING ADDRESS (Stower and Number or Partal Route Number) (200 ANN APOLITS, MD, 21403 215. MALING ADDRESS (Stower and Number or Partal Route Number) (200 ANN APOLITS, MD, 21403 215. MALING ADDRESS (Stower and Number or Partal Route Number) (200 ANN APOLITS, MD, 21403 215. MALING ADDRESS (Stower and Number or Partal Route Number or Route Route) 216. MALING ADDRESS (Stower and Number or Route) (200 ANN APOLITS, MD, 21403 217. MALING ADDRESS (Stower and Number or Route) (200 ANN APOLITS)	15. DECEDENT'S EL (Specify only highest pre	DUCATION ide completed)	16a. DECEDENT'S US (Give kind of wor life. Do NOT use if	rk done during m retired.)	ost of working		SINESS/INDUST	TRY
206. PLACE OF DISPOSITION (Name of comothey, cranishoy or completing from State 200. PLACE OF DISPOSITION (Name of comothey, cranishoy or cannothey, cranishoy or	TESSE BRASHEA	R S Sr.	19b. MAILING AI	DDRESS (Street	HENRIE	TTA WELL	S	de)
22. NAME AND ADDRESS OF PECTON WHO COMPLETE DAME OF DEATH ITTER 27 Often AND ADDRESS OF PERFONN WHO COMPLETE DAME OF DEATH ITTER 27 Often AND ADDRESS OF PERFONN WHO COMPLETE DAME OF DEATH ITTER 27 Often AND ADDRESS OF PERFONN WHO COMPLETE DAME OF DEATH ITTER 27 Often AND ADDRESS OF PERFONN WHO COMPLETE DAME OF DEATH ITTER 27 Often AND ADDRESS OF PERFONN WHO COMPLETE DAME OF DEATH ITTER 27 Often AND ADDRESS OF PERFONN WHO COMPLETE DAME OF DEATH ITTER 27 Often AND ADDRESS OF PERFONN WHO COMPLETE DAME OF DEATH ITTER 27 Often AND ADDRESS OF PERFONN WHO COMPLETE DAME OF DEATH ITTER 27 Often AND ADDRESS OF PERFONN WHO COMPLETE DAME OF DEATH ITTER 27 Often AND ADDRESS OF PERFONN WHO COMPLETE DAME OF DEATH ITTER 27 Often AND ADDRESS OF PERFONN WHO COMPLETE DAME OF DEATH ITTER 27 Often AND ADDRESS OF PERFONN WHO COMPLETE DAME OF DEATH ITTER 27 Often AND ADDRESS OF PERFONN WHO COMPLETE DAME OF DEATH ITTER 27 Often AND ADDRESS OF PERFONN WHO COMPLETE DAME OF DEATH ITTER 27 Often AND ADDRESS OF PERFONN WHO COMPLETE DAME OF DEATH ITTER 27 Often AND ADDRESS OF PERFONN WHO COMPLETE DAME OF DEATH ITTER 27 Often AND ADDRESS OF PERFONN WHO COMPLETE DAME OF DEATH ITTER 27 Often AND ADDRESS OF PERFONN WHO COMPLETE DAME OF DEATH ITTER 27 Often AND ADDRESS OF PERFONN WHO COMPLETE DAME OF DEATH ITTER 27 Often AND ADDRESS OF PERFONN WHO COMPLETE DAME OF DEATH ITTER 27 Often AND ADDRESS OF PERFONN WHO COMPLETE DAME OF DEATH ITTER 27 Often AND ADDRESS OF PERFONN WHO COMPLETE DAME OF DEATH ITTER 27 Often AND ADDRESS OF PERFONN WHO COMPLETE DAME OF DEATH ITTER 27 Often AND ADDRESS OF PERFONN WHO COMPLETE DAME OF DEATH ITTER 27 Often AND ADDRESS OF PERFONN WHO COMPLETE DAME OF DEATH ITTER 27 Often AND ADDRESS OF PERFONN WHO COMPLETE DAME OF DEATH ITTER 27 Often AND ADDRESS OF PERFONN WHO COMPLETE DAME OF DEATH ITTER 27 OFTEN AND ADDRESS OF PERFONN WHO COMPLETE DAME OF DEATH ITTER 27 OFTEN AND ADDRESS OF PERFONN WHO COMPLETE DAME OF DEATH ITTER 27 OFTEN AND ADDRESS OF PERFONN WHO COMPLETE DAME OF DEATH ITTER 27 OFTEN AND ADDRESS OF PERFONN	AND METHOD OF DISPOSITION	20	7446	EDGE	OOD RD.	ANNAPOL 20c. LC	IS. M	D. 21403 or Town, State
23. PART I. Enter the displaces, or complications that caused the death. Do not enter the mode of dying, such as cerdisc or respiratory errest, shock, or heart failure. List only one cause on each line. Approximation	21. SIGNATURE OF FUNERAL SERVICE		IAKYLAND	22. NAME /	ND ADDRESS OF FA	CILITY 821 WE	ST ST	D. ANNABOL
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PARTORNED? 1 YES 2 NO 25b. WES CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 25c. PLACE OF DEATH (Check only one) 25c. PLACE OF DEATH (Check only one) 27c. MANNER OF DEATH 1 YES 2 NO 27c. MANNER OF DEATH	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a. DUE TO (OR AS DUE TO (OR AS	A CONSEQUENCE OF):	WNI	۸	CER	erratory erreat	Approximatinterval Ba Onset and
29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date end place, end due to the cause(e) end manner as stated. 29a. Signature and Title OF CERTIFIER 29b. Signature and Title OF CERTIFIER 29c. LICENSE NUMBER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Dig. Year) 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Dig. Year) 29d. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Items Print)	PART II. Other significant conditions and the significant conditions are significant conditions.	iona contributing to death i	but not resulting in	the underlyle	ng cause given in	PERFO	RMED?	AMAILABLE PRIOR 1 COMPLETION OF CO OF DEATH?
Name Name	25. WAS CASE REFERRED TO MEDICAL EXAMINER?			OTHER:	1	_		
3 Suicide 4 Homicide 6 Could not be determined 29e. CERTIFUER (Check only one) 2 MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occurred at the time, date end place, end due to the cause(e) end manner as stated. 29e. Signature, and Tritle OF CERTIFUER 29e. Signature, and Tritle OF CERTIFUER 29e. Signature, and Tritle OF CERTIFUER 29e. LICENSE NUMBER	Pending	(Month, Day, Year)	INJU	RY M 1	YES 2 NO			
290. LICENSE NUMBER 290. DATE SIGNED (Month, Digit, Year) 291. DATE SIGNED (Month, Digit, Year) 292. LICENSE NUMBER 293. DATE SIGNED (Month, Digit, Year) 294. DATE SIGNED (Month, Digit, Year) 295. DATE SIGNED (Month, Digit, Year)	2 3 Suicide 6 Could not i	building, etc. (Spe	ecify)			City or Town, State	o)	
30, NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Prior)	2 MEDICAL EXAM	INER: On the basic of examination			death occured at the	time, date end place, e	and due to the c	euse(e) end manner as st
		WHO COMPLETED CAUSE OF D	EATH (ITEM 27) (Type, P	Print)	P 2	2-1438	1	11/7/90

FOR STATE REGISTRAR	STATE OF N	MARYLA					EALTH I		MENTAL HYG		E	9	0	33		Н
1. DECEDENT'S NAME (First, Middle, Lest)	HILB	W.A.	ENRY PE	BU	RKE	sr	•		2. DATE OF DEATMONTH	- BA	/14,	90		0F 0EAT	n A	м
4. social security number 2/3096330	5. SEX 1 M 2 D F	6. AGE (In			IF UNDER	1 YEAR DAYS	HOURS 2	4 HRS. MIN.	7. DATE OF BIRT (Month, Day, Ye 11-25-	ar)	02	6. BIRTH Country Vir	v)	State or Fo	reign	
90. FACILITY NAME (If not institution, give s HOWARD CO RESIDENCE OF DECEDENT	ce w ty C	Ten.	Hog	p.	,		R LOCATION		ATH			NTY OF DI		>		
10a. STATE 10b. COUNTY	oward				lum		ION						LI	SIDE CITY WITS? ES 2 [7
10e. STREET AND NUMBER 5534 Waterloo	Road			-		101.	ZIP CODE	45			10g. CIT	IZEN OF W	THAT CO			٦
11. MARITAL STATUS 1 Never Merried 2 Merried 3 Nidowed 4 Olivorced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE W	YES	2 NO		1	f yes, spe		Mexica	IIC ORIGIN? (Speci n, Puerto Rican, et /:		or No—	14. RACE Black Specif	, White, ly:	atc.	in,	
15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)			Me. De	kind of woo NOT use	ork done o retired.)	CCUPATIO	st of working		166. KIND 0	Di	cke		xti	le	Mi.	11
17. FATHER'S NAME (First, Middle, Lest)							16. MOTH	ER'S NA	ME (First, Middle, M	laiden :	Surname)					
199. INFORMANT'S NAME (Type/Print) William H. Bur	ke jr.		19b. I	-					Route Number, City of				210	45		
20e. METHOD OF DISPOSITION 152 Buriel 2 Cremation 3 Rem 4 Donation 5 Other (Specify)	oval from State	1000	other place	9)	_		mori	-	Park			city or to			la	nd
21, SIGNATURED F FUNERAL SERVICE LIC	r Sla	1	_ M	1005			d address Elli		Sla t City			nera ylan			3	
23. PART I. Enter the diseases, or shock, or heert feilure. IMMEDIATE CAUSE (Finel disease or condition resulting in death)	e. P	(OR AS A	the deet ch line.	ENCE OF	ot enter	the mo	de of dylr	ng, suc	h es cardiec or	respi	retory sr	reet,	10	pproxim nterval B Inset and	etwee	
Sequentially liet conditions, if any, leeding to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated evente resulting in death) LAST	c. DUE TO	(OR AS A	CONSEQU	tou	M	Ja	owl	lan,	diseis	4						

resulting in deeth) PART II. Other eignificant conditions contributing to deeth but not resulting in the underlying cause given in Part I.

24a. WAS AN AUTOPSY PERFORMED?

24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE DE DEATH?

1 YES 2 NO

25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO

Accident

3 Suicide

29b. SIGNATUR

4 Nomicide

1

DIRECTOR

FUNERAL

ВҰ

COMPLETED

BE

0

PHYSICIAN: MEDICAL CERTIFICATION

BY

COMPLETED

2

27. MANNER OF GEATN

6 Could not be determined

100

☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 28a. DATE OF INJURY (Month, Day, Year) 26b. TIME OF

28s. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify)

OTHER:

ne 5 🗌 Residence 6 🗀 Other (Specify)

26. PLACE OF DEATH (Check only one)

28c. INJURY AT WORK? 28d. DESCRIBE NOW INJURY OCCURED 1 YES 2 NO

281. LOCATION (Street and Number or Rural Route Number, City or Town, State)

29e. CERTIFIER

29c. LICENSE NUMBER

COLT

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 0 0

31. OATE FILEO (Month, Day, Year) 32. REGISTRAR'S SIGNATURE

16- 6

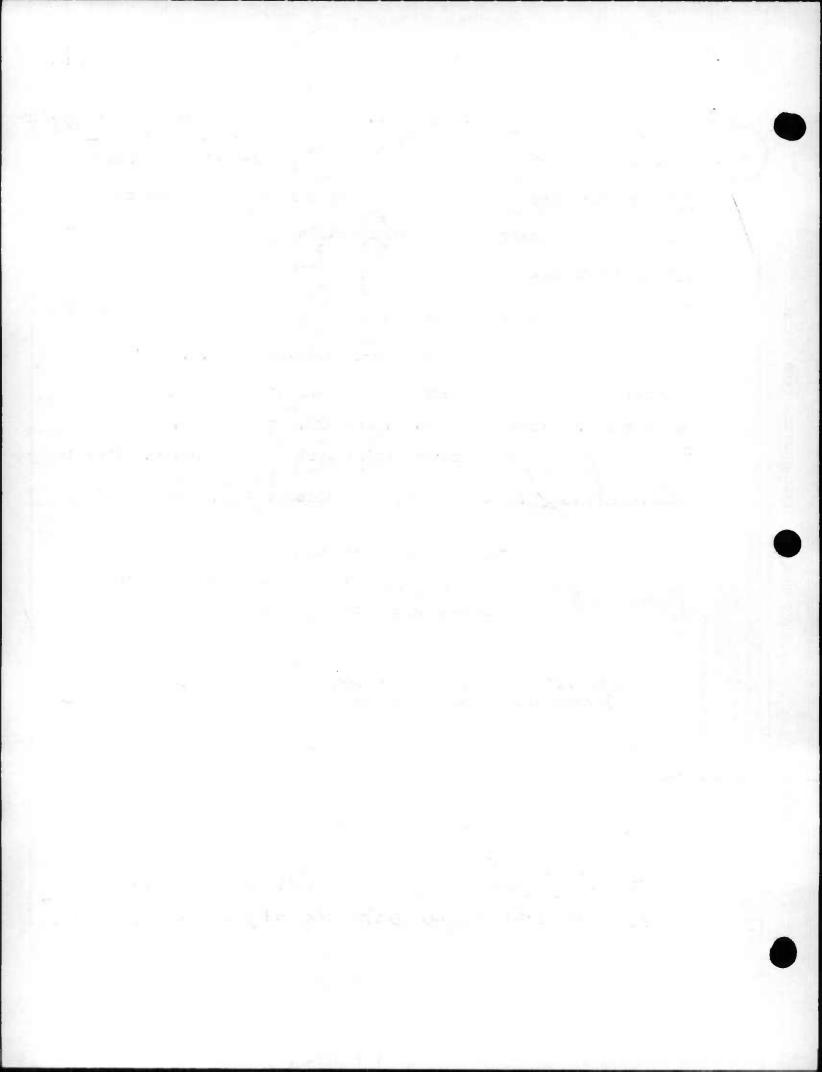
1 - STATE REGISTRAR

	LUCIE,	8. SEX	8. AGE (In yrs. In	ERRY ST	ER 1 YEAR	F UNDER 24 HRS.	7. DATE	OF BIRTH	18	BIRTHPLA	CE (State or For
	578-36-0137	1 M 2 F	89	YRS. MONTH	DAYS	HOURS MIN.	020	28-19	01 1	VIISS	ouri
C.	9e. FACILITY NAME (If not institution, g			9b, CI		OR LOCATION OF			9c. COUNT		н
CTOR	5517 Trotter	Road			Cla	arksvil	le		Hot	ward	
DIREC	10a. STATE 10b. COL	UNTY	7	10c. CITY, TOWI						10	d. INSIDE CITY LIMITS?
	Maryland	Howar	α	CIa		7ille			40- 0/7/75		T COUNTRY?
FUNERAL	5517 Trotter	Road			10	2102	9			USA	COUNTRY
ВУ	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Wildowed 4 Divorced	12. WAS DECEDE FORCES? IF YES, GIVE	NT EVER IN U.S. A 1 YES 2 WAR OR DATES		If yes, sp	CENDENT OF HISP pecify Cuban, Maxi S 2 NO Spec	can, Puerto	N? (Specify Yee of Rican, etc.)	or No- 1	Black, W	American Indi hite, etc.
LED	15. DECEDENT'S (Specify only highest g	EDUCATION	16a. D	ECEDENT'S USUAL Give kind of work dor to. Do NOT use retired	OCCUPATI ne during m	ION ost of working	16	b. KIND OF BUSI	NESS/INDU	STRY	
LET	Elementary/Secondary (0-12)	College (1-4 or 8	4	lectric			r	U.S	. Go:	v't	
COMPL	7th 17. FATHER'S NAME (First, Middle, Lest))	، است.	1600110	CL			Middle, Melden S			
BE C	Charles		Ber	rry		Aseni			Du.	ly	
TO B	19e. INFORMANT'S NAME (Type/Print)		1	96. MAILING ADDRE		and Number or Run	l Route Nur		, State, Zip C	Code)	1
F	Genevieve B.	Thorpe		Rt. 3,							
	20a. METHOD OF DISPOSITION 1 Seuriel 2 Cremation 3 1 4 Donation 6 Other (Speg/ly)	Removal from State	other c	e of disposition of the black burns of the b					ation - a	-	
	21. SIGNATURE OF TUNERAL SERVICE	LICENSEE	,			ND ADDRESS OF	FACILITY	Fune	ral l	Home	
	23. PART I. Enter the diseases, shock, or heart falls iMMEDIATE CAUSE (Final disease or condition resulting in death)	ire. List only one ca	luse on aach lin	ia.	ar tha me		ich aa ca	rdiac or reapin	atory arres	et,	Approxim Interval E Onset an
IFICATION	ahock, or heart falls IMMEDIATE CAUSE (Final disease or condition	ire. List only one ca	luse on aach lin	laath. Do not an	ar tha me	oda of dylng, at	ich aa ca	rdiac or reapin	atory arres	et,	Approxin Interval E Onset an
NEDICAL CERTIFICATION	ahock, or heart falls IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant cond	a. Due To Due To d. Due To	CESPIR O OR AS A CONSI	dath. Do not and not a	FANOROUP OF Underlying	ode of dying, at	uch as car	rdiac or reapin	atory arred	24b. W/	Approxim Interval E Onset an Onset an ERE AUTOPSY I BILABLE PRIOR MPLETION OF
MEDICAL	ahock, or heart falls IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant cond	a	CESPIR O OR AS A CONSI	dath. Do not and not a	FANOROUP OF underlying	ode of dying, at	uch as car	24a. WAS AN / PERFORI	atory arred	24b. W/	Approximinterval B Onset and Onset and ERE AUTOPSY F BILLBLE PRIOR
MEDICAL	ahock, or heart falls IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other algnificant cond PAGS 1 25. WAS CASE REFERRED TO MEDICAL EXAMINER?	a. Due To Due To d. Due To d. Hospital:	CESPIR PO OF AS A CONSIDER OF A CONSIDER OF A	dath. Do not and na. TORY EQUENCE OF): EQUENCE OF): FOR A EQUENCE OF): Tresulting in tha TORY OTH	FANCE OF Underlying STATE (SATE OF SATE ode of dying, at	ich as car	24a, WAS AN / PERFORI	atory arred	24b. W/	Approximinterval B Onset an Onset an ERE AUTOPSY F BILABLE PRIOR MPLETION OF F DEATH?	
SICIAN: MEDICAL	ahock, or heart falls IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant cond PART SAME REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	a. DUE TO DUE DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DU	CESPIR FOO OR AS A CONSI	dath. Do not and the. TORY EQUENCE OF): EQUENCE OF): PARTICLE OF PRODUCTION OF THE PRODUCTION OF TH	underlyir 2a. F ER: lursing Hotel	ng cause given	ich as car	24a. WAS AN / PERFORI 1 YES 2	AUTOPSY MED?	24b. W/AAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAA	Approximinterval E Onset an Onset an E Onset
PHYSICIAN: MEDICAL	ahook, or heart falls IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequantially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other aignificant cond 25. WAS CASE REFERRED TO MEDICA EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Ratural 5 Pending	a. DUE TO b. DUE TO c. DUE TO d	CESPIR FOO OR AS A CONSI	dath. Do not and na. TORY EQUENCE OF): EQUENCE OF): PARTITION OF THE PROPERTY OF THE PROPER	underlyir 28. FER: turning Hot	ng cause given	ich as car	24a. WAS AN / PERFORI 1 YES 2	AUTOPSY MED?	24b. W/AAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAA	Approxim Interval E Onset an Onset an ERE AUTOPSY I BILABLE PRIOR MPLETION OF
ED BY PHYSICIAN: MEDICAL	ahook, or heart falls IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequantially list conditions, If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificant conditions EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending	a. Due To	COR AS A CONSIDER OF CONSIDER	EQUENCE OF): FOURNCE OF): FO	underlyir 28. FR: luraing Hot	PLACE OF DEATH (in Part I. Check only of a 6 - Other 28d. Di	24a. WAS AN / PERFORI 1 YES 2	AUTOPSY MED?	24b, William AM	Approximinterval E Onset an On
ETED BY PHYSICIAN: MEDICAL	ahock, or heart falls IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificant cond 25. WAS CASE REFERRED TO MEDICA EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending 1 Natural 6 Pending 1 Natural 6 Could not detarmine 29e. CERTIFIER (Check only 1 CERTIFYING P	a. Due To b. Due To c. Due To d	DESPIRED OF AS A CONSIDER OF INJURY — At It g, etc. (Specify)	aath. Do not and na. TOR'S EQUENCE OF): EQUENCE OF): FOURING IN THE OF INJURY Mome, farm, street, indeed to occurred at the contract of the	underlyir 28. FER: tursing Hot 26c. IN 26ctory, offi	oda of dying, at	in Part I. Check only to a 6 - Ott	24a. WAS AN / PERFORI 1 YES 2	AUTOPSY MED? AUTOPSY MED? AUTOPSY MED? AUTOPSY MED?	24b. W/AN OX OX OX PURED	Approximinterval E Onset an On
ED BY PHYSICIAN: MEDICAL	ahock, or heart falls IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificant cond 25. WAS CASE REFERRED TO MEDICA EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending 1 Natural 6 Pending 1 Natural 6 Could not detarmine 29e. CERTIFIER (Check only 1 CERTIFYING P	BL HOSPITAL: 1 Inpetion: 28a. PLACE building the basis of the basis	DESCRIPTION OF INJURY—At Its, g, etc. (Specify)	aath. Do not and na. TOR'S EQUENCE OF): EQUENCE OF): FOURING IN THE OF INJURY Mome, farm, street, indeed to occurred at the contract of the	underlyir 28. FER: tursing Hot 26c. IN 26ctory, offi	oda of dying, at	in Part I. Check only of 28d. Di	24a. WAS AN / PERFORI 1 YES 2	AUTOPSY MED? AUTOPSY MED? AUTOPSY MED? AUTOPSY MED? Autopsy Media Autopsy Me	24b. W/AN CC ON 1	Approximinterval B Onset an On

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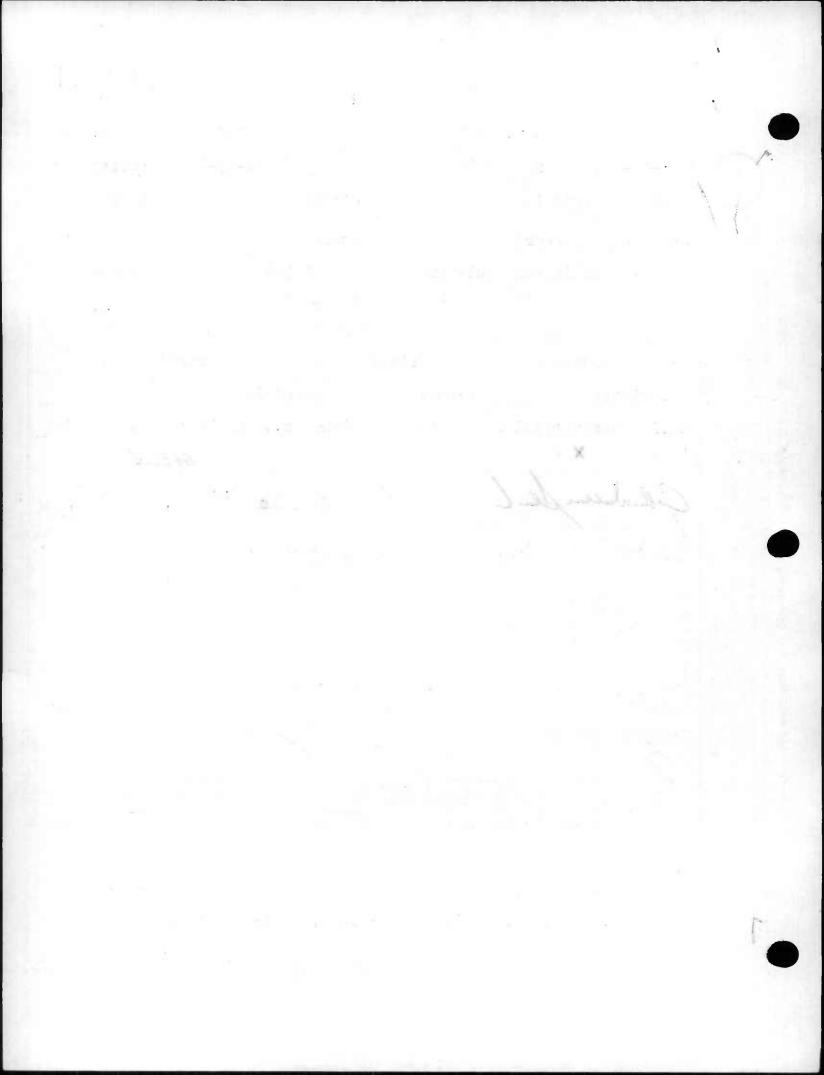
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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.



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the death cert	the attending	Mental Hygie	njury, or oth
hat the death cert	d by the attending	and Mental Hygie	ny Injury, or oth
es that the death cert	igned by the attending	ealth and Mental Hygie	rs any Injury, or oth
equires that the death cert	en signed by the attending	of Health and Mental Hygie	hows any injury, or oth
aw requires that the death cert	s been signed by the attending	pt. of Health and Mental Hygie	3 shows any Injury, or oth
he law requires that the death cert	e has been signed by the attending	e Dept. of Health and Mental Hygie	m 23 shows any Injury, or oth
N: The law requires that the death cert	ficate has been signed by the attending	State Dept. of Health and Mental Hygie	item 23 shows any injury, or oth
SICIAN: The law requires that the death cert	certificate has been signed by the attending	the State Dept. of Health and Mental Hygie	, or item 23 shows any injury, or oth
PHYSICIAN: The law requires that the death cert	this certificate has been signed by the attending	with the State Dept. of Health and Mental Hygie	rked, or item 23 shows any Injury, or oth
NG PHYSICIAN: The law requires that the death cert	fter this certificate has been signed by the attending	eath with the State Dept. of Health and Mental Hygie	marked, or item 23 shows any Injury, or oth
INDING PHYSICIAN: The law requires that the death cert	R. After this certificate has been signed by the attending	er death with the State Dept. of Health and Mental Hygie	is marked, or item 23 shows any Injury, or oth
ATTENDING PHYSICIAN: The law requires that the death cert	CTDR: After this certificate has been signed by the attending	s after death with the State Dept. of Health and Mental Hygie	1 28 is marked, or item 23 shows any Injury, or oth
OR ATTENDING PHYSICIAN: The law requires that the death cert	DIRECTOR: After this certificate has been signed by the attending	nours after death with the State Dept. of Health and Mental Hygie	tem 28 is marked, or item 23 shows any Injury, or oth
TAL OR ATTENDING PHYSICIAN: The law requires that the death cert	VAL DIRECTOR: After this certificate has been signed by the attending	72 hours after death with the State Dept. of Health and Mental Hygie	If item 28 is marked, or item 23 shows any Injury, or oth
OSPITAL OR ATTENDING PHYSICIAN: The law requires that the death cert	INERAL DIRECTOR: After this certificate has been signed by the attending	thin 72 hours after death with the State Dept. of Health and Mental Hygie	INT: If item 28 is marked, or item 23 shows any injury, or oth
E HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death cert	E FUNERAL DIRECTOR: After this certificate has been signed by the attending	d within 72 hours after death with the State Dept. of Health and Mental Hygie	HTANT: If item 28 is marked, or item 23 shows any injury, or oth
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed withinours after death. Page 6 may be retained by the host	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	1 - FOR STATE REGISTRAR	STATE OF MARY		RTMENT OF I		MENTAL HYGIEI REG. NO		33110		
	1. DECEDENT'S NAME (First, Middle, Last) PET	ROS C. BAC	CHOS			2. DATE OF GEATH MONTH 11-18-	90 YEAF	3. TIME OF DEATH		
1	4. SOCIAL SECURITY NUMBER 218-19-5638		GE (In yrs. last birthday) PRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 01-25-4	2 Gr	TTHPLACE (State or Foreign untry)		
1	9a. FACILITY NAME (If not institution, give 8844 B Route				OR LOCATION OF O	EATH	9c. COUNTY OF	r DEATH Vard		
PIRECT	nesidence of decedent 100. STATE 10b. COUNT Maryland H	oward	10c. CIT	Y, TOWN OR LOCA	TION			10d. INSIDE CITY LIMITS? 1 YES 2 XNO		
	10e. STREET AND NUMBER		Larrand		f. ZIP CODE	1,	10g. CITIZEN OF WHAT			
BY FUNERAL	8844-B Washii 11. MARITAL STATUS 1 Never Merried 2 (Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVE FORCES? 1 YI	R IN U.S. ARMED	RMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Vi				ACE - American Indian, lack, White, atc.		
COMPLETED	15. OECEDENT'S EOI (Specify only highest grad Elementary/Secondary (0-12) UNKN C	completed) College (1-4 or 5+)	16a. OECEDENT'S (Give kind of We. Do NOT u.	USUAL OCCUPATI work done during m se retired.)	ON ost of working	Sale Hills	usiness/industri			
COM	17. FATHER'S NAME (First, Middle, Last) Christos	7	Bachos		18. MOTHER'S NA Evant	AME (First, Middle, Maide		Ndubra		
TO BE	19a. INFORMANT'S NAME (Type/Print) Chris Georgak		19b. MAILING		and Number or Rural	Aoute Number, City or To				
	20e. METHOD OF OISPOSITION 1 Duriel 2 Cremetion 3 Rem		20b. PLACE OF OISPO other place)			20c. L	OCATION — City or	Town, State		
	21. SIGNATURE OF FUNERAL SERVICE LICENSER MO0535 ADDRESS OF FACILITY Kalas Funeral Home M00535 ADDRESS OF FACILITY Kalas Funeral Home M00535 ADDRESS OF FACILITY Kalas Funeral Home									
CERTIFICATION	23. MRT I. Enter the diseases or shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, isseling to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	a. DUE TO (OR A	n aach line.	Infa		th as cardiac or rea	piratory arreat,	Popo Printe Interval Botween Onset and Death		
PHYSICIAN: MEDICAL CEI	PART II. Other aignificant condition heavy cisavette	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO								
ICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINEN?	HOSPITAL:		OTHER:	LACE OF DEATH (C					
	1 Nets 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending	1 □ Inputient 2 □ ER/C 28e. DATE OF INJU (Month, Day, Yes	RY 26b, TIN	AE OF 28c. IN	JURY AT ORK? YES 2 NO	8 Other (Specify) 28d. DESCRIBE HOW	INJURY OCCURED			
red BY	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	26a. PLACE OF INJ building, atc. (3	URY — At home, farm, Specify)	street, factory, offi	00	281. LOCATION (Stree City or Town, Stet		ral Route Number,		
BE COMPLETED	Control only	SICIAN: To the best of my ki						se(e) and manner se stated.		
BE C	294 SIGNATURE AND TITLE OF BERTIFIE	Tyc, K	NS		29c. LICENSE NU D314		29d. DATE SIGN	NED (Month, Day, Year)		
10	30. NAME AND ADDRESS OF PERSON W PATRYCE A. TOY	The state of the s				icott Ci				
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S S			,		-0 , 2.22			



TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1.2.3 am be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

Dr.

William

	FOR STATE REGISTRAR		STATE OF I			RTMENT OF			MENTAL	HYGIEN REG. NO) (1 1 3
	1. DECEDENT'S NAME (First,	Middle, Last)							2. DATE O	F DEATH D	NA .	YEAR	3. TIME OF DEAT	TH .
	Vern			BRAY					Nover	nber	Ĭ7,	1990	3:00 P	М
)	4. SOCIAL SECURITY NUMBER 2 14-05-4697	ER	5. SEX	8. AGE (In yrs. 90	lest birthday) YRS.	MONTHS DAYS		MIN.	(Month,	(Month, Day, Year) C			BIRTHPLACE (State or Foreign Country) (aryland	
	ML FACILITY NAME (If not ins					9b. CITY, TOW	ION OF D	EATH 9c. COUNT			NTY OF D	Y OF DEATH		
FUNERAL DIRECTOR	#8 North La		St.		LaVale					Allega			iny	
RE	10e. STATE	10b. COUNT			10c. CITY, TOWN OR LOCATION								10d. INSIDE CITY	,
ā	MD	A.	llegany		La	LaVale								NO
3AL	10e. STREET AND NUMBER					10f. ZIP CODE				10g. CITIZEN OF			WHAT COUNTRY?	
NE	#8 North La	Vale S				21502						USA		
BY FU	11. MARITAL STATUS 1 Never Married 2 3 Widowed 4 Divor		12. WAS DECEDEN FORCES? 1 IF YES, GIVE V	YES 2	ARMED		NIC ORIGIN? en, Puerto Ri fy:		s or No—	14. RACI Black Spec	E — American Indi k, While, atc. Hy: White	an,		
		15. OECEDENT'S EDUCATION 166			DECEDENT'S	USUAL OCCUPA	TION		16b. I	CIND OF BU	SINESS/IN	DUSTRY	WILLE	
COMPLETED		(Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 6+)				work done during ise retired.)	most of world	ing		- 0				
4	7th				House	ewife				Home	2			
Ö	17. FATHER'S NAME (First, Mi	ddle, Last)					18. MOT	HER'B N	AME (First, Mi	ddle, Melden	Sumeme)			
BE (avode	Cond	ron		1	Ar	nna	Ja	ne	Sn	nail		
TO E	19e. INFORMANT'S NAME (7)				19b. MAILIN	G ADDRESS (Street	et end Numbe	r or Rural	Route Numbe	r, City or Tow	n, State, Zi	p Code)		
-	Darl B. Bra				734 \	/alley '	View I	riv	e, La	ale,	Mary	land	21502	
	20e. METHOD OF DISPOSITION 1X Buriel 2 Cremetion 3 Removal from State 4 Donetion 5 Other (Specify) 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or other place) Garrett Co. Memorial Gardens Oakland, Maryland													
	21. SIGNATURE OF FUNEL PRICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Stewart Funeral Home 32 S. Second St., oakland, MD 21550													
	23. PART I. Enter the di shock, or he IMMEDIATE CAUSE (Fin disease or condition resulting in death)	art fallure.	a. Myoca	at caused the use on each I	_{Ine.} Infar	not enter the					_		Approxim Interval B Onset and Sudd	etween d Death
NO	Sequentially list conditi	ons,	L Cardi	Orespi	rator	y Arres	t						Sudd	en
CERTIFICATION	If any, leading to immed cause. Enter UNDERLY!! CAUSE (Disease or Inju-	NG				Disease							Year	S
ERTIF	that initiated events resulting in death) LAS		d	(On AS A COR	SEQUENCE (<i>/-</i>								
PHYSICIAN: MEDICAL C	PART II. Other significant conditions contributing to death but not					in the underly	ring cause	given in		PERFO	RMED?	241	MAILABLE PRIOR COMPLETION OF DEATH?	CAUSE
AN	25. WAS CASE REFERRED TO	MEDICAL				26	PLACE OF	DEATH (C	heck only one,					
SIC	EXAMINER?		HOSPITAL:	☐ ER/Outpatient	3 🗆 DOA	OTHER:	lome 5 CXR	esidence	6 Other	(Specify)				
H	27. MANNER OF DEATH	3 A Y	28e. DATE OF	FINJURY	26b, TII	ME OF 28c.	INJURY AT			RIBE HOW	NJURY OC	CURED	7 7 17	
ВУР														
286 PLACE OF INJURY — At home form street factory office 1 28f 1 OCATION (Street and Number of Pural Route No.								Route Number,						
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) and manner as stated. 2 MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occurred at the time, date end place, end due to the cause(e) end menner as stated.													
	29b. SIGNATURE AND TULE	OF CERTIFIE	ER				29c. LIC	ENSE NU	IMBER		29d. OA	TE SIGNE	(Month, Day, Year)	
TO BE	30. NAME AND AGORESS OF	PERSON WI	HO-SOMPLETED CAL	MO ISE OF DEATH (TEM 27) (Two	e Print)	r P	25	401	0	•	11/2	23/90	

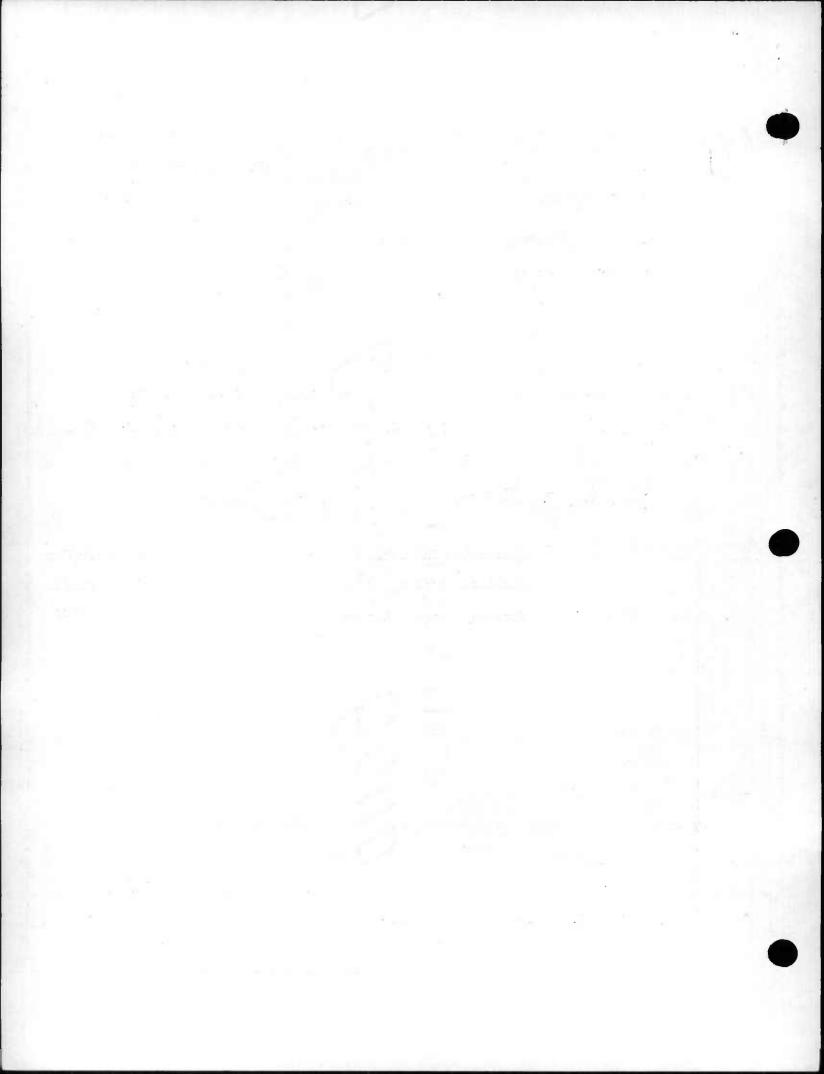
mm. MD Virginia

32. REGISTRAR'S SIGNATURE

George Davidson Andell

21502

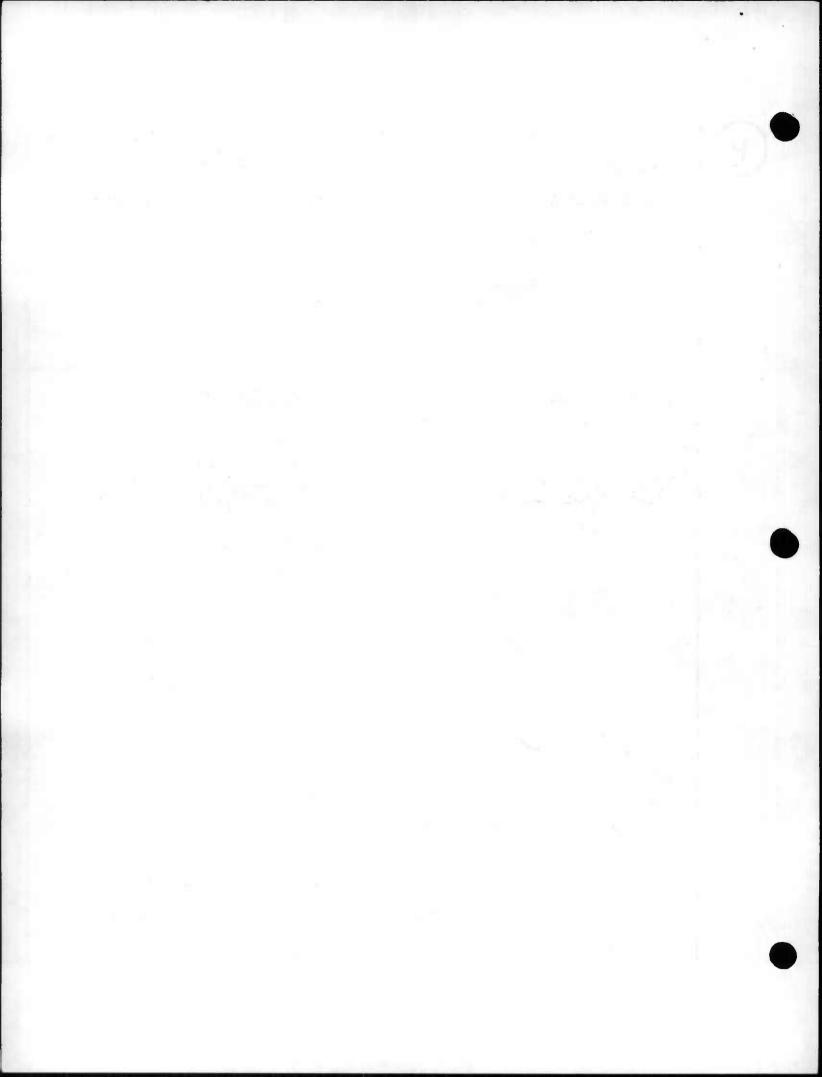
Cumberland, Maryland



Dr.

1.000	Middle, Last)									ATE OF E	EATH DA		YEAR	3. TIME OF D	EATH
DIC	IE M	ADELIN	E	BENNE	ГТ						ber		1990	1:18	P. W
I. SOCIAL SECURITY NUMBE	R	5. SEX	6. AGE (In yrs.	last birthday)	IF UNDER	1 YEAR	IF UNDER	24 HRS.	7. D	ATE OF B	IRTH (Mar)		Countr	PLACE (State o	
218-34-265	7	1 🗌 M 2 💢 F	85	YRS.	WONTERS	LIAYS	HOURS	MIN.		NE	10,	1905	Pen	nsy1v	ania
Do. FACILITY NAME (If not inst	itution, give atr	reet and number)			9b. CITY	, TOWN	OR LOCATI	ON OF D	EATH			9c. COU	NTY OF D	EATH	
Memorial Hos						Cumb	erla	nd					Alle:	gany	
RESIDENCE OF DECI	10b. COUNTY			10c. CI1	CITY, TOWN OR LOCATION								10d. INSIDE	ITY	
PA	Bedf	Ford			Bedford						LIMITS? 1 TES 2 TO NO				
00. BTREET AND NUMBER	Deal				10f. ZIP CODE					10g. CITI			FIZEN OF WHAT COUNTRY?		7
Route 3, B	ox 679	9			15522					USA			A		
. MARITAL STATUS		12. WAS DECEDEN	NT EVER IN U.S.	ARMED	13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No— If yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. RACE—Black, W.					E — American	ndien,				
Never Married 2			WAR OR DATES	MO	1 YES 2 X NO Specify: Specify:					thy:					
**					Wh						White				
(Specify only	highest grade of	Completed)	16a.	(Give kind of	work done			ng		16b. KIN	D OF BUS	SINESS/IN	DUSTRY		
Elementary/Secondary (0-12) College (1-4 or 5+)				lousew	Tuse redred.) Wife Domestic										
5 HO 7. FATHER'S NAME (First, Middle, Last)					TIE		18, MOT	M 2'R3H	AME (F	_	_				
LESTER WI		18. MOTHER'S NAM													
De. INFORMANT'S NAME (Typ	19b. MAILING	MELINDA MILLER NO ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)													
MRS. DORIS		ROUTE	OUTE 3, BOX 682, BEDFO					RD,	PA 1	5522	2				
0e METHOD OF DISPOSITION NO. 1	ON		20b. PLA	CE OF DISPO									City or To	own, State	
Donation 5 Other		oval from State		ellow	ship	Cen	eter	V			Cent	ervi	11e,	PA	
SIGNATURE OF FUNERAL	SERVICE LICI	ENSEE	0		22.	NAME A	ND ADDRE	SS OF F	ACILIT	Y O.F	+hc	Hi	110		
11 Jours	XX	y +1	tallo	-									e,Ml	2150	12
23. PART I. Enter the dis	eases, or c	omplications the	at caused the	death. Do										Appro	_
ahock, or he IMMEDIATE CAUSE (Fina		List only one ca	use on each i	iine.				1							Between
disease or condition		PAG	Sille	OP	row	le	At	ndi	m	en)				
resulting in death)		QUE TO	OR AS A CON	SEQUENCE O	PF: (,		. (1,	1	7	-			
		10	Wan	red	(0	w	low	11	tr	ter	16	h S1	24	0	
Sequentially list condition if any, leading to immed	iate	DUE TO	OR AS A CON	SEQUENCE O	F):						1				
cause. Enter UNDERLYIN CAUSE (Disease or injur													4 . 4	-	
that initiated events resulting in death) LAST		1 4 3	O OR AS A CON	1 A -	Plan	2	7	· ^ ^	Dia	Ale	1	Lol	lli	2	
		. VIY	LOYV		ul	1	1	100	V	1 /	,	10-		7	
PART ii. Other aignificar	t condition	contributing to	death but no	ot reauiting	in the u	nderlyin	g ceuse	given i	n Part	i. 24	. WAS AN	AUTOPSY	241	AMAILABLE PE	
										11	YES 2	-		COMPLETION OF DEATH?	
														1 TYES 2	□ NO
													- 1		
	MEDICAL	HOSENTAL					LACE OF	DEATH (C	Check o	nly one)					
25. WAS CASE REFERRED TO EXAMINER?	MEDICAL	HOSPITAL:		t 3 🗆 DOA	OTHE 4 🖺 Nu	R:	LACE OF I				pecify)				
5. WAS CASE REFERRED TO EXAMINER? 1 YES 2 NO 7. MANNER OF DEATH		1 E Inpatient 2		26b. TII	4 🗆 Nu	R: rsing Hor 29c. IN. W	ne 5 🗆 R	esidence	6 🗆	Other (Sp		NJURY O	CCURED		
5. WAS CASE REFERRED TO EXAMINER? 1 YES 2 O	MEDICAL Pending	1 E inpatient 2 28a. DATE O (Month,	F INJURY Day, Year)	26b. Til	4 🗀 Nu	Pt: rsing Hor 29c. JN. W	JURY AT ORK? YES 2		284	Other (Sp.	BE HOW			P	
25. WAS CASE REFERRED TO EXAMINER? 1 YES 2 100 27. MANNER OF DEATH 1 Netural 5 F 2 Accident it	Pending nvestigation Could not be	28a. DATE O (Month,	F INJURY	26b. Til	4 🗀 Nu	Pt: rsing Hor 29c. JN. W	JURY AT ORK? YES 2	esidence	284	Other (Sp. DESCRI	BE HOW	end Numb		Route Number,	
25. WAS CASE REFERRED TO EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 F 2 Accident in 3 Suicide 6 C 4 Homicide	Pending nvestigation	28a. DATE O (Month,	F INJURY Day, Year) OF INJURY — A	26b. Til	4 🗀 Nu	Pt: rsing Hor 29c. JN. W	JURY AT ORK? YES 2	esidence	284	Other (Sp. DESCRI	BE HOW I	end Numb		Poute Number,	
25. WAS CASE REFERRED TO EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 F 2 Accident is 3 Suicide 6 G 4 Homicide 29e. CERTIFIER (Check only	Pending Investigation Could not be electrished	28a. DATE O (Month, 28a. PLACE building	F INJURY Day, Year) OF INJURY — A I, etc. (Specify) of my knowledge	26b. Til IN t home, farm,	4 Number	R: reing Hor 29c. IN. W 1 tory, office	ne 5 R JURY AT DRK? YES 2	NO NO	28d	Other (Sp. DESCRI LOCATIO City or R	N (Street own, State)	end Numbe	er or Rural		
25. WAS CASE REFERRED TO EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 F 2 Accident is 3 Suicide 6 G 4 Homicide 29e. CERTIFIER (Check only	Pending Investigation Could not be electrished	28a. DATE O (Month,	F INJURY Day, Year) OF INJURY — A I, etc. (Specify) of my knowledge	26b. Til IN t home, farm,	4 Number	R: reing Hor 29c. IN. W 1 tory, office	ne 5 R JURY AT DRK? YES 2	NO NO	28d	Other (Sp. DESCRI LOCATIO City or R	N (Street own, State)	end Numbe	er or Rural		as stated.
25. WAS CASE REFERRED TO EXAMINER? 1 Yes 2 NO 27. MANNER OF DEATH 1 Natural 5 P 2 Accident 3 Suicide 6 G 4 Homicide 6 G 29e. CERTIFIER (Check only one) 2 MEDIC	Pending Investigation Could not be electrished	28a. DATE O (Month, 26a. PLACE building CIAN: To the best of	F INJURY Day, Year) OF INJURY — A I, etc. (Specify) of my knowledge	26b. Til IN t home, farm,	4 Number	R: reing Hor 29c. IN. W 1 tory, office	ne 5 R JURY AT DRK? YES 2 De a and place death occur	NO NO	28d	Other (Sp. LOCATIC City or R	N (Street own, State)	end Number	er or Rural	(e) and manner	

Qamar Zaman, Memorial Hospital Medical Building, Cumberland, MD



TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

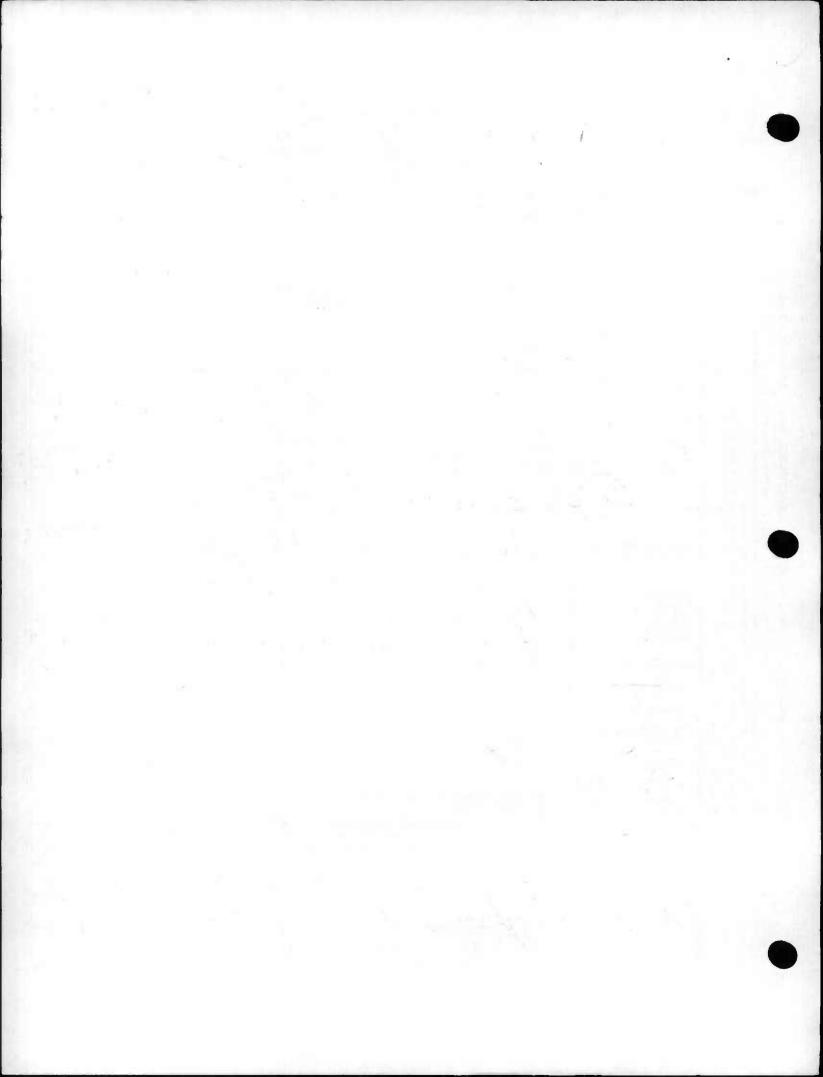
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Rat -	des	·	-5	RESIDEN
	es		W.	10e. STATE
	2		10	MI
	E	- 1	7	10e. STREET
	he hospital or attending physician. detached for use as the burlal-transit permit. Pages		TO BE COMPLETED BY FUNERAL DIRECTOR	40
	iciar	- 1	5	11. MARITAL
9	Sur Share	- 1	T.	1 Never I
317	the the		B	3 Widow
JARYLAND 21203-3146	etained by the hospital or attending physician, should be detached for use as the burlal-tran		8	
12	10 N			Elementa
2	d to	- 1	7	1
9	Posi ache	형	2	1
A	ag de	5	8	17. FATHER'S
7	retained by t	notified at once.	ш	Mon
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A	5 sh	20	5	Mnc

FOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

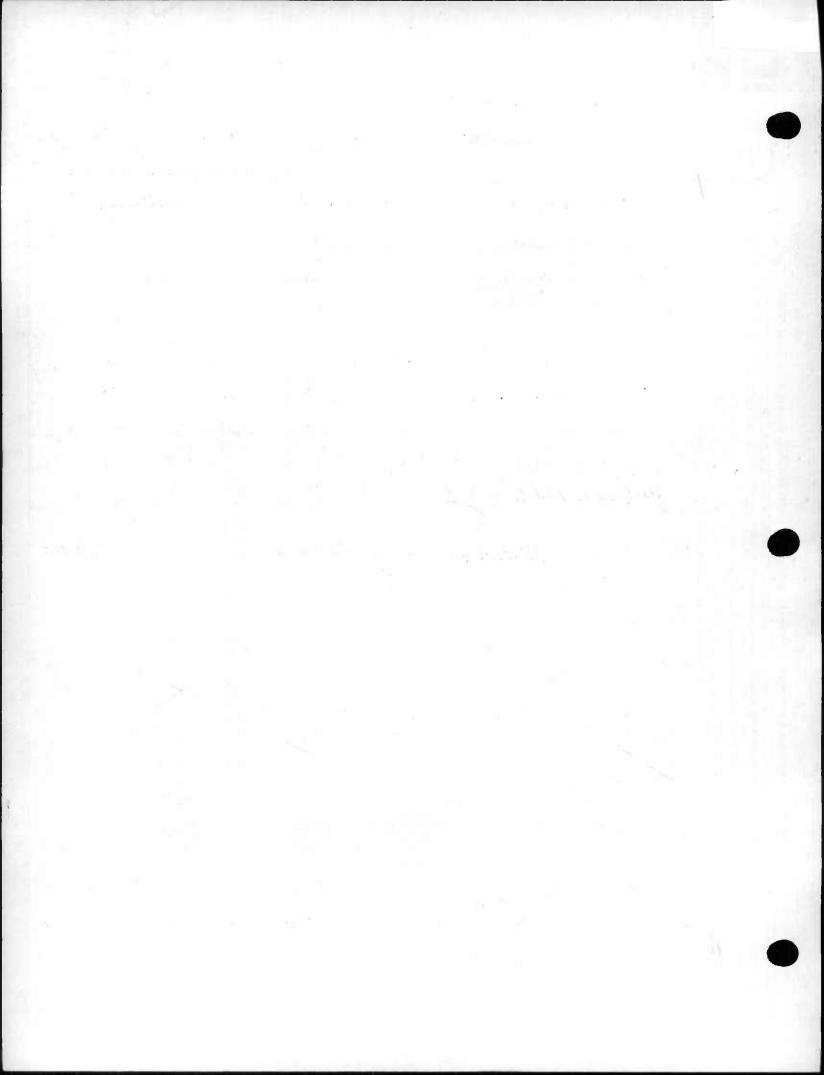
	- STATE REGISTRAR		C	ERTIFIC	CATE OF	DEATH	F	REG. NO.		50	00161
٠	1. DECEDENT'S NAME (First, Middle, La	nst)					2. DATE OF		v	VEAR	3. TIME OF DEATH
1	Balfred	R.	BRINE	SAR			Nove	mber	19	, I9 9	0 8:10 a _m
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. la		IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF (Month, De	BIRTH by, Ybar)		8. BIRTHI Country	PLACE (State or Foreign
	161 20 6020	1 🔀 M 2 🗌 F	64	YRS.				20-19			NC
ı	9e. FACILITY NAME (If not institution, g.	•			9b. CITY, TOWN	OR LOCATION OF DE	EATH			NTY OF DE	
	Franklin Squar	re Hospital			Ros	edale			Bal	timo	re, Co.
1	10e. STATE 10b. COL			10c. CITY,	TOWN OR LOCA	TION					10d. INSIDE CITY
ı	MD	Harford			Havi	e de Gr	ace				LIMITS? 1 YES 2 NO
ı	10e. STREET AND NUMBER				10	. ZIP CODE			10g. CIT	IZEN OF W	HAT COUNTRY?
1	40 Robin Hoo	d Road B	ox 713			21078				USA	
	11. MARITAL STATUS 1 Never Merried 2 X Merried	12. WAS DECEDEN FORCES? 1	T EVER IN U.S. AI		13. WAS DEC	ENDENT OF HISPAN ecify Cuben, Mexica	NIC ORIGIN? (S	Specify Yes in, etc.)	or No-	14. RACE Black	— American Indian, , White, etc.
	3 Widowed 4 Divorced	IF YES, GIVE W	AR OR DATES			2 NO Specify				Specif	hite
1	15. DECEDENT'S	EDUCATION	16a, D	ECEDENT'S U	SUAL OCCUPATION	ON .	16b. KII	ND OF BUS	SINESS/IN		1110
I	(Specify only highest g Elementary/Secondary (0-12)	College (1-4 or 5 +	105	alve kind of wo b. Do NOT use	ork done during mo retired.)	est of working					
	11th		(R	let) A	dminist	rator	Fe	edera	1 Go	vern	ment
ı	17. FATHER'S NAME (First, Middle, Last,					18. MOTHER'S NA	all the second				
	Morris D. Br	inegar					E. Br				
	19e. INFORMANT'S NAME (Type/Print)	Daineman	"			and Number or Rural				115	D 91079
	Mrs. Mary Ann	brinegar	20b. PLACE			od Road,	DOX	_		City or To	
	1X Buriel 2 Cremetton 3 1 1 4 Donation 5 Other (Specify)	Removal from State	other p	riace)		rial Park					irginia
	21. SIGNATURE OF FUNERAL SERVICE	E LICENSEE			22. NAME A	ND ADDRESS OF FA	CILITY				
	>				Mitcl Havi	nell-Smit e de Gr	h Fun ace,	eral MD	Hom 210	e, P 078-3	.A. 3197
	23. PART I. Enter the diseases,	or complications tha			ot entar tha mo	ode of dying, auc	h aa cardlad	or reapl	ratory ar	rest,	Approximate interval Between
	IMMEDIATE CAUSE (Final										Onaet and Death
	disease or condition resulting in deeth)	Metas	tatic	Lun	g Cano	er				_	
		DUE TO	(OR AS A CONSI	EOUENCE OF):						
	Sequentially list conditions, if any, leading to immediate	b. DUE TO	(OR AS A CONSE	OUENCE OF):						
j	cause. Enter UNDERLYING CAUSE (Disease or Injury	с									
	that initiated events resulting in death) LAST	DUE TO	(OR AS A CONSI	EOUENCE OF):						
1	readiting in death) LAST	d							+	- SK	
	PART II. Other eignificant cond	Itlona contributing to	death but not	reaulting is	n the underlyin	g cause given in	Part I. 24	la. WAS AN		24b.	WERE AUTOPSY FINDINGS
	Upper Gastro	o Intesti	nal Bl	eed				PERFOR			AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
	Acute Myoca								X		1 YES 2 NO
		_									
	25. WAS CASE REFERRED TO MEDICA EXAMINER?	HQSPITAL:			26. P	LACE OF DEATH (Ch	neck only one)				
	1 TYES 2 NO	1 Sinpatient 2			4 - Nursing Hor	ne 5 🗆 Residence		• • • • • • • • • • • • • • • • • • • •			
	27. MANNER OF OEATH 1 Netural 5 Pending	26e. DATE OF (Month, D		26b. TIME INJU	URY W	JURY AT DRK? YES 2 NO	28d, DESCR	IBE HOW I	NJURY O	CCURED	
1	2 Accident Investigat	26e PLACE C	F INJURY — ALI	ome, farm, s	treet, factory, offi		26f. LOCATI	ON (Street	and Numbi	er or Rucel F	Soute Number,
1	4 Homicide 6 Could no	be building.	etc. (Specify)	,	,,			Town, State			
	29e. CERTIFIER 1 X CERTIFYING P	HYSICIAN: To the best of	my knowledge, o	leath occurre	d at the time, dat	e and place, and due	to the cause	(e) and ma	oper es et	rhod.	
	(Orleck Orlly	MINER: On the basis of s	- R- M								e) end menner ee stated.
	29b. SIGNATURE AND TITLE OF CER	TIFIER	O.)		29c. LICENSE NU	MBER				(Month, Day, Year)
	Allu C	maldi	MODE)		N/A			N	ov 1	9, 1990
	30. NAME AND ADDRESS OF PERSON	WHO COMPLETED CAU	SE OF OEATH (IT	EM 27) (Type,	Print)				11 1		
	Kellie Smal		9000	Fra	nklin	Square	Drive	e, B	alto	٥.,	Md 21237
	31. DATE FILED (Month, Day, Year) NOV 21 90		AR'S SIGNATURE			_				•	
	401 5 T AN	Lelia Ja	iller The	well-							DHMH-16 Rev 1/8

alle di specialistico agra se pa		FOR STATE REGISTRAR	STATE OF MARYL	CERTIF	ICATE OF	DEATH	REG. I	NO.	90 33122	
	*1	1. DECEDENT'S NAME (First, Middle, Lest) 4. SOCIAL SECURITY NUMBER 172 34 9295	Francis Willow O	Bin in yrs. lest birthday)	UNDER 1 YEAR MONTHS DAYS	F UNDER 24 HRS.	2. DATE OF DEATH MONTH 7. DATE OF BIRTH (Month, Day, Year Dec. 3,	0 9	3. TIME OF DEATH SERTHPLACE (State or Foreign Country) COUNTRY)	
1. 2. 3 hours	стов.	9a. FACILITY NAME (If not institution, give a Union Hospital of RESIDENCE OF DECEDENT	treet and number)		96. CITY, TOWN C	DR LOCATION OF DE	1	Y OF DEATH		
permit. Pages	DIRE	Maryland Ceci		10c. CI	Elkton	ON ZIP CODE			10d. INSIDE CITY LIMITS? 1 X YES 2 ND	
150	VERAL	99 Brownstone Lan			21	921		U.S.	A.	
cos-5140 attending physician. se as the burial-transit	BY FUN	11. MARITAL STATUS 1 Never Merried 2 🔀 Merried 3 Never Merried 4 Divorced	12. WAS DECEDENT EVER IF FORCES? 1 TYES IF YES, GIVE WAR OR D. Vietnam	2 X NO	If yes, sp		NIC ORIGIN? (Specify in, Puerto Rican, etc.) y:		4. RACE — American Indian, Black, While, etc. Specify: White	
ital or d for u	COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	Completed) Conlege (1-4 or 5+) 4 Yrs Trade	(Give kind of Ille. Do NOT u	s usual occupation work done during mose retired.)	ON et al working	166. KIND OF Build	ing	STRY	
retained by the hospital or 5 should be detached for u notified at once.	ш	17. FATHER'S NAME (First, Middle, Last) Francis W. Bingn			16. MOTHER'S NA Kathl	ME (First, Middle, Mel Leen Smi				
MART L. be retained by je 5 should be a notified at	TO B	19a. INFORMANT'S NAME (Type/Print) Patricia A. Bingn	ear	196. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, Ste 99 Brownstone Lane, Elkton, MD 2					code) 1	
ALLIMORE, R death. Page 6 may be threat director, page threat director, page threat director, page threat must be in		20a. METHOD OF DISPOSITION 1	oval from State	other place)	oft Cemet	ery	Lo	wer Chi	ty or Town, State chester, PA	
		21. SIGNATURE OF FUNEBAL SERVICE LI	WEZI	icks	Hicks Bow & Elkto	Home for Stockton, Mary	or Funera on Street and 219	1s \$1		
ficate be executed within z-riours after physician and completely filled in by the prior to burial, cremation, or removal ter traumatic event, the medical (CATION	23. PART I. Enter the diseases, or shock, or heart failure. IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	a. DUE TO (OR AS A DUE TO (OR AS A	CONSEQUENCE C	man	7-1	des cardiac or re	d3 ()	st, Approximate Interval Between Onset and Deati	
t the death certify the attending and Mental Hygie	MEDICAL CERTIFI	PART II. Other significant condition	· Adule	out not resulting	lac .	dys r	PER	AN AUTOPSY FORMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
law requast been bept. of 23 sho	PHYSICIAN: ME	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHER:	LACE OF DEATH (C/			1 TYES 2 NO	
2 95	PHYS	1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending	1 Inputient 25-EB/Outs 28a. DATE OF INJURY (Month, Day, Year)	petient 3 DOA	ME OF 28c. IN.	JURY AT ORK?	6 Other (Specify) 28d. DESCRIBE HO	W INJURY OCCU	IRED	
After death	ETED BY	2 Accident Investigation 3 Suicide 6 Could not be determined	28e. PLACE OF INJURY building, etc. (Spe			YES 2 NO	281. LOCATION (St. City or Town, S	LOCATION (Street and Number or Rural Route Number, City or Town, State)		
N N N	COMPLET	one)	SICIAN: To the best of my know ER: On the bests of examination						d. cause(s) and manner as stated.	
岩 岩 2	BE	29b. SIGNATURE AND TITLE OF CERTIFIE	Harry	71.		29c. LICENSE NU	MBER 3 5 / 3	29d. DATE	SIGNED (Month, Day, Year)	
223	5	30. NAME AND ADDRESS OF PERSON W	O COMPLETED CAUSE OF DE	ATH (ITEM 27) (Typ	oa, Print)	11.	of 6	c-1	Con. L	
		31. DATE FILED MANUEL, Days, Many	12 REMISTRAR'S SIGN	IATURE &	li Kail	D. J. B	C) C			



TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2-7 hours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fineral director, page 5 should be detached for use as the burial-transit permit. Pages 1,2,3 ship he field within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.
IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

1. DECEDENT'S NAME (First,	Middle, Lest)									OF DEATH	DAY		3. TIME O	F DEATH
Dorothy		Armst	rong		Bur	ton			No	vembe		199	0 4.0	00 P.M
4. SOCIAL SECURITY NUMB	BER	5. SEX		s. last birthday)	IF UNDER	1 YEAR	IF UNDER	-	7. DATE	OF BIRTH		8. BIRTH	PLACE (Sta	ete or Foreign
114-22-8119	9	1 M 2 KF	78	YRS.	MONTHS	DAYS	HOURS	MIN.		ober	7. 19	Count	n New Y	orle
9a. FACILITY NAME (If not in	stitution, give a	treet and number)			96. CITY	r, TOWN	OR LOCATIO	ON OF DE				NTY OF D		THE R
3106 Hoopers	S Islan	nd Rd.			Chu	rch	Creel	k			Doro	hes	ter	
10e. STATE	10b. COUNTY	1		10c, CI1	Y, TOWN	OR LOCAT	TION						10d, thisic	DE CITY
Md.	Dorcl	hester		Ch	urch	Cre	ek						1 YES	2 X NO
10e. STREET AND NUMBER						.10	f. ZIP CODE	E			10g. CITI	ZEN OF V	WHAT COUR	ITRY?
3106 Hooper	rs Isla						2162				II.S			
11. MARITAL STATUS 1 Never Married 2	Mamlad	12. WAS DECEDER	T EVER IN U.S	ARMED NO						17 (Specify Ye	s or No—	14. RACI Blac	E — Americ k, White, at	an Indian, c.
Never married 2		IF YES, GIVE					27 NO			, , , , ,		Spec		
16 DEC	EDENT'S EDU	CATION	1 40.	, DECEDENT'S	LIEUAL O	CCHIDATA	ON		105	. KIND OF BU	IEINISOS (INIS		White	
(Specify only	y highest grade	completed)	-	(Give kind of life. Do NOT u	work done	during me	ost of workin	ng	100	. KIND OF BU	JSINE SS/INC	USINI		
Elementary/Secondary (0	0-12)	College (1-4 or 5		ublic	Select.		11200			Musea				
17. FATHER'S NAME (First, M	liddia Lasti	4	I	ubile .	real	C11 14	,	HEBIG NA	ME (Elm)	Nursi		_		
Earl		. Armstr	ne					arah		llivar				
19a. INFORMANT'S NAME (7		· MINSUI	Jug .	10h MAII M	Appece	g /Ctm-at		-		LIIVar		Code		
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1 🗆 Burlei 🏻 2 Cremetic	on 3 🗆 Rem	oval from State	oth	er place)			,,	,						
4 Donation 5 Other 21. SIGNATURE OF FUNERA		ENSEE	_ sa.	lisbur			ND ADDRES			Sal	isbur	у, г	ıa.	
11/		Jac Do	_ /							Home				
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ahock, or h IMMEDIATE CAUSE (Fir disease Dr cOndition resulting in death) Sequentially list condition fi any, leading to imme- cause. Enter UNDERLYI CAUSE (Disease or Inju that initiated evente resulting in death) LAS PART II. Other algnifice 28. WAS CASE REFERRED T EXAMINER? 1 Ves 2 AO 27. MANNER OF DEATH 1 Netural 5 2 Accident 3 Suicide 6 4 Homicide 29a. CERTIFIER (Check only one) 2 MEO	Pending Investigation Could not be determined TIFYING PHYSIOCAL EXAMINE E OF CONTENS OF PERSON WH	DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO C. DUE TO DU	thus thus each O (OR AS A CO O (OR	III. INSEQUENCE CONSEQUENCE C	OTHE OTHE A Nu ME OF JURY M etreet, fee	r the mo	Snow ode of dyl ode of dyl ode of dyl ode of dyl ode of dyl ode of dyl ode ode ode ode ode ode ode ode ode ode	Hilling, successful property of the property o	Part i. Part i. 6 Other 286. Dec. a to the ce a time, date	24a. WAS A PERFC 1 □ YES CATION (Streen or Fown, Start use(s) and m	N AUTOPSY PRIMED? 2 (1970) INJURY OC t and Number e)	CURED or Rural ted. the cause	Applints One One Applints One Applints One Applints Appli	Proximate president and Dei S MUCS TOPSY FINDING TO DON OF CAUSE 19 NO NO Proximate Prior TO SY Prior TOPS



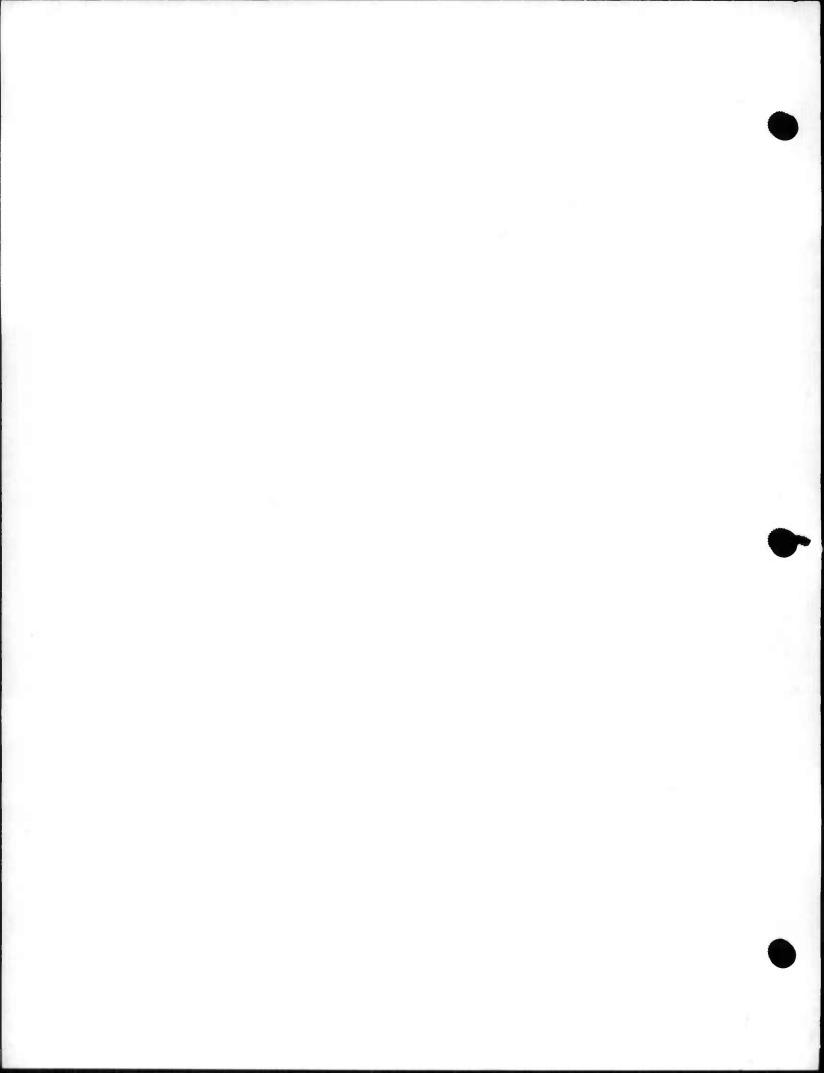
DHMH-16 Rev 1/89

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2-mours after death. Page 8 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

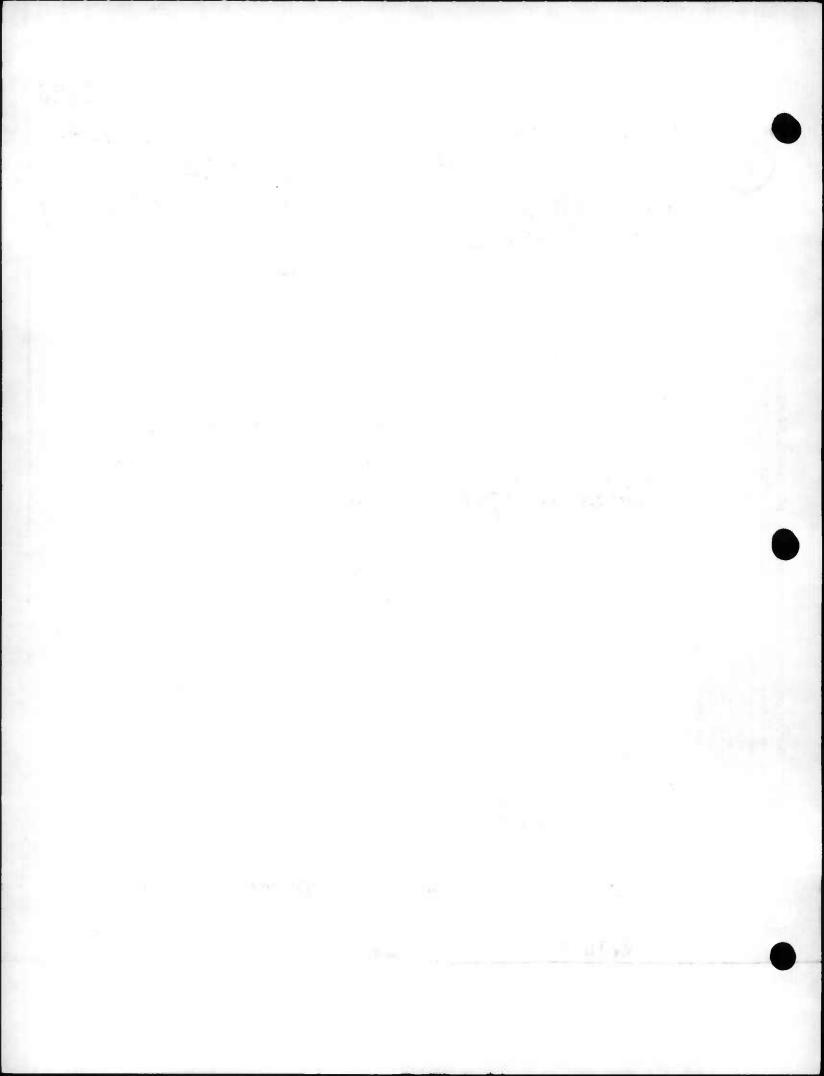
IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	FOR 1 - STATE REGISTRAR	STATE OF MARYL		MENT OF H		MENTAL HYGIEN				
	1. DECEDENT'S NAME (First, Middle, Last) HOWard Hilt	on Martin	Baker			2. DATE OF DEATH	¥ 9°6°	3. TIME OF DEATH 2:31 p. M		
			9 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURE MIN.	7. DATE OF BIRTH (Month, Day, Year) June 8, 1	Co	RTHPLACE (State or Foreign nuntry) NNesota		
TOR	Montgomery G RESIDENCE OF DECEDENT				ney	EATH	Mont,	gomery		
FUNERAL DIRECTOR	10a. STATE 10b. COUNTY Maryland Montgo	merv		TOWN OR LOCAT	own or location ville			10d. INSIDE CITY LIMITS? 1 YES 2 NO		
RAL	10e. STREET AND NUMBER 15404 Bitterroot			101	101. ZIP CODE 20853			of what country?		
BY FUNE		U.S. ARMED 2 NO ATES	13. WAS DEC	or No- 14. R	tace — American Indian, Black, Whita, etc. Specify: White					
ETED.	15. DECEDENT'S EDUCATI (Specify only highest grade com Elementary/Secondary (0-12)		Ille. Do NOT use	ork done during mo retired.)	st of working	18b. KIND OF BU				
COMPLETED	17. FATHER'S NAME (First, Middle, Last)	4	Aeronaut	ical En	16. MOTHER'S NA	Aeros ME (First, Middle, Meiden Martin				
TO BE	Howard Hilton Bak 19a. INFORMANT'S NAME (Type/Print) Martha J. Merenda	er			nd Number or Rural	Rockvill				
	20a. METHOD OF DISPOSITION 1	from State St	PLACE OF DISPOS	ITION (Name of ce	netery, cremetory or	20c. LO	CATION — City of			
	21. SIGNATURE OF FUNERAL SERVICE LICENS			22. NAME A	OF ADDRESS OF FA	Services,	P. A.	g, MD 20910		
	23. PART I. Enter the diseases, or comehock, or heert failure. List IMMEDIATE CAUSE (Finel disease or condition resulting in death)	t only one cause on e	ech line.	ot enter the mo	de of dying, auc	h an cerdiac or reap	iratory arrest,	Approximate Interval Between Onset and Death		
CERTIFICATION	disease or condition resulting in death) Due to (or as a consequence of): Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of):									
PHYSICIAN: MEDICAL C	PART II. Other aignificant conditions of	ontributing to death b	ut not resulting l	n the underlyin	g cause given in	Part I. 24a. WAS AP PERFO 1XXYES	RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 X) YES 2 NO		
SICIAN		1OSPtTAL:	notion 2 DOA	OTHER:	LACE OF DEATH (C)	6 Other (Specify)				
ВУ РНУ	27. MANNER OF DEATH 1 NetUrel 5 Pending	28s. DATE OF INJURY (Month, Day, Year)	285 TIM	E OF 28c. IN	JURY AT DRK? YES 2 NO	28d. DESCRIBE HOW	INJURY OCCURE	D		
	2 secident investigation 3 Suicide 6 Could not ba 4 Homicide determined	28s. PLACE OF INJURY building, etc. (Spe	/ — At home, farm, a	street, factory, offi		28f. LOCATION (Street City or Town, State	set and Number or Rural Route Number, late)			
Signification of the determined building, etc. (Specify) 29a. CERTIFIER (Check only one) 29b. CERTIFIER (Check only one) 20c. MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated.										
TO BE C	29b SIGNATURE AND TITLE OF CERTIFIER	w mel	2		29c. LICENSE NU	MBER ST46	29d. DATE SIG	GNED (Month, Day, Year)		
-	30. NAME AND ADDRESS OF PERSON WHO CO	andrew	8218		CO 48 1	URA	3	ethoda		
	NOV 16 '90	32. REGISTRAR'S SIGN	Hasan-Mand	202.						



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DIVISION OF VITAL RECORDS, P.O. BOX 13146,	The state of the s
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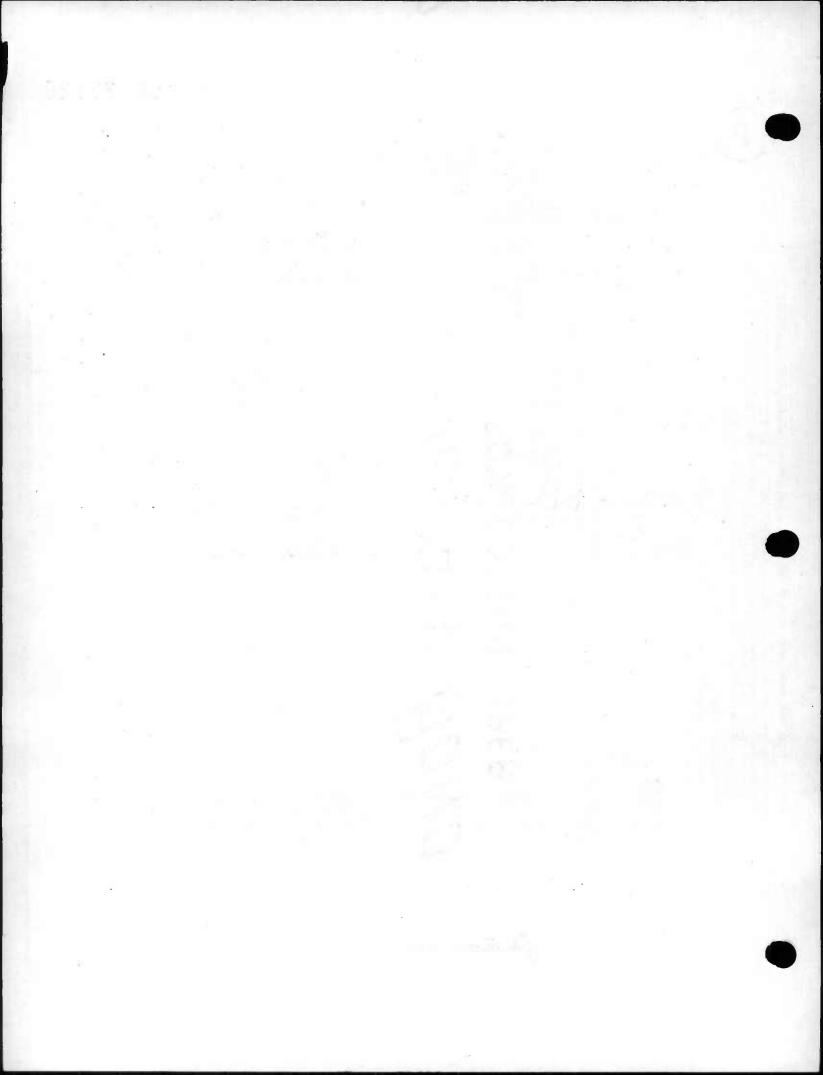
		FOR STATE REGISTRAR	STATE OF MARYLA		NT OF HEALTH AND TE OF DEATH	MENTAL HYGIENE REG. NO.	90	33125
_		1. DECEDENT'S NAME (First, Migdle, Last) De Sie W. By	owne			2. DATE OF DEATH DAY	14-90 3	TIME OF DEATH
P		4. SOCIAL SECURITY NUMBER 212-74-4879		n yrs. last birthday) IF U	IDER 1 YEAR IF UNDER 24 HRS. HS DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	8, BIRTHPL	ACE (State or Foreign
U	œ	9a. FACILITY NAME (If not institution, give	street and number)		CITY, TOWN OR LOCATION OF D	EATH	9c. COUNTY OF DEA	тн
2 - No.	ECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUN	toplian		IN OR LOCATION	ing		OMERY Od. INSIDE CITY -
nt. Page	DIR	MARYLAND	MONTGOMERY		SILVER SPRING		1	LIMITS?
nsit permit.	ERAL	1907 AUGUST	DRIVE		101. ZIP CODE 20902		10g. CITIZEN OF WHA	AT COUNTRY?
ding physician.	BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 X Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES	2 X NO	13. WAS DECENDENT OF HISPA If yes, specify Cuben, Maxic: 1 YES 2 NO Specifi	an, Puarto Rican, etc.)	or No— 14. RACE — Black, \ Specify:	- American Indian, White, etc. WHITE
hospital or attending ached for use as the	PLETED	15. DECEDENT'S ED (Specify only highest grad Elamentary/Secondary (0-12)	UCATION le completed) Collega (1-4 or 5+)	16e. DECEDENT'S USUA (Give kind of work d life. Do NOT use retir DRESSMAKE:	one during most of working ed.)	16b. KIND OF BUSI	INESS/INDUSTRY	
be der	BE COMPL	17. FATHER'S NAME (First, Middle, Last) MIDDLETON N.	KING		FRAN		WAT	ERS
be retained ge 5 should e notified	5	19a. INFORMANT'S NAME (Type/Print) AUDREY B. DYSLAN	D (DAUGHTE		GUST DRIVE, S			ND 20902
6 may tor, pa		20a. METHOD OF DISPOSITION 1	noval from Stata	other place)	(Name of cemetery, cremetory or EW CEMETERY		OUM . MARYL	1110000
death. Pe funeral		21. SIGNATURE OF FUNERAL SERVICE L			22. NAME AND ADDRESS OF FA FRANCIS J. CO 500 UNIVERSI	OLLINS FUNE	CRAL HOME,	INC.
filled in by fon, or remother		23. PART I. Enter the diseases, or shock, or heart failure iMMEDIATE CAUSE (Final disease or condition resulting in death)	. List only one tause on e	nch line.	nter the mode of dying, suc	ch as cardiac or respir	ratory arrest,	Approximate interval Between Onset and Death
D 0 - 6	z		DUE TO (OR AS A	CONSEQUENCE OF):	- Roverment - Urmay 7.	net dope	at.	11/7/20
be ever clan a lor to	CATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A	CONSEQUENCE OF):		U		11/40
n certificate inding physi Hygiene pr or other to	CERTIFIC	CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE OF):	week audi	<i>f</i>		1586
222	CAL CE	PART ii. Other aignificant condition				Part I. 24s. WAS AN / PERFOR		VERE AUTOPSY FINDINGS
requires the signed seen signed shows an shows an	MEDI	43100	6 bthamler	oto be	downly Day	1 YES 2	NO S	COMPLETION OF CAUSE OF DEATH?
F = # 5	SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. PLACE OF DEATH (C			
DR ATTENDING PHYSICIAN: The OR ATTENDING PHYSICIAN: The ORECTOR: After this certificate, frours after death with the State tem 28 is marked, or item	BY PHYS	1 YES 2 AO 27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF	Nursing Home 5 Residence 28c, INJURY AT WORK? 1 YES 2 NO	28d. DEŞCRIBE HOW IN	NJURY OCCURED	
DR ATTENDING DIRECTOR: After hours after death tem 28 is mai		3 Suicide 6 Could not be 4 Homicide determined	28a, PLACE OF INJURY	At home, farm, street	factory, office	281. LOCATION (Street a City or Town, State)	and Number or Rural Ros	ute Number,
TO THE HOSPITAL DR A TO THE FUNERAL DIRECTOR SECURITY TO THE FUNERAL DIRECTOR SECURITY TO THE SECURITY	COMPLETE	one) 2 MEDICAL EXAMIN	SICIAN: To the best of my knowl					and manner as stated.
TO THE Post of the	BE	12.3 Petrus	THE WO		D /	7729	DATE SIGNED (A	Month, Day, Year)
5	ТО	30. NAME AND ADDRESS OF PERSON W	THO COMPLETED CAUSE OF DE	ATH (ITEM 27) (Type, Print 21 Colesus)	he Ru SJan	14 20010		
		31. DATE FILED (Month, Dey, Year) NOV 16 '90	32. REGISTRAR'S SIGN	Adres - Rando M		_		



TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

TO BE COMPLETED BY FUNERAL DIRECTOR

FOR STATE REGISTRAR	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 90 33 126									
1. DECEDENT'S NAME (First, Middle, Lest) GLADYS 1.	BRAKE 1. BRAKE				2. DATE OF DEATH DAY 9 YEAR 1.					
4. SOCIAL SECURITY NUMBER 577-50-8354	1 🗆 M 2 🗗 F	96 YRS. MO	FUNDER 1 YEAR ONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	Sept	OF BIRTN h, Day, Year)	1894	W. V:	irginia	
Po. FACILITY NAME (If not institution, give si FOX CHASE WURS 2015 E & 44 RESIDENCE OF DECEDENT	Treet and number) REITAL ING F. REITAL IGHWAY	3		SPEIN			9c. COUNTY		ey .	
10a. STATE 10b. COUNTY	4.	10c. CITY, TOWN OR LOCATION STLVER SPRING.						INSIDE CITY LIMITS? YES 2 \(\square\) NO		
2015 EW HIGH		101. ZIP CODE 20910				10g. CITIZEN OF WHAT COUNTRY? USA				
11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	for if yes, give war or pares X			B DECENDENT OF NISPANIC ORIGIN? (Specify Years, apacify Cuban, Maxican, Puerlo Rican, etc.) YES 2 NO Specify:				a or No— 14. RACE — American Indian, Black, White, atc. Specity: White		
15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	Gov				16b	US Treasury US Govt.				
17. FATHER'S NAME (First, Middle, Last) James Trusler				18. MOTNER'S NAME (First, Middle, Meiden Surname) Mary Teney						
19a. INFORMANT'S NAME (Type/Print) Alice Throckmorton 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2602 Spencer St., Chevy Chase, Md. 20814										
28 PART I may the diseases, or mock, or heart failure. IMMEDIATE CAUSE (Finel disease or condition resulting in deeth)	a. Atherosci	d the deeth. Do not lach line.	11800 enter the mo		e	Silver dlac or respi	Sprin	,	20904 Approximate Interval Batween Onset and Death	
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST b. DUE TO (OR AS A CONSEQUENCE OF); c. DUE TO (OR AS A CONSEQUENCE OF):										
PART II. Other algnificant condition	g cause given in	Pert I. 24e. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO		RMED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO					
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	Ic	THER:	ACE OF DEATH (C	-					
1 VES 2 NO 27. MANNER DF DEATN 1 Netural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	(Month, Day, Year) INJURY WORK?					RED			
2 Accident Investigation 3 Suicide 6 Could not be 4 Nomicide determined	28e. PLACE OF INJURY — At home, farm, street, factory, or building, atc. (Specify)			YES 2 NO 281. LOCATION (Street City or Town, State			and Number or Rural Route Number, s)			
one) Zh	ICIAN: To the best of my know								manner as stated.	
296. SIGNATURE AND TITLEFOF CERTIFIER BUSIN MD				29c. LICENSE NUMBER 737840			29d. DATE SIGNED (Month, Day, Year) > 11/16/90			
30. NAME AND ADDRESS OF PERSON WH Brent A.Berger,		Conn. Ave.		uite ll	7	Wash.	, DC			
31. DATE FILED (Month, Day, Year)	32 MEGISTHAR'S SIGN	ATURE AND AND AND AND AND AND AND AND AND AND								



BALTIMORE, MARYLAND 21203-3146	IG PHYSICIAN: The law requires that the death certificate be executed within 2-mouns after death. Page 6 may be retained by the hospital or attending physician.	ter this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. P ath with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	narked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
3146,	ecuted within	od compietely burial, cremati	rtic event, ti
BOX 1	icate be ex	physician ar	er trauma
P.O.	ath certif	ttending tal Hygier	, or oth
DS,	at the de	by the a	/ Injury
N OF VITAL RECORDS, P.O. BOX 13146,	requires the	of Health a	shows am
FALF	The law	ite has b	em 23
E VII	SICIAN:	certifica the St	, or It.
0	G PHY	er this	narked

	1 - FOR STATE REGISTRAR	STATE OF N		DEPAR						YGIEN REG. NO.	E (90	33127
	1. DECEDENT'S NAME (First, Middle, Last)								2. DATE OF	DEATH DA	ν	YEAR	3. TIME OF OEATH
	ERNEST	A. BRA	.V						NOV.	18	. 199		6:30 A M
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. la	st birthday)	IF UNDER		IF UNDER		7. DATE OF I	BIRTH W. Magel		8. BIRTHE Country	PLACE (State or Foreign
	176-32-2945	1 🔀 M 2 🗆 F	86	YRS.	MONTHS	DAYS	HOURS	MIN.	APR.		1904	PA	
	9a. FACILITY NAME (If not institution, give st	reet and number)			9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH								
PO RO	5503 WILSON LA.				BE	THE	SDA				MONT	NTGOMERY	
<u></u> [[RESIDENCE OF DECEDENT 10a, STATE 10b, COUNTY	,		10c, CIT	Y. TOWN C	R LOCAT	ION				_		10d. INSIDE CITY
DIRECTOR	MD. MONT	GOMERY			BETHESDA								LIMITS?
	10e. STREET AND NUMBER			101. ZIP CODE							10g. CITIZ	EN OF W	HAT COUNTRY?
FUNERAL	5503 WILSON I	Α.					2081	14				U.S.	Δ.
3	11. MARITAL STATUS	12. WAS DECEDEN			13.	WAS DEC			C ORIGIN? (S	pecify Yes		14. RACE	- American Indian,
	1 Never Married 2 Married	FORCES? 1 IF YES, GIVE V	YES 2	NO				n, Maxican Specify:	Puarto Rica	n, atc.)		Black, Specif	White, etc.
à	3 Widowed 4 Divorced	WWII					A	ороспу.				Opeon	WHITE
요	15. DECEDENT'S EDUC (Specify only highest grade	CATION	16a. Di	ECEDENT'S	USUAL O	CCUPATIO	ON act and wonder		16b. KII	D OF BUS	SINESS/IND	USTRY	
ᇤ	Elementary/Secondary (0-12)	. Do NOT u		during mi	St OF WORK	·v							
린		ARM	DC	CTO	R			M	EDICI	NE			
COMPLET	17. FATHER'S NAME (First, Middle, Last)				18. MOT	HER'S NAM	E (First, Midd	le, Malden	Surname)				
	UNKNOWN					UNKN	OWN		MI	TCHE	LL		
) BE	19a. INFORMANT'S NAME (Type/Print)		19	b. MAILING	ADDRESS	S (Street a	nd Number	or Rural A	oute Number,	City or Tow	n, State, Zip	Code)	
임	ELIZABETH S.	BRAV		SA	ME	AS	ITEN	1 #1	0				
	20a. METHOD OF DISPOSITION		20b. PLACE	OF OISPO	SITION (Na	me of ce	metery, cren	natory or	V				vn, Stata
	1 Donation D	oval from State		other place) CHAMBERS CREMATORY					RIVERDALE, MD.				MD.
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE			-			SS OF FAC	ILITY		2.012		
	11/10/11	ambe.	all.	2222			0	1 mm	C C C	2737.0	0.7		20910
	23. PART I. Enter the diseases, or o	muel		0009									SPRING, MD.
	shock, or heart failure.				not antar	tria mo	da oi uy	ing, such	aa carolac	or resp	ratory arri	est,	Approximate Interval Between
	IMMEDIATE CAUSE (Final disease or condition	^	٤.			5							Onset and Death
	resulting in death)	· CONGE	STIVE	Hea	art fairner					tyrs.			
١													que
S	Sequentially list conditions,	D. COROTT	ONU F	ALC.	ERY	47	1215 K	12F					TYKS
F	if any, leading to immediate cause. Enter UNDERLYING	11	_										15000
	CAUSE (Disease or Injury		OR AS A CONSE										139125
Ē	that initiated eventa resulting in death) LAST		(,								
CERTIFICATION		d											+
A	PART II. Other algnificant condition	s contributing to	death but not	resuiting	In the u	ndertyin	g cause	given in i	Part I. 24	a. WAS AN	AUTOPSY	24b.	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
5										YES 2			COMPLETION OF CAUSE
ᇤ											NA.		OF DEATH?
2									_				
₹ I	25. WAS CASE REFERRED TO MEDICAL					26. P	LACE OF E	EATH (Che	ck only one)				
PHYSICIAN: MEDIC	EXAMINER? 1 X YES 2 NO	HOSPITAL:	ER/Outpatient	3 DOA	OTHE!	R:	X a	naldanca (6 🗌 Other (S	nenth)			
ΞÍ	27. MANNER OF DEATH	28a. DATE Of	INJURY	26b. TH	ME OF	28c. IN	JURY AT		28d. OEŞCR		NJURY OCC	CURED	
	1 Natural 5 Pending	(Month, L	Day, Year)	IN	JURY M		DRK? YES 2 [□ NO					
BY	2 Accident Investigation 3 Suicide 6 Could not be 28e. PLACE OF INJURY — At home, farm, street, fact								261. LOCATIO	ON (Street	and Number	or Rural A	loute Number,
TED	building, atc. (Specify) City or Town, State)												
COMPLET	29s. CERTIFIER 1 1 CERTIFYING PHYSICIAN: To like best of my knowledge, death occurred at the time, data and place, and due to like cause(a) and manner as stated.												
MP	(Check only one) 2 MEDICAL EXAMINE												and manner as stated
8				gut		- browning	_			P.1000, 81			1114717676-10-0
BE	THE SHOWATURE AND TITLE OF CERTIFIE	MATE	MAN)	ENSE NUM			29d. DATE	E SIGNED	(Month, Day, Year)
0	James 1114	nun	MA				D3	355	2			00	14,1990
-	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAU	SE OF OEATH (IT	EM 27) (Typ	e, Print)								

LAWRENCE

31. DATE FILED (Month, Day, Year)
NOV 2 0 90

Description of Street Streets

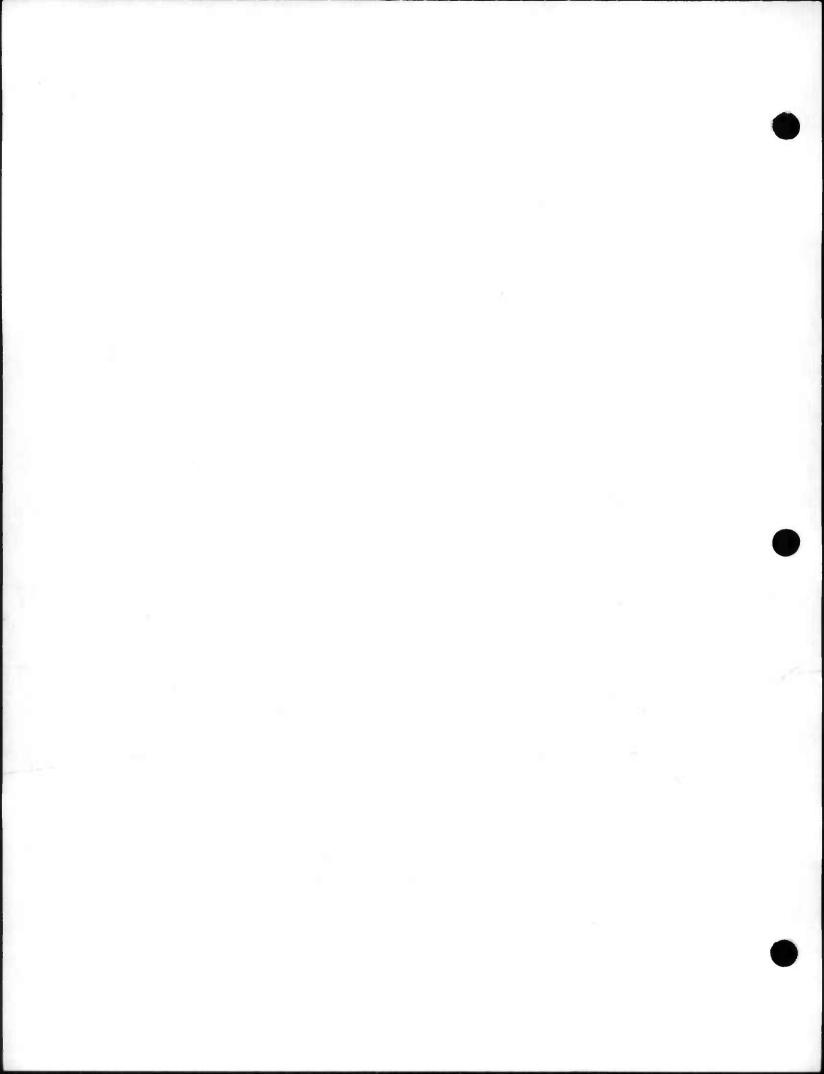
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BALTIMORE, MARYLAND 21203-3146	riours after death. Page 6 may be retained by the hospital or attending physician,	ed in by the funeral director, page 5 should be detached for use as the burial-transit perm, or removal.	medical examiner must be notified at once.
	47 U	ation,	the
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 25-rouns after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit perm be filed within 72 hours after death with the State Dept, of Health and Mental Hyglene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

STATE	0F	MARYLAND	/ DEPARTMENT	0F	HEALTH	AND	MENTAL	HYG	ENE
		C	ERTIFICATE	0	F DEAT	TH.		REG	NO

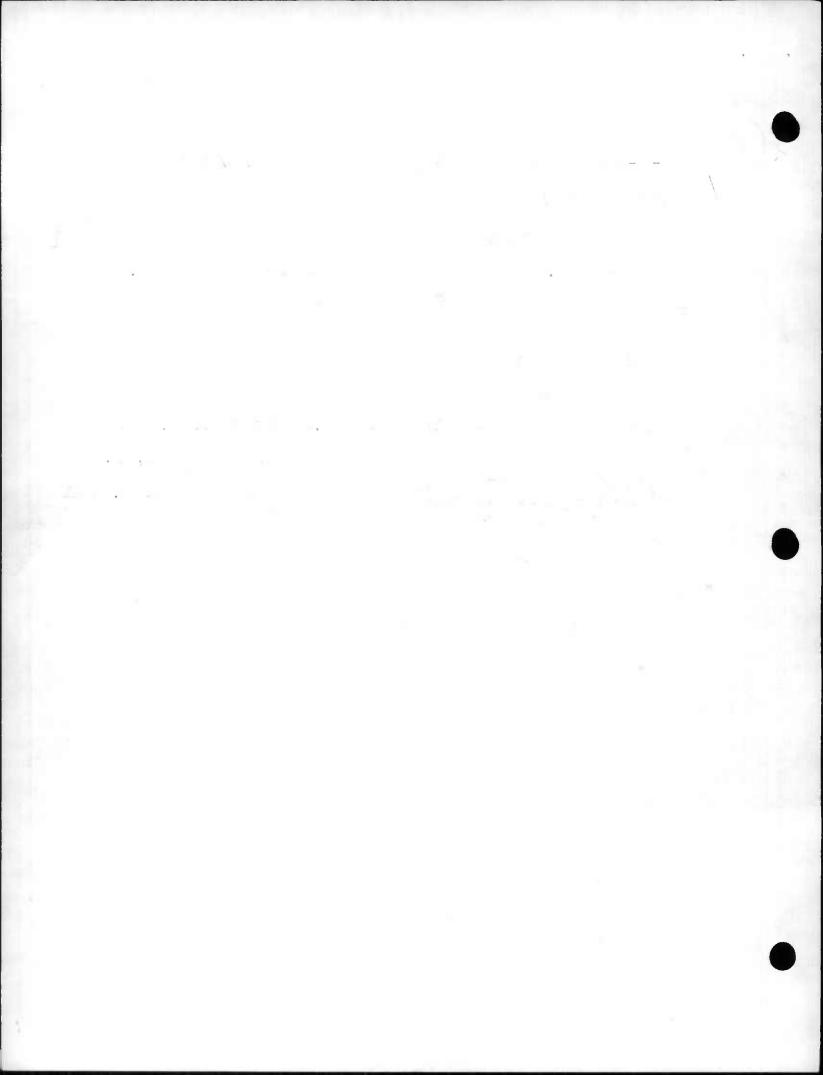
33128 90 E

	1 - FOR STATE REGISTRAR	OF MARYLAND / DEF	PARTMENT OF H		NTAL HYGIENE REG. NO.	9	0 33128
	1. DECEDENT'S NAME (First, Middle, Last)				DATE OF DEATH	MEAN	3. TIME OF DEATN
	HARRY ELWOOD	BURNS		N	November 2		
	4. SOCIAL SECURITY NUMBER 5. SEX	6. AGE (in yrs. last birtho		IF UNDER 24 HRS. 7.	DATE OF BIRTH (Month, Day, Year)	8. BIR	THPLACE (State or Foreign intry)
	578-07-5577 1 😾 M 2				OV. 18, 19		SHINGTON, DC
DIRECTOR	GREATER LAUREL-BELTSV		LAUI			PRINCE	GEORGES
9	10a. STATE 10b. COUNTY	10c.	CITY, TOWN OR LOCAT	ON			10d. INSIDE CITY LIMITS?
	MARYLAND PRINCE GE	ORGES	COLLEGI	E PARK	1	10a CITIZEN O	1 YES 2 NO
FUNERAL	9501 52nd AVENUE			20740	1	105	2.00
3	11. MARITAL STATUS 12. WAS D	ECEDENT EVER IN U.S. ARMED	13. WAS DECI	ENDENT OF HISPANIC	ORIGIN? (Specify Yes	or No.— 14. RA	SA CE — American Indian,
	1 Never Married 2 Merried FORCE	ES? 1 YES 2 NO		cify Cuban, Maxican, P 2 TNO Specify:	Puerto Rican, etc.)		eck, White, etc.
BY	3 Widowed 4 Divorced					"	WHITE
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	18a. DECEDE	NT'S USUAL OCCUPATIO	N at of working	16b. KIND OF BUSI	NESS/INDUSTRY	
9	Elementary/Secondary (0-12) College	1-4 or 5+) Iffe. Do N	OT use retired.)	-			
MP	8	POLICE	E OFFICER				OLICE DEPT.
8	17. FATHER'S NAME (First, Middle, Last)	2016		Early St. St. C. S.	(First, Middle, Maiden S		
BE		RNS		ALBERTA		RUCK	ER
2	19a. INFORMANT'S NAME (Type/Print)		LING ADDRESS (Street as				
	MARY BURNS 20a. METNOO OF DISPOSITION		52nd AVE				
	1 N Buriai 2 Cremation 3 Removal from 5	State other place)	SPOSITION (Name of cerr			ATION — City or	
	4 Donation 5 Other (Specify)	FORT LI	INCOLN CEMI	D ADDRESS OF FACILI		TWOOD,	MARYLAND
	// // //	1 011	FRANC	S J. COLL	INS FUNE	RAL HOM	E, INC.
	Seatt 19	mille	500 UI	NIVERSITY	BLVD., W.,	SIL.SI	P., MD 20901
	23. PART I. Enter the diseases, or compliceti ahock, or heart failure. List only	ons that coused the death.	Do not enter the mo	de of dying, such a	s cerdiec or respir	atory arreat,	Approximate Interval Between
9	IMMEDIATE CAUSE (Finel		•	0 0		4 4	Onset and Death
	disease or condition resulting in death)	Sepsi	s ar	rel Ye	ast i	west	lon =
		DUE TO (OR AS A CONSEQUENCE	CE OF):	Pheu		. 1	
NO.	Sequentially list conditions, b.	OUE TO (OR AS A CONSEQUENCE	al	rneu	mone	10	
¥	If any, leading to immediate couse. Enter UNDERLYING	A CONSEQUENCE	OCIA	0.7	10000	Inst	
윤	CAUSE (Disease or Injury that initiated events	DUE TO (OR AS A CONSEQUENCE	CE OFI:	yurs	acy v	Vano	
E	reaulting in death) LAST	INCOME SECURITION			0	U	
CERTIFICATION	d						
AL	PART II. Other aignificent conditions contrib	uting to death but not recult	ting in the underlying	ceuse given in Pa	rt I. 24s. WAS AN / PERFORI		4b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
MEDIC	Disbelles	mel	lites	1	_ 1 _ YES 2	13-160	COMPLETION OF CAUSE OF DEATH?
M	Stalus Ver	Cerely Vas	cular	Hacedon	v l	,	1 TYES 2 NO
ż							
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	TAI ·	26. PL OTHER:	ACE OF DEATH (Check	only one)		
YSI	1 VES 2 NO 10 pp	lient 2 ER/Outpatient 3 De	OA 4 In Nursing Nom	e 5 ☐ Rasidenca 8 [
PH	1.4	DATE OF INJURY 28b (Month, Day, Year)		RK?	8d. DESCRIBE HOW IN	JURY OCCURED	
B	1 Natural 5 Pending 2 Accident Investigation			ES 2 NO			
	3 Suicide 8 Could not be detarmined	PLACE OF INJURY — At home, to building, atc. (Specify)	arm, street, factory, office	21	Bf. LOCATION (Street a City or Town, State)	nd Number or Rur	al Route Number,
E	29a. CERTIFIER						
COMPLETED	(Check only one) 2 MEDICAL EXAMINER: On the I						e(a) and manner as stated.
	29b. SIGNATURE AND TITLE OF CERTIFIER	0 1		29c. LICENSE NUMBE	ER [29d. DATE SIGN	IED (Month, Day, Year)
BE (Till.	- mi	\mathcal{D}	D 34.	721	D 11	20/90
5	30. NAME AND ADDRESS OF PERSON WHO COMPLE	TEO CAUSE OF OEATN (ITEM 27)	(Type, Print)			-	
	SYED A. SADIQ, M.D.	14800 4th ST	REET, #11A	, LAUREL,	MD 20707		
		registran's SIGNATURE					



	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 4.4 hours after death. Page is may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the buriat-transit p	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
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. OECEDENT'S NAME (First, Middle, La	st)					2. DAT	E OF DEATH	AV	PASY	3. TIME OF DEATH		
LOLA E CALHOL	N_					1		~	90	2:22		
213-14-3909	5. SEX	6. AGE (In yrs. In:		MONTHS DAYS	IF UNDER 24 HF	S. 7. DAT	271 19	07	8. BIRTH Countr	IPLACE (State or Foreign		
		09	YRS.			-	21/1 19			MARYLAND		
De. FACILITY NAME (If not institution, gi				96. CITY, TOWN		F DEATH			NTY OF D			
NORTH ARUNDEL HOSE			-	GLEN E	BUKNIE			IL AKU	RUNDEL			
100. STATE 10b. COU			10c. CI1	TY, TOWN OR LOCA	TION				10d. INSIDE CITY			
MARYLAND AN	NE ARUNDEI		M.	ILLERSVI	LLE					1 YES 2 XNO		
On. STREET AND NUMBER				10	H. ZIP CODE	16.			WHAT COUNTRY?			
1187 TANAGER					2 11			JSA.				
IT. MARITAL STATUS I Never Merried 2 Married B W Widowed 4 Otvorced	T EVER IN U.S. AI	YES 2 NO If yes, specify Cuben, Mexican,					s or No-	14. RACI Black Spec	E — American Indian, k, White, etc. #y: WHITE			
15. DECEDENT'S E (Specify only highest gr			16e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working					SINESS/IN	OUSTRY			
Elementary/Secondary (0-12)	College (1-4 or 5	+)	DO NOT L	use retired.)								
12	2	LIC	ENCE	PRACTAL			HEALT					
7. FATHER'S NAME (First, Middle, Last)		TO TIME TO A TOTAL OR OTHER			16. MOTHER'S		Middle, Melden	,				
O. MESSMANTIS MAKE (T. S. S. S. S.	RAYMOND						IE PEE					
19a. INFORMANT'S NAME (Type/Print) DELORES TOZIE	P			g adoress (Street TANAGER						L08		
20a. METHOD OF DISPOSITION	16	_		DSITION (Name of co				CATION -				
Buriel 2 Cremetion 3 F	temoval from State	EVER	GREE!	N MEMORI	AL GARI			KSBU				
1. SIGNATURE OF FUNERAL SERVICE	LICENSES	1 -	1							L CHAPEL		
· DU	VI 7		*/			-	OTTITITION			n Amer min		
23. PART I. Enter the diseases, shock, or treat failu IMMEDIATE CAUSE (Final disease or condition paulikle) in death)						such se ca			_	Approximate interval Betwo		
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		FOR 1 - STATE REGISTRAR	STATE	OF MA		D / DEPAR CERTIF					IENTA	REG. NO.	Ē	90	33130
5		1. DECEDENT'S NAME (First, Middle Charles F.		Лr							2. DATE MONTE	OF DEATH DA			TIME OF DEATH
		4. SOCIAL SECURITY NUMBER	5. SEX	6	. AGE (In yn	s. last birthday)	IF UND	ER 1 YEAR	IF UNDER	24 HRS.	7. DATE (Monti	OF BIRTN			CE (State or Foreign
pin	· (a)	369-24-7922 Se. FACILITY NAME (If not institution	1 OM 2		62	YRS.			OR LOCATIO			05-192		Michi	
35	5	16201 Hanover F		· · · · · · · · · · · · · · · · · · ·					pstea					ltimor	
ss 1, 2	DIRECTOR	RESIDENCE OF DECEDE	NT COUNTY			10c. CIT	Y, TOWN	OR LOCA						100	I. INSIDE CITY
.: 28		Md. Ba	altimore			Н	lamp	stea	d					1 [LIMITS?
burial-transit permit. Pages 1, 2, 3 should	FUNERAL	16201 Hanover	Road					10	of. ZIP CODE	2107	4			USA	COUNTRY?
he burial-tr	BY FUN	11. MARITAL STATUS 1 Never Merried 2 Marrie 3 Widowed 4 Divorced	IF YES.	GIVE WAR	EYER IN U.S YES 2 R OR DATES	18/48	1:	If yes, s	CENDENT OF pecify Cuber S 2 NO		, Puerto	I? (Specify Yea Rican, atc.)	or No-	Black, Wi Specify:	American Indian, hita, etc. White
se as the	G		r'S EDUCATION st grade completed)	7 +0		DECEDENT'S	USUAL Work dos	OCCUPAT	ION net of working			. KIND OF BUS		DUSTRY	MILLOG
shed for us	COMPLET	Elementary/Secondary (0-12)	10 year			(Give kind of life. Do NOT us Federa				,		ureau tandar			ty
d be detai	ш	17. FATHER'S NAME (First, Middle, L Charles F. Cok	ker, Sr.			16. Mother's NAME (First, Middle, Maiden Surname) Mamie Nell Prater									
5 shou	TO B	Mrs. Rose Coke								tead,					
tor, page		20a METHOD OF DISPOSITION 1		tate	20b. PL	ACE OF DISPO	SITION ((Name of c	emetery, crem	etory or	ne			m, Mar	
niner n		21. SIGNATURE OF PUNERAL SER		01					AND ADDRES		HITY	Eline			
the fun wal.		Eline Funeral Home 934 S. Main Street, Hampstead, Md. 23. PART I. Enter the diseases, pr complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest,													
letely filled in by emation, or rem int, the medic		23. PART I. Enter the disease shock, or heart find the shock of the sh	allure. List only o	na caus	e on aach			tar tha m	oda of dyl	ng, auch	aa car	diac or reapi	ratory ar	reat,	Approximate Interval Between Onset and Death
the attending physician and completely filled in by the funeral director, page 5 should be detached for use Mental Hygiene prior to burial, cremation, or removal. njury, or other traumatic event, the medical examiner must be notified at once.	CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	Clehythrotion Due to (OR AS A CONSEQUENCE OF): metostatic prostatic hypertrophy Due to (OR AS A CONSEQUENCE OF):												
- 53 mm	CALC	PART II. Other significant co	enditions contribu	ting to d	leeth but	not reaulting	In the	underlyl	ng cause g	iven in	Part I.	24a. WAS AN PERFOR		AV	FRE AUTOPSY FINDINGS AILABLE PRIOR TO
certificate has been signed by the State Dept. of Health an 1, or item 23 shows any	MEDI											1 TYES 2	S-NO	OF	MPLETION OF CAUSE DEATH? YES 2 NO
bept.	PHYSICIAN:	25. WAS CASE REFERRED TO MED						26.	PLACE OF D	EATN (Che	ock only o	ne)	-		
ortificate h	YSIC	EXAMINER?		ent 2 M		ont 3 🗆 DOA	OTH 4 🗆 I	Nursing No	me 5 🖳 Re	eldence					
with	ВУ РН	27. MANNER OF DEATH 1 Netural 5 Pendl 2 Accident Invest		DATE OF II Month, Day		28b. TII	ME OF JURY M	A	YURY AT YORK?] NO	28d. DE	SCRIBE HOW	INJURY OC	CCURED	
after d	ETED I	3 Suicide 8 Could 4 Homicide detarm	not be		INJURY — tc. (Specify)	At home, farm,	street, 1	fectory, off	lica			CATION (Street or Town, State)		er or Runal Rout	e Number,
FUNERAL DIRECT WITHIN 72 HOURS	MPL	CORRECT URINY	G PHYSICIAN: To the												nd manner se stated.
TO THE FUNERAL be filed within 72 I IMPORTANT: If I	BE CO	296. SIGNATURE AND TITLE OF C						2060			29d. DA	TE SIGNED (M	onth, Day, Year)		
F & =	2	30. NAME AND ADDRESS OF PER						-		0.1					
		Richard A Serg, MD. 31. DATE FILED (Month, Day, Year)			erte Ed		Ke.57	erstan	. Keed	Y.Les	rlle,	802,2 P			
		NOV 1 4 'S				m-Rand	A Ro								
				/		*									DHMH-18 Rev 1/6

TO BE COMPLETED BY FUNERAL DIRECTOR

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

P.

Carney,

M.D.

Stephen

31. DATE FILED (Month, Day, Year)

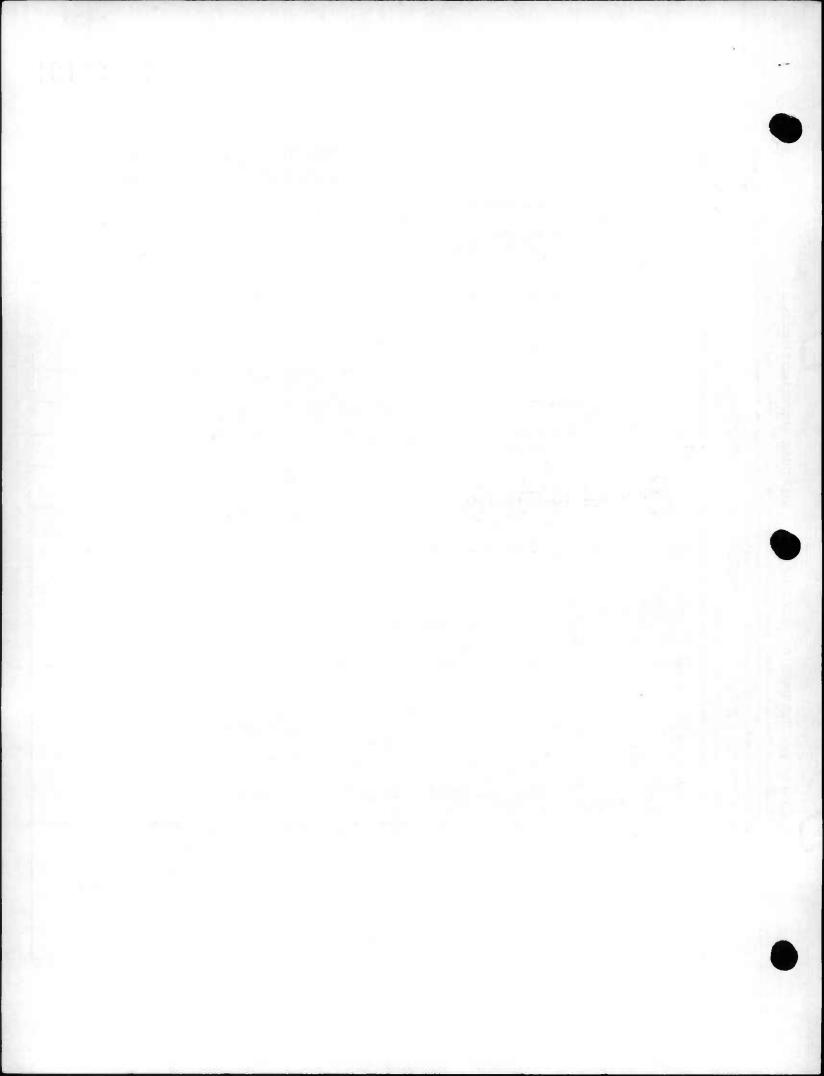
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-mours after death, Page 6 may be retained by the hospital or a	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for us he find within 72 hours after death with the State Deot, of Health and Mental Hydiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
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Ral	ph	Alvin		Chamb	ers,	Sr.	2. DATE OF DE	19 ^{AY}	1990 1	3:55A
22 -01- 8525		6. SEX 1 M 2 F	8. AGE (In yrs. 76	-	IF UNDER 1 YEAR ONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRY (Month, Day,) Dec 20	TH , 1913	a. BIRTHPL Country) Delat	ACE (State or Foreign
Memor	ial	Hospi	ţal_	9		OR LOCATION OF D		9c. CO	unty of OEAT	ТН
	10b. COUNTY	n Anne's			trevil					d. INSIDE CITY LIMITS?
Tilghman Ter 104 Tilghmar	race,	Apt. 11)		10	21617			tizen of wha	T COUNTRY?
1. MARITAL STATUS Never Married 2 N Widowed 4 Divorce	ferried	12. WAS DECEDENT FORCES? 1 IF YES, GIVE W	EVER IN U.S.	ARMED I NO	If yes, s	CENDENT OF HISPA pecify Cuben, Mexico S 2 X NO Specifi	an, Puarto Rican, e	offy Yea or No-	14. RACE	American Indian, Thite, etc.
15. DECE (Specify only in Elementary/Secondary (0-1	DENT'S EDUCA highest grade of	ATION completed) College (1-4 or 5 +						or Business/in		
7. FATHER'S NAME (First, Mid Frank	Idle, Lest)	н.	Cl	nambers		16. MOTHER'S NA	AME (First, Middle, I			ambo
ea. INFORMANT'S NAME (7) Ralph A. Cha		Son , Jr.				and Number or Rural , Church				23
toa. METHOD OF DISPOSITION Burla! 2 Cremation Donation 8 Other (Specify)		other	place)	d Ceme	emetery, crematory or tery		entrevi		, State Maryland
1. SIGNATURE OF FUNERAL		H. Barto	Jr.		В	arton Fur	neral Ho		le. Mai	21617
23. PART I. Enter the dis ahock, or he IMMEDIATE CAUSE (Fine disease or condition resulting in death)	ert fellure. L	lat only one cau	se on each II	ne.		ode of dying, aud				Approximate interval Between Onset and Dea
		DUE TO	OR AS A CONS	SEQUENCE OF):						
Sequentielly list condition of any, leading to immedicause. Enter UNDERLYINCAUSE (Disease or injurithat initiated events resulting in death) LAST	, 1	DUE TO	OR AS A CONS	SEQUENCE OF):						
if any, leading to immedicause. Enter UNDERLYIN CAUSE (Disease or Injurithat initiated events						ng ceuse given in	,	NAS AN AUTOPS PERFORMED? YES 20 NO	AL CH	AILABLE PRIOR TO
If any, leading to immedicause. Enter UNDERLYIN CAUSE (Disease or Injur- that initiated events resulting in death) LAST	d donditions		death but no	t resulting in	the underlyli	PLACE OF DEATH (C	1 []	YES 2 NO	AL CH	OMPLETION OF CAUSE F DEATH?
If any, leading to immedicause. Enter UNDERLYINCAUSE (Disease or Injurithat initiated events resulting in death) LAST PART II. Other aignificents. WAS CASE REFERRED TO EXAMINER? 1	d d d d d d d d d d d d d d d d d d d	contributing to	death but no	t resulting in	26. FOTHER: Nursing Horory New York 186. IN		1 [] heck only one) 6 [] Other (Spec	YES 2 NO	M CC OI	MILABLE PRIOR TO OMPLETION OF CAUSE F DEATH?

Easton,

- Mandell

Maryland



TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2 hield within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

5

5 31. OATE FILED (Month, Dey, Year) 1.000 - 1 '90

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

SUS AN K. ROSS M.D. 5/6 055

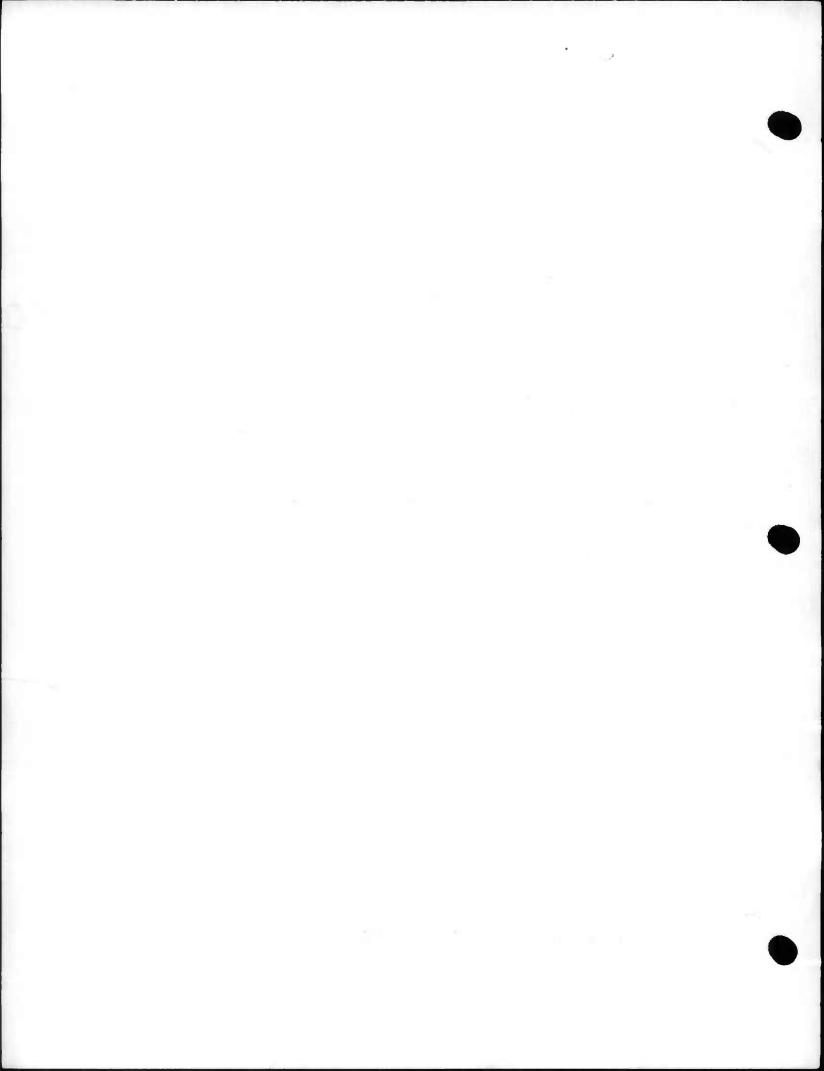
32. REGISTRAR'S SIGNATURE

										9() 33	132
	FOR STATE REGISTRAR	STATE OF MAP				HEALTH AN		ITAL HYGIEN REG. NO				
į	1. OECEDENT'S NAME (First, Middle, Last)			1				DATE OF DEATH	AY	YEAR	3. TIME OF D	EATH
	Agnes Cler	idaniel H	lolden	Ca	llahar	1		ctober 2			14:4	44 P M
	4. SOCIAL SECURITY NUMBER	5. SEX 6. /	AGE (In yrs. last	birthday)	IF UNDER 1 YEAR	IF UNDER 24 F	40¢ 7 E	ATE OF BIRTH			PLACE (State o	r Foreign
	219-36-6871	1 🗆 M 2 💢 F	71	YRS.	MONTHS DAYS	HOURS M	IIIN.	Month, Day, Year) 03/15/	19		vensvi	lle MI
,	9a. FACILITY NAME (If not institution, give str	reet and number)			9b. CITY, TOW	N OR LOCATION				NTY OF O	EATH	
ТОН	Kent & Queen Ann	e's Hospi	tal		Chest	ertown			Ker	ıt		
FUNERAL DIRECTO	10a. STATE 10b. COUNTY			10c. CIT	Y, TOWN OR LO	CATION					10d. INSIDE C	HTY:
F	Maryland Que	en Anne'	S		Church	Hill					t YES 2	□ NO
7	10e. STREET AND NUMBER					101. ZIP CODE			10g. CITI	ZEN OF	WHAT COUNTRY	m
ER/	P. O. Box 65				i	21	623		1 1	U.S.	. A .	
Z	11. MARITAL STATUS	12. WAS DECEDENT EV						RIGIN? (Specify Ye	a or No-	14. RACE	E — American I	ndlen,
	1 Never Married 2 Married	FORCES? 1		0		specify Cuban, N ES 25/ENO		erto Rican, etc.)		Spec	k, White, atc.	
BY	3 Widowed 4 Divorced	,			1	NAME OF THE PERSON NAME OF THE P				4,00	whit	:e
8	15. DECEDENT'S EDUC (Specify only highest grade	ATION			USUAL OCCUPA			t6b. KIND OF BU	SINESS/INC	USTRY		
Ē	Elementary/Secondary (0-12)	College (1-4 or 5+)	Me.	Do NOT u	work done during se retired.)	most or working						
P	11		H	lous	ewife							
COMPLETED	17. FATHER'S NAME (First, Middle, Last)					18. MOTHER	'S NAME (First, Middle, Meiden	Sumame)			
BE C	John Clendar	niel				L	ulu	Virgin:	ia G	ardı	ner	
	19a. INFORMANT'S NAME (Type/Print)		196	MAILING	ADDRESS (Street	et and Number or	Rural Route	Number, City or Tox	vn, Stete, Zip	Code)		
5	Joan H. Smit	h	F	t.	4 Box	525.	Cen	trevil.	le.	MD	21617	7
	20a, METHOD OF DISPOSITION		20b. PLACE	OF DISPO		cemetery, cremato			CATION -			
1	t □XBurial 2 □ Cremation 3 □ Remo 4 □ Donation 5 □ Other (Specify)	wal from State	Steve	ensv	ille (Cemeter	ry	Ste	evens	vill	e, MD	(QA Cd
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE			22, NAME	AND ADDRESS	OF FACILIT	Υ		-		
	> Thomas VX	11/200	•					n Fune:				7
	O'UMOUS PINC	eger acce	r Haliana car					Maryla				
- 1	23. PART I. Enter the dieeeses, or can ahock, or heert feliure.				not enter the i	node or dying	, such as	cardiac or resp	Hratory an	reet,		i Between
	iMMEDIATE CAUSE (Finel disesse or condition		1		5/	1					Onset	and Deeth
	resulting in deeth)	. Care	11092	nic	Shoc	K					400	anjo
		DUE TO (OR	AS A CONSEC	UENCE O	NF):	10.1	1.	-CX	40		41	
NO	Sequentially list conditiona,	LE CO	CH /V	1900	condia	onfor	2000	m ā Ck	1		100	P
CERTIFICATION	if sny, leading to immediate ceuse. Enter UNDERLYING	DOE TO TOR	AS A CONSEC	- all	- Li	Pald.		1.),	4- 0	26	10045
5	CAUSE (Disesee or injury	DUE TO (OR	AS A CONSEC	S COC	2878	(ana o	vosa	uxon v	150	9-54	1	
Ē	that initiated events reaulting in death) LAST	502 10 (511	A CONSEC	OLINOL O	7.7						j	
当		ſ									+	
	PART II. Other significant condition	s contributing to de	ath but not n	eaulting	in the underly	ring cause give	en in Pari		AUTOPSY	248	. WERE AUTOPS	
2	Diabets me	lle tos						PERFO	/		AVAILABLE PR	
MEDICAL	(2) Careta O	a la-	Haci	1001	1				10		of DEATH?	□ NO
Σ	C) Gregori	- cara-c	1 000	an	\						t ∐ TEG Z	_ NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL				28	PLACE OF OEAT	TH /Check o	ndv one)				$\overline{}$
S	EXAMINER?	HOSPITAL:	Mudnetlant 2	□ 004	OTHER:							
7	27. MANNER OF DEATH	28a. DATE OF INJ		28b, TJA		INJURY AT		I, DESCRIBE HOW	INJURY OC	CUREO		$\overline{}$
	1 Natural 5 Pending	(Month, Day,)	Year)	IN	JURY	WORK? YES 2 N	10					1
В	2 Accident Investigation 3 Suicide & Could not be	28e. PLACE OF IN	IJURY — At ho	me, farm,				LOCATION (Street	and Numbe	r or Rurel	Route Number,	$\overline{}$
COMPLETED	4 Homicide 6 Could not be	building, etc.			, , , , , , , , , , , , , , , , , , , ,			City or Town, State				
	29a. CERTIFIER											
MP	(Check only one) 2 MEDICAL EXAMINE	CIAN: To the best of my									a) and mann-	as stated
00			marker and/or	vestigati	on, m my opinio							
BE	296. SIGNATURE AND TITLE OF CERTIFIER	P	-			29c. LICENS	SE NUMBER		29d, DAT	1	D (Month, Day, Y	ear)
_	111.1.6	1100	1- (1)			()/	-101	"S (.m		1011	4//7/	_

DHMH-16 Rev 1/89

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

			=					T
**********		1. DECEDENT'S NAME (First, Middle, Last)	. CHESTE	0			AY YEAR	3. TIME OF DEATH
	W		SEX Le. AGE (In yrs. las	_	AR IF UNDER 24 HRS.	7. DATE OF BIRTH	() () () () () ()	THPLACE (State or Foreign
D	1	THE RESERVE OF THE PROPERTY OF	M 2 F 73		YS HOURS MIN.	(Month, Day Year)	Cou	
B	1	Se. FACILITY NAME (If not institution, give street	and number).	эь. слу, то	WN OR MOCATION OF O		9c. COUNTY OF	DEATH
2, 3	CTOR	mercy Ha	metal	750	Umo	70	lit	1 1
	[[RESIDENCE OF DECEDENT 100. STATE / Ob. COUNTY		10c. CUY, TOWN OR L				Jod. INSIDE CITY
. Pages	DIE	and Dore	hester	Com	loude	3 0		1 DYES 2 NO
permit.	AL	10. STREET AND NUMBER	0/		101. ZIP CODE	1	10g. CITIZEN OF	WHAT COUNTRY?
1st	1 1 1 1	623 Cross	St		2/6/3		14.	8 4.
46 physician. burial-transit	FUN	11. MARITAL STATUS 12. 1 Never Merried 2 Merried	WAS OCCEDENT EVER IN U.S. AR FORCES? 1 YES 2	fO If ye	OECENOENT OF HISPA s, specify Cuban; Mexico	en, Puerto Rican, atc.)	Bla	CE American Indian, ick, White, etc.
	B	3 Widowed 4 Divorced	IF YES, GIVE WAR OR DATES	10	YES 2 NO Specif	fy:	Sa	lack
r attending use as the	9	15. DECEDENT'S EDUCATION (Specify only highest grade com-		CEDENT'S USUAL OCCU		160. KIND OF BE	JSINESS/INDUSTRY	
0 5	Ē	Elementary/Secondary (9/72) Co	(Na (1-4 or 5 +)	Do NOT um refress)	57	0		
AND 2 the hospital detached it	COMPI	TZ-FATHER'S NAME (First, Middle, Lant)	1	ary_	18 MATTHER'S M	ME (First, Middle, Maide	- 00.	n .
→ 2 2 →		James 2/1	hon		Eria	201	2/1/	200
retained to 5 should) BE	THE INFORMANT'S NAME (Type/Print)	U. H 19	b. MAILING ADDRESS (S)	met and Nurdher or Hurel	Houte Bumble, City or To	wm, State, Zip/Gode)	1
5 2 40 2		Dortha Chester	Northam	807 M	ollins	1.4	mous	day, mo.
G G		20s. METHOD OF DISPOSITION 1 ☐ Surial 2 ☐ Cremation 3 ☐ Removel	from State 20b. PLACE other pl	OF DISPOSITION (Name	of cometary, crematory or e	200, 1	OCATION - glty or	Town/State/
9 9 9 -		4 □ Donation S □ Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENS		22. NAI	E AND ADDRESS OF FA	MOLITY	may	on mo.
ALLIM death. Pag s funeral dis l. examiner		> - 0		C.F.	27.1	F 7	1 1	L 0
		23. PART I. Enter the diseases, or com	plications that sourced the de	ath Do not sales th	0.1201	928 1	Jures	Approximate
3 2		shock, or heart fellure. List	only one cause on each line		mode of dying, au-	SI MA CATOLOG OF TOM	piretory arrest,	Interval Between Onset and Death
file file		IMMEDIATE CAUSE (Finel disease or condition	Acute	= RECLIA	STORY ?	FAILURE	>	1 Hora
d within 2- ompletely fills 1, cremation,		reaulting in death) a	DUE TO (OR AS A CONSE					111000
		Sequentially list conditions,		ubuascul	An Accie	PAUL		(martit
JA 131 be executed in the bunical control of	CATION	If any, leading to immediata cause. Enter UNDERLYING	DUE TO (OR AS A CONSE		77.10			YEARS
i Phy ica		CAUSE (Disease or Injury that initieted events	DUE TO (OR AS A CONSE	100	eurous			16000
0 0 -	CERTIFI	resulting in death) LAST						
the death the attend Mental		PART II. Other algnificent conditions of	ontributing to deeth but not	resulting in the unde	rlying cause given in	Part I. 24e. WAS A	N AUTOPSY 2	4b. WERE AUTOPSY FINOINGS
2 2 2 2	DICAL		Committee of the commit		A STATE OF A STATE OF		PRMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE
Feat Signature		* ***					- 6.11	OF DEATH?
W red S been of the pt. of								
VITAL IAN: The la rifficate has e State De	SICIAN:		OSPITAL:	OTHER:	26. PLACE OF DEATH (C	heck only one)		
SICIAN: The certificate the State	YSI	1 YES 2 10 1	Inpatient 2 - ER/Outpatient	3 DOA 4 Nursing	Home 5 Residence			*
子芸書	PHY:	27. MANNER OF OEATH 1 Natural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	INJURY	c. INJURY AT WORK? I YES 2 NO	28d. DESCRIBE HOW	INJURY OCCURED	
WOING WOING Hearth		2 Accident Investigation 3 Suicide & Could not be	28e. PLACE OF INJURY At h			281. LOCATION (Stree	t and Number or Run	al Route Number,
after 3		4 Homicide 8 Could not be determined	building, atc. (Specify)			City or Town, Stat	10)	
		29e. CERTIFIER 1 CERTIFYING PHYSICIAL	: To the best of my knowledge, d	eath occurred at the time	, date end place, end du	e to the cause(a) and m	enner ea stated.	
TO THE HOSPITAL TO THE FUNERAL Be filed within 72 h	OM	district (n the beele of examination end/or	Investigation, in my opin	ion, death occured at th	e time, date end place,	end due to the ceus	e(e) end menner se stated.
THE HO THE FUI filed wit	BE C	200 BIGNATURE AND TITLE OF CERTIFIER	0.		29c. LICENSE NO	IMBER	29d. DATE SIGN	ED (Month, Day, Year)
5 5 3	TO B	Just Welre	WHO F	LLENSING W	N 1127	394	11	1490
10	-	MA AND ADDRESS OF PERSON WHO C			CHANLES	CT. Q	toto mo	21230
-		31. DATE FILED (Month, Day, Year)	32. REGISTRATUS SIGNATURE	مه و الأ		3	,	8. – 30
),		NOV 2 0 '90	gulia David	son-Handelle				

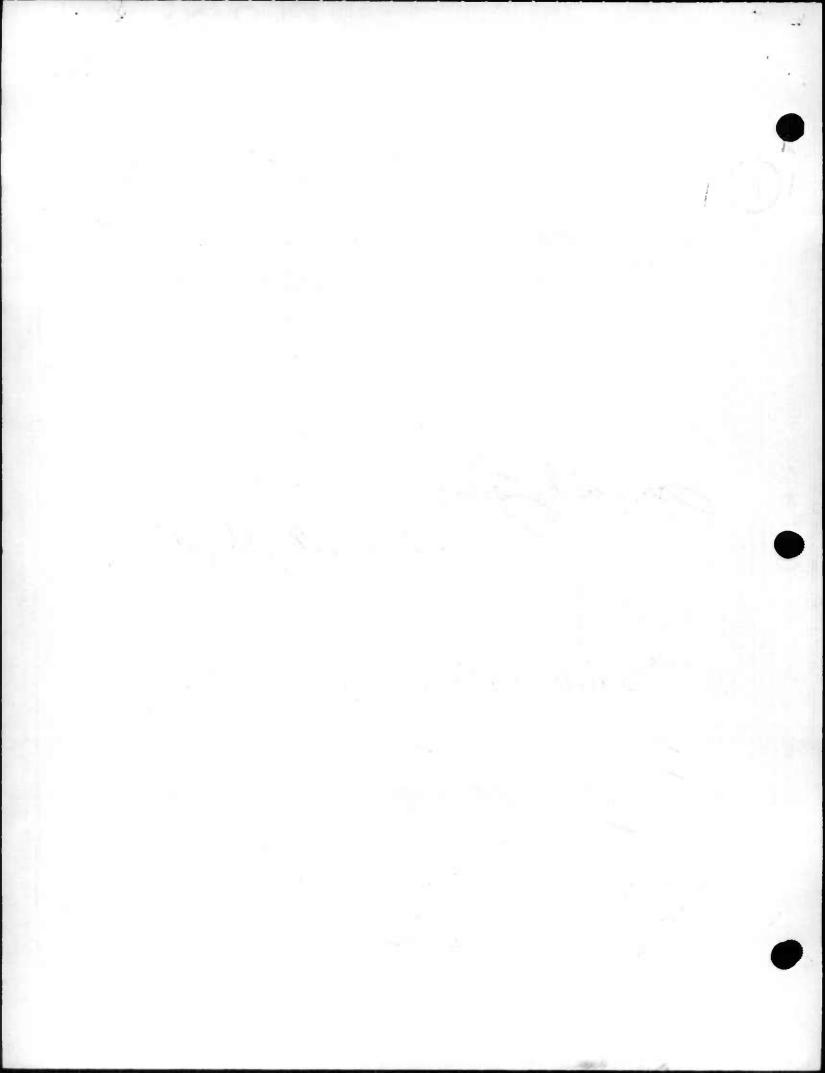


DIVISION OF VITAL RECORDS, P.O. BOX 13146, TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a four siter death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Properties within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.			P.	
DIVISION OF VITAL RECORDS, P.O. BOX 13146, TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Tours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-trans he fied within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	0-		it permit.	
DIVISION OF VITAL RECORDS, P.O. BOX 13146, it to THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and complet he filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, oren IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event		in nours after death. Page 6 may be retained by the hospital or attending physician.	ely filled in by the funeral director, page 5 should be detached for use as the burial-transi nation, or removal.	, the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be ento THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traum	13146,	xecuted with	and compler burial, crer	natic even
DIVISION OF VITAL RECORDS, P.O. TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death cer TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending he fied within 72 hours after death with the State Dept. of Health and Mental Hygi IMPORTANT: If item 28 is marked, or item 23 shows any injury, or or	BOX	tificate be e	physician are prior to	ther traum
DIVISION OF VITAL RECORDS, TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the or THE FUNERAL DIRECTOR: After this certificate has been signed by the be fied within 72 hours after death with the State Dept. of Health and Me IMPORTANT: If item 28 is marked, or item 23 shows any inju	P.O.	feath cert	attending intal Hygi	ry, or o
DIVISION OF VITAL RECO TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires TO THE FUNERAL DIRECTOR: After this certificate has been sign to free within 72 hours after death with the State Dept. of Healt IMPORTANT: If item 28 is marked, or item 23 shows:	RDS,	that the o	ed by the	any inju
DIVISION OF VITAL TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law TO THE FUNERAL DIRECTOR: After this certificate has it be filed within 72 hours after death with the State Dept IMPORTANT: If item 28 is marked, or item 23	RECO	requires	been sign. of Healt	shows :
DIVISION OF N TO THE HOSPITAL OR ATTENDING PHYSICIA TO THE FUNERAL DIRECTOR. After this card be filed within 72 hours after death with the IMPORTANT: If item 28 is marked, or	/ITAL	W: The law	State Dept	r item 23
DIVISION TO THE HOSPITAL OR ATTENDING TO THE FUNEMAL DIRECTOR: After be filed within 72 hours after death IMPORTANT; If item 28 is ma	OF V	PHYSICIA	this certi	irked, or
DIVI; TO THE HOSPITAL OR AT TO THE FUNERAL DIRECT De filed within 72 hours a IMPORTANT; If Item 2	SION	TENDING	OR: After fter death	8 is ma
TO THE HOSPITA TO THE FUNERA De filed within 7.		AL OR AT	L DIRECT	f item 2
THE DE FILE		HOSPITA	FUNERA Within 7	HTANT:
		TO THE	THE THE	IMPO

31. DATE FILED (Month, Day, Year)
NOV 2 0 390

	1 - STATE REGISTRAR	STATE OF MARYL		MENT OF H		MENTAL HYGIEN		
	1. DECEDENT'S NAME (First, Middle, Last) JACQUELINE DAWN					2. DATE OF DEATH MONTH NOVEMBER	°6,1990°	3. TIME OF DEATH 05:49 a M
	4. SOCIAL SECURITY NUMBER 216-56-0212	1 🗆 M 2 🗓 F	40 yrs.	IF UNDER 1 YEAR HONTHS DAYS		7. DATE OF SIRTH (Month, Day, Year) JULY 23, 1	950 M	SIRTHPLACE (State or Foreign Country) ARYLAND
	9a. FACILITY NAME (If not institution, give DORCHESTER GENER RESIDENCE OF DECEMENT			CAMBRII	R LOCATION OF DE OGE	EATH	DORCH!	
DIRECTO	10a. STATE 10b. COUNT	HESTER	12000	TOWN OR LOCATE	ION			10d. INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL	100. STREET AND NUMSER BEULAH ROAD			101.	21643		10g. CITIZEN	OF WHAT COUNTRY? USA
ВУ	11. MARITAL STATUS 1 Never Merried 2 Married 3 Widowed WXX Divorced	12. WAS DECEDENT EVER FORCES? 1 YES IF YES, GIVE WAR OR I	2 NO	If yes, spe	ENDENT OF HISPAN belfy Cuban, Maxica 2 NO Specifi	NIC ORIGIN? (Specify Yen, Puerto Rican, etc.) y:	a or No 14.	RACE — American Indian, Slack, Whita, atc. Specify: WHITE
COMPLETED	15. DECEDENT'S EDI (Specify only highest grad Elementary/Secondary (0-12) 1 2		16a. DECEDENT'S U: (Give kind of wo life. Do NOT use SECRETAI	rk done during mos retired.)	N at of working	186, KIND OF SU	SINESS/INDUST	
ш	17. FATHER'S NAME (First, Middle, Last) MERRITT R. PRITC	нетт				ME (First, Middle, Maider NCE WILKER		
TO B	BRAD LINTON					OCK, MD 2		5e)
	20a. METHOD OF DISPOSITION 1	S	other place) ALISBURY (CREMATOR	RY	SAL	ISBURY	or Town, Stata , MARYLAND
	21. SIGNATURE OF PUNERAL SERVICE L	D Sl	lu	ZELLER	D ADDRESS OF FA R FUNERAL NEW MARK!		ND	
	23. PART I. Enter the diseases, or shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	complications that cause that only one cause on a. DUE TO (OR AS	eech line.			Sd O		interval Between
CERTIFICATION	Sequentially list conditions, it any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	с	A CONSEQUENCE OF):		,			
MEDICAL	PART II. Other algorificant complition		fus securiting in	the underlying		Part I. 24s. WAS AI PERFO	RMED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
PHYSICIAN:	25. WAS CASE BEFERRED TO MEDICAL EXAMINER? 1 Pres 2 NO	HOSPITAL: 1 Inpatient 2 ER/Ou		OTHER:	ACE OF DEATH (Ch	8 Other (Specify)		
ву рну	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME	OF 28c, INJ		28d. DESCRIBE HOW	INJURY OCCUR	ED
0	3 Suicide 8 Could not be 4 Homicide detarmined	28e. PLACE OF INJUR building, etc. (Sp	IY At home, tarm, streetly)	reet, factory, office		281. LOCATION (Street City or Town, State		Rural Route Number,
COMPLET	(Crieck Orlly	SICIAN: To the best of my kno						auso(a) and menner as stated.
TO BE C	29b. SIGNATURE AND TITLE OF CERTIFIE	Lewers	-M		29 c. LICENSE NU	MBER SU74	29d. DATE 50	Coleo raylin on sour
F	all NAME AND ADDRESS OF PERSON W		PEATH (ITEM 27) (Type, I	o IDL	EWILD	EAST	IN W	12/60/

32. REGISTRAR'S SIGNATURE
Gulia Davidson-Randall



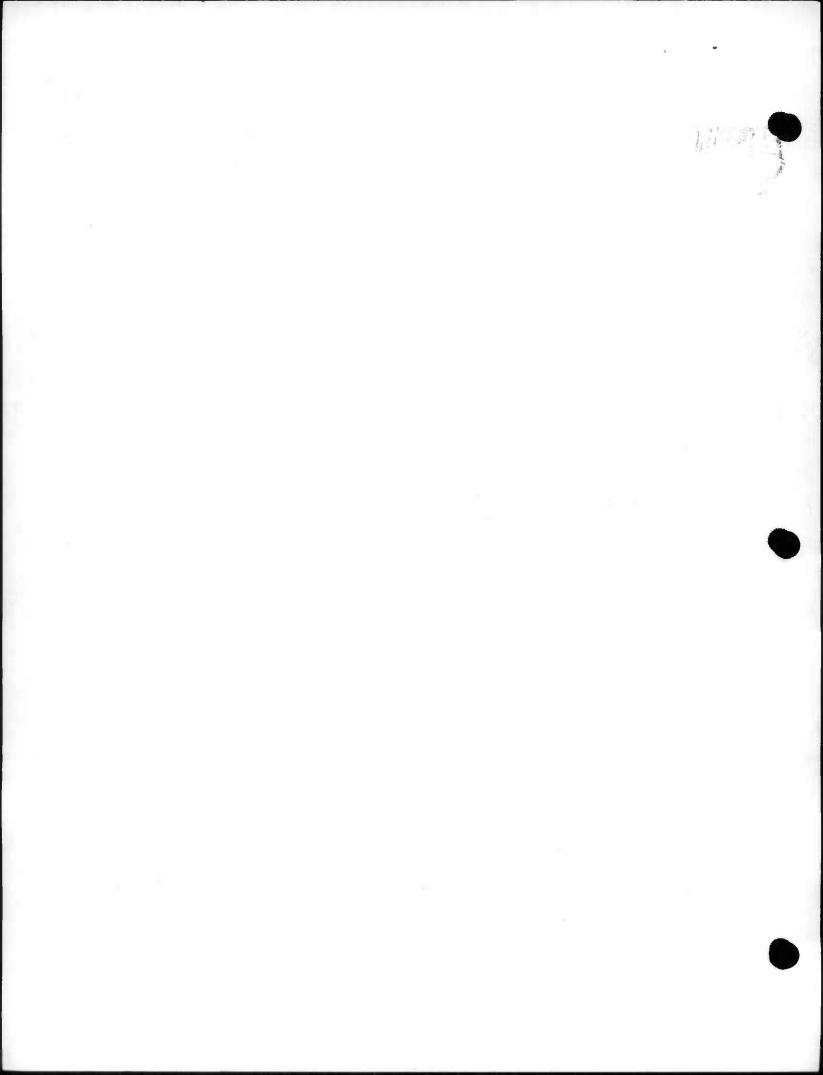
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nou	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled it be filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or	management of the contract of

			OEIIIII I	CATE OF	DEATH	REG. NO.	
1	1. DECEDENT'S NAME (First, Middle, Let				M	ATE OF DEATH	YEAR 3. TIME OF DEATH
	MARIE E 4. SOCIAL SECURITY NUMBER			IF UNDER 1 YEAR	IF UNDER 24 HRS. 7, D	1 19	90 5:45 8. BIRTHPLACE (State or Foreign
	215-64-2968	1 □ M 2 🔀 F	82 YRS.	MONTHS DAYS	HOURS MIN.	Month, Dey, Year) 9 15 08	VIRGINIA
5	96. FACILITY NAME (If not institution, given 7136 B & A BC		21061		BURNIE		TY OF DEATH ANNE ARUNDE
	TRESIDENCE OF DECEDENT 10s. STATE 10b. COU		10c CITY	TOWN OR LOCATION	ON		10d, INSIDE CITY
5	MARYLAND	ANNE ARUNDE		GLE			LIMITS?
LONEDAL	100. STREET AND NUMBER 604 CRAIN HV	YY. S.W.		101.	21061	10g. CITIZ	U.S.A.
5	11. MARITAL STATUS	12. WAS DECEDENT EVER II	N U.S. ARMED			RIGIN? (Specify Yes or No-	14. RACE — American Indien,
0	1 Never Merried 2 .Merried 3 Widowed 4 Divorced	FORCES? 1 TYES			city Cuban, Mexican, Pu 2 NO Specify:	erto Rican, etc.)	Specify: WHITE
	16. DECEDENT'S E (Specify only highest gr		16a. DECEDENT'S U	ork done during most	t of working	16b. KIND OF BUSINESS/IND	USTRY
COMPLE	Elementary/Secondary (0-12)	College (1-4 or 8+)	HOUS	EWIFE		HOMEMAK	ŒR
5	17. FATHER'S NAME (First, Middle, Lest)				18. MOTHER'S NAME (F	irst, Middle, Malden Surname)	
1	JULIAN BRUCE				ETTA AI		
	19s. INFORMANT'S NAME (Type/Print)	TTCOM				Number, City or Town, State, Zip	
	HARVEY J. COI		5 PLACE OF DISPOSE			LEN BURNIE,	
	1 Buriel 2 Cremation 3 R	emoval from State	LEN HAVI	EN MEMO	ORIAL PAR		URNIE, MD.
	21. SIGNATURE OF FUNERAL SERVICE		1	22. NAME AND	ADDRESS OF FACILITY	Y	
	> //ou	1 Lou	men	426 C	OND C. FI	NK FUNERAL	HOME 2106.
	IMMEDIATE CAUSE (Final disease or condition	List only one cause on e	Jassey	, .		cardlec or respiratory sm	Approximate interval Betwoen Donset and D
MOLINATION	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	a. DUE TO (OR AS A	A CONSEQUENCE OF) A CONSEQUENCE OF)	٠ د دع	is of dying, such as	L L	interval Bety
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The state of the s	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a. DUE TO (OR AS A DUE TO (OR AS A d.	A CONSEQUENCE OF)	د و	nee of	1. 24s. WAS AN AUTOPSY	interval Bety
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ED DI CILIZIONI MEDICAL	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions are sufficient conditions. 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending investigations investigated and investigations. Suicide 6 Could not determined.	DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A d. DUE TO (OR AS A d. Lions contributing to desth b Lions contributing to desth b 28a. DATE OF INJURY (Month, Dey, Year) Den 28a. PLACE OF INJURY Den 28a. PLACE OF INJURY (Month, Dey, Year)	A CONSEQUENCE OF) A CONSEQUENCE OF) A CONSEQUENCE OF) Dut not resulting in patient 3 DOA 28b. Time INJU Y — At home, farm, at city)	The underlying 26. PL OTHER: 4 Nursing Home OF 25c. INJU INV M 1 Y treet, factory, office d at the time, date of	CSUSE given in Part ACE OF DEATH (Check or 5 \$ Residence 6 187 AT 187 284. 284. and place, and due to the	I. 24a. WAS AN AUTOPSY PERFORMED? 1 VES 2 MO Other (Specify) Describe How injury occ LOCATION (Street and Number City or Town, State)	24b. WERE AUTOPSY FIND AMALABLE PRIOR TO COMPLETION OF CAU OF DEATH! 1 YES 2 NO N/A
COMPLETED DI PHI DICIONI, INCOLORE	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions are sufficient conditions. 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending investigations investigated and investigations. Suicide 6 Could not determined.	a. DUE TO (OR AS A b. DUE TO (OR AS A c. DUE TO (OR AS A d. d. d. d. d. d. d. d. d. d. d. d. d. d	A CONSEQUENCE OF) A CONSEQUENCE OF) A CONSEQUENCE OF) Dut not resulting in patient 3 DOA 28b. Time INJU Y — At home, farm, at city)	26. PLJ The underlying 26. PLJ The underlying 26. PLJ The underlying 26. NJU The underlying 26. NJU The underlying 4 at the time, date on, in my opinion, detection, detection, in my opinion, detection,	CSUSE given in Part ACE OF DEATH (Check or 5 \$ Residence 6 187 AT 187 284. 284. and place, and due to the	I. 24a. WAS AN AUTOPSY PERFORMED? 1 VES 2 NO Other (Specify) LOCATION (Street and Number City or Town, State) e cause(e) and manner as state date and place, and due to the	24b. WERE AUTOPSY FIND AMALABLE PRIOR TO COMPLETION OF CAU OF DEATH! 1 YES 2 NO N/A
DE COMPLETICO DI PINISIONALI MEDICALI	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions in the condition of	a. DUE TO (OR AS A b. DUE TO (OR AS A c. DUE TO (OR AS A d. d. d. d. d. d. d. d. d. d. d. d. d. d	A CONSEQUENCE OF) A CONSEQUENCE OF) A CONSEQUENCE OF) Dut not resulting in patient 3 DOA 28b. Time INJU Y — At home, farm, at city)	26. PLJ The underlying 26. PLJ The underlying 26. PLJ The underlying 26. NJU The underlying 26. NJU The underlying 4 at the time, date on, in my opinion, detection, detection, in my opinion, detection,	CSUSE given in Part ACE OF DEATH (Check or 5 & Residence 6 1874 AT 1877 1882 1882 1884	I. 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 MO Other (Specify) Describe HOW INJURY Occ LOCATION (Street end Number City or Town, State) e cause(a) and manner as state date and place, and due to the	24b. WERE AUTOPSY FIND AMALABLE PRIOR TO COMPLETION OF CAU OF DEATH? 1 YES 2 NO N/A
D BI THISION. MEDICAL	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions in the condition of	a. DUE TO (OR AS A DUE TO (OR AS A C. DUE TO (OR AS A d	Petient 3 DOA 28b. Time Injury — At home, farm, at city) At home, farm, at city on end/or investigation	the underlying 26. PL/ OTHER: 4 Nursing Home OF 28c. INJU WOF 1 Y Irrest, factory, office In, in my opinion, de	CSUSE given in Part ACE OF DEATH (Check or 5 Aceidence 6 RRY AT 28d RRY AT 2	I. 24a. WAS AN AUTOPSY PERFORMED? 1 VES 2 MO Other (Specify) Describe How injury occ City or Town, State) cause(e) and manner as state, date and place, and due to the 29d. DATE	24b. WERE AUTOPSY FIND AMAILABLE PRIOR TO COMPLETION OF CAU OF DEATH? 1 YES 2 NO N/A CURED or Pairel Route Number, ed. e cause(e) and menner as state E SIGNED (Month, Day, Year) 1/19/90.

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OF VI	PHYSICIAN.
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	PITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24
5	OB
	PITA

	1 - STATE REGISTRAR	SIAIE OF N			ICATE				REG. NO		20	33136
	1. DECEDENT'S NAME (First, Middle, Last)								2. DATE OF DEATH	AY	YEAR	3. TIME OF DEATH
_	EVA A. CORRICE	ζ							11-21-1		YEAR	1:00 P.M. M
2	SOCIAL SECURITY NUMBER	5. SEX	6. AGE (in yrs. le	st birthday)	IF UNDER	1 YEAR	IF UNDER	24 HRS.	7. DATE OF BIRTH (Month, Day, Year)		6. BIRTHE	LACE (State or Foreign
1	214-30-9860	1 MXXX F	77	YRS.	MONTHS	DATE	ноона	MIN,	02-24-19	13	WV	
-	In. FACILITY NAME (If not institution, give s						R LOCATI	ON OF DE	ATH		JNTY OF DE	
5	1510 Old Towne M	anor Apt	S.		Cum	ber.	Land			A	legar	ıy
S	10a. STATE 10b. COUNT	Y		10c. CIT	Y, TOWN O	R LOCAT	ION					10d. INSIDE CITY
DIRECTOR	MD Allega	nv		Crmi	perla	ba					5	LIMITS? TYES 2 NO
	10e. STREET AND NUMBER	-		10010	<u> </u>		ZIP COD	E		10g. Cl	TIZEN OF W	HAT COUNTRY?
EB	1510 Oldtown Man	or Apt.				21	502			US	iA.	
FUNERAL	11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDEN FORCES? 1	T EVER IN U.S. A	RMED NO					IC ORIGIN? (Specify Ye	or No—	14, RACE Bleck,	- American Indien, White, etc.
ВУ	Wildowed 4 Divorced	IF YES, GIVE V	AR OR DATES	, in			NO XXX				Specify	
	15. DECEDENT'S EDU	CATION	16a, D	ECEDENT'S	USUAL OC	CUPATIO	IN		16b. KIND OF BU	SINESS/IN		цте
COMPLETED	(Specify only highest grade Elementary/Secondary (0-12)		()	Bive kind of Do NOT u	work done d se retired.)	turing mo	st of workin	ng	Total time or bu	0111200711		
7	12	Conside (1-4 or 5		ousev	rife				own h	ome		
O	17. FATHER'S NAME (First, Middle, Last)						16. MOT	HER'S NA	ME (First, Middle, Maider	Sumame)		•
BE C	Jason Harman						El	mira	Harper			
10 B	19a. INFORMANT'S NAME (Type/Print)						nd Number	or Rural F	loute Number, City or Tov	vn, State, Z	ip Code)	-
-	Mrs. Myra Ott				rlan	_						
	20s. METHOD OF DISPOSITION	oval from State	20b. PLACE other p	(aca)							- City or Tov	m, State
	4 Donation 5 Other (Specify) 21. SIGNATURE_OF FUNERAL SERVICE LIFE	CENGEE /	пагр	er ra	mily		D ADDRE			man,	WV	
	7	1/100	//		S	carp	elli	Fur	eral Home			
	Janes +	(VI CCI	grill	1	C1	umbe	rlar	d, M	D 21502			
	23. PART & Enter the diseases, or ahock, or heart fellure.				not enter	the mo	de of dy	ing, auci	n ea cerdiec or reap	iretory a	rrest,	Approximate interval Between
	IMMEDIATE CAUSE (Finei	WVC	CADDTAT	Tari	a a to com	TON						Onset and Death
	disease or condition resulting in death)	B	CARDIAI		PARCT							5 min
		COR	ONARY A	RTER	DIS	EASI	3					
O	Sequentially list conditions,	b	(OR AS A CONSE	QUENCE O	F);		_					
AT	If any, leading to immediate cause. Enter UNDERLYING											
Ĕ	CAUSE (Disease or Injury thet initiated events	DUE TO	(OR AS A CONSE	QUENCE O	F):							
EH	resulting in death) LAST	d										
ICAL CERTIFICATION	PART ii. Other significant condition	ne contributing to	deeth but not	reculting	in the un	derivino	ceuse	alven in	Part I. 24a, WAS A	AUTOPSY	24b.	WERE AUTOPSY FINDINGS
S										RMED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE
MED									I U YES	a HE I NO		OF DEATH? 1 YES 2 NO
. N									_			1 1 1 2 2 1 1 10
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL					26. PL	ACE OF D	EATH (Ch	ock only one)			
SIC	EXAMINER?	HOSPITAL:	☐ ER/Outpatient	3 DOA	OTHER		. XX.	esidence	6 Other (Specify)			
Ŧ	27. MANNER OF DEATH	28a, DATE Of	INJURY Day, Year)	28b, TII	ME OF JURY	26c. INJ	URY AT		28d. DESCRIBE HOW	INJURY O	CCURED	
0	**************************************		,,	"	М		YES 2 [□ NO				
	Natural 5 Pending	(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,							and I constitute the	and Mumb	as as Dural D	- A- At leaf a-
ВУ	Natural 5 Pending 2 Accident Investigation 3 Suicide 6 Could not be	28e. PLACE C	OF INJURY — A1 F	ome, farm,	street, fact	ory, ome	•		281. LOCATION (Street City or Town, State		er or nural n	oute numoer,
ВУ	Natural 5 Pending 2 Accident Investigation	28e. PLACE C	OF INJURY — A1 P etc. (Specify)	ome, farm,	street, fact	ory, ome	•				or or numer n	oune Numoer,
ВУ	Natural 5 Pending Investigation 3 Suicide 4 Homicide 6 Could not be determined	28e. PLACE (building	, etc. (Specify)					o, end due	City or Town, State)		oure number,
ВУ	Natural 5 Pending Investigation 3 Suicide 4 Homicide 6 Could not be determined 29e. CERTIFIER 1 CERTIFYING PHYS	28e. PLACE C building.	, etc. (Specify) f my knowledge, o	leath occur	red at the 1	ime, date	end place		City or Town, State	nner ee st	tated,	end manner es stated.
E COMPLETED BY	Natural 5 Pending Investigation 3 Suicide 4 Homicide 6 Could not be determined 29e. CERTIFIER 1 CERTIFYING PHYS	28e. PLACE (building.	etc. (Specify) f my knowledge, o examination end/o	leath occur r investigati	red at the 11	ime, date	end place leath occu 29c. LIC	red at the	City or Town, State to the cause(e) and mittime, date end place, e	nner ee st	ated. The cause(e)	end manner ea stated. (Month, Day, Year)
BE COMPLETED BY	Natural 2	28e. PLACE of building.	etc. (Specify) I my knowledge, coxamination end/o	leath occur r investigati	red at the 11 on, in my o	ime, date	end place leath occu 29c. LIC	red at the	City or Town, State to the cause(e) and mittime, date end place, e	nner ee st	lated. The cause(e)	end manner ea stated. (Month, Day, Year)
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BE COMPLETED BY	Natural 2	28e. PLACE of building. BICIAN: To the best of certain of the best of certain of the best of certain of the best of certain of the best of the best of the best of the best of the best of the best of the building of the bu	my knowledge, coxamination end/o	d. Ex	red at the 11 on, in my o	ime, date	end place leath occu 29c. LIC MD I	ENSE NUI	City or Town, State to the cause(e) and me time, date end place, a	nner ee st	ated. The cause(e)	end manner ea stated. (Month, Day, Year)

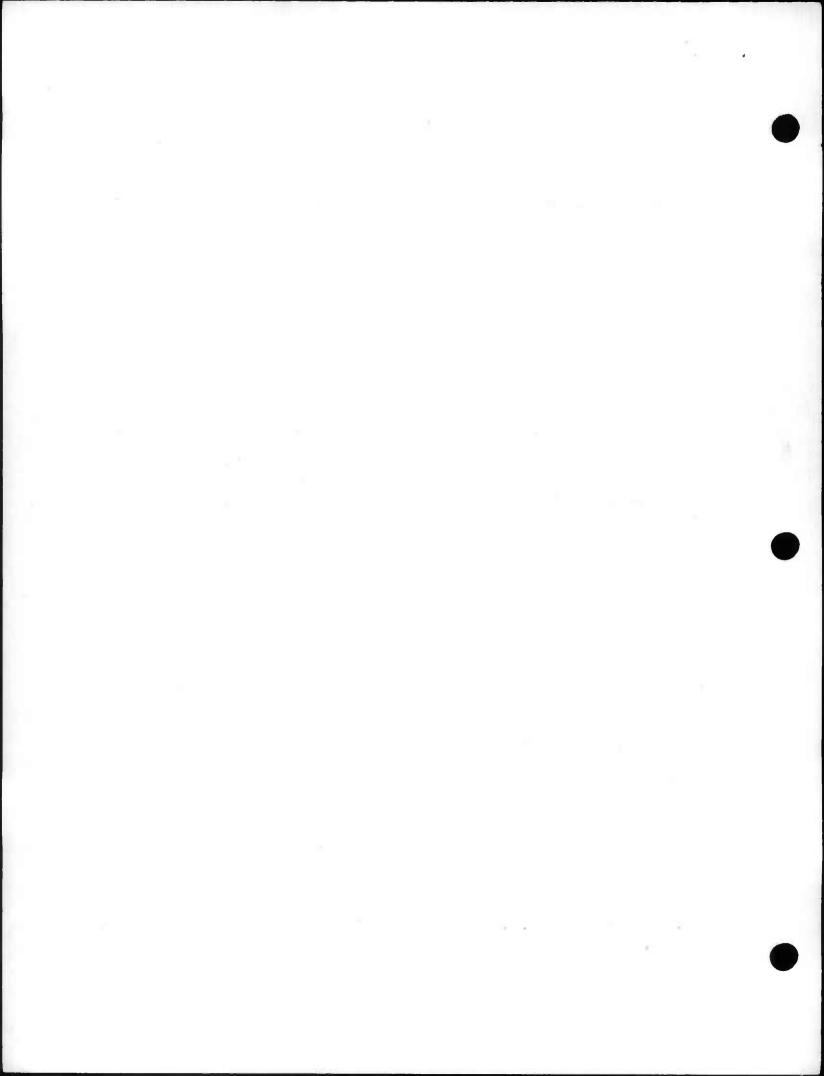


3. TIME OF DEATH

31. DATE FILED (Month, Day, Year) 90

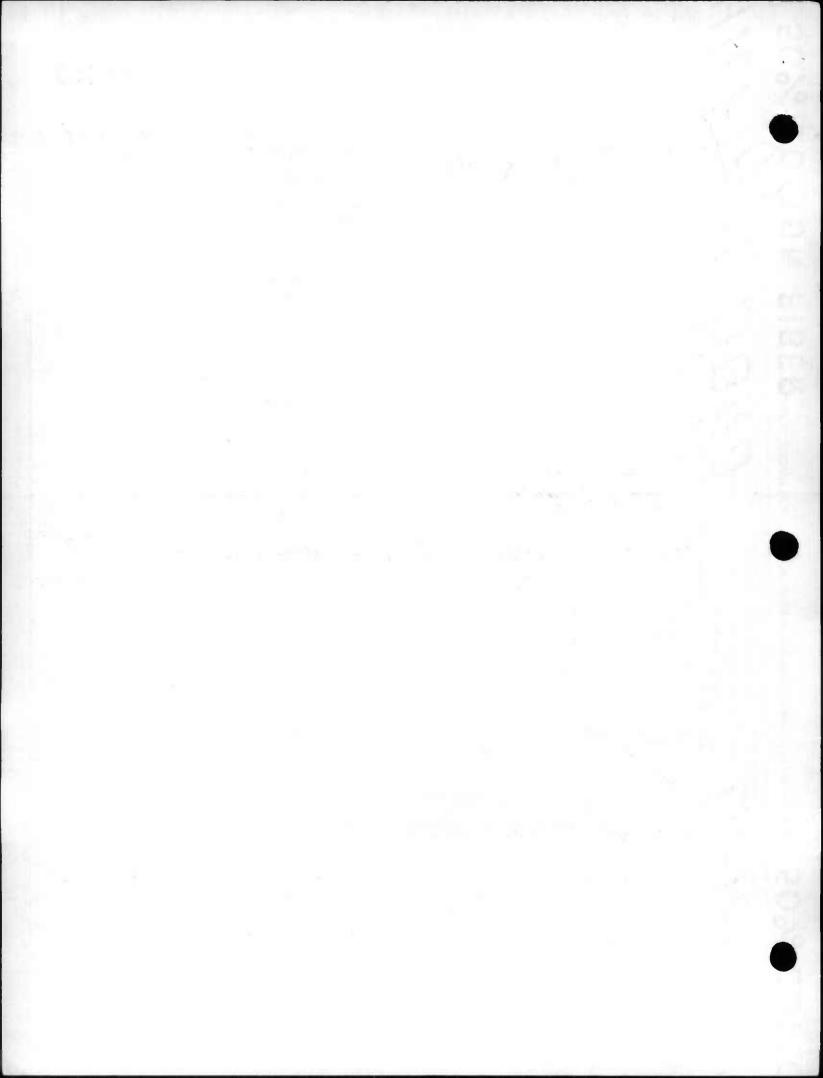
	t permit. Pages 1, 7 3 should	DIRECTOR	9a. FACILITY NAME (If not institution, give street and not institution, give street and not institution, give street and not institution, give street and not institution, give street and not institution, give street and not institution, give street and not institution, give street and not institution, give street and not institution, give street and not institution, give street and not institution, give street and not institution, give street and not institution, give street and not institution, give street and institution, give street and institution, give street and institution, give street and institution, give street and institution, give street and institution, give street and institution, give street and institution, give street and institution, give street and institution, give street and institution, give street and give stree	ı∟м₂⊼ғ 8 met and number) rial Hospi rles		YRS. MONTHS	aP]	HOURS MIN. ON OR LOCATION OF DE	NOV 7. DATE (Morit 02	EMBER OF BIRTH DAY 100 100 100 100 100 100 100 1	7 Pec. COUNT Ch	YEAR 1990 B. BIRTHPLA Country) Mary Y OF DEATH arle	CE (State or Foreign yland
21203-3146	as the burial-transit	BY FUNERAL	# 1 Magnolia I 11. MARITAL STATUS 1 Never Married 2 Married 3X Widowed 4 Divorced	12. WAS DECEDENT EVER IF FORCES? 1 YES IF YES, GIVE WAR OR DI	ATES	0	N yes,	DECENDENT OF HISPAN, specify Cuban, Mexical YES 2 NO Specify	n, Puerto	Rican, etc.)	or No— 1	A. RACE — Black, Wi	American Indian, hite, etc. White
N E	\$	COMPLETED	15. OECEDENT'S EDUC, (Specify only highest grade of Elamentary/Secondary (0-12) 7TH GRADE	ATION completed) College (1-4 or 5+)	(Gi	cedent's usual ve kind of work don Do NOT use retired. aitres:	e during)	most of working	D	iner/	taur: Earl:	ants	uck Stop
MARYLAND	ਲ ਨ	BE CO	17. FATHER'S NAME (First, Middle, Last) Bradford Davis	S					ie	Virgi	nia :		У
		2	Matie V. Wright		2	7 High	lan	et and Number or Rural F		dian	Head	,Md.	
MORE,	firector, pa		20a METHOD OF DISPOSITION 1 Surial 2 Cremation 3 Ramo 4 Donation 5 Other (Specify)		chi Chi	camuxe	n M	cometery, crematory or lethodist	Ce	m.Chi	cation – c	xen	, Md.
ALT	e funera al. exami		21. SIGNATURE OF FUNERAL SERVICE LICE	aloly		2	AR	EHART FU P.O. Box	NER 56	AL HO	ME,II	NC. a,Md	. 20646
6, B. B.	y filled in by tion, or remo		23. PART I. Entar tha diseases, or conshock, or heart failure. Limmediate CAUSE (Finel disease or condition resulting in death)		ach ilne	Rec	er the	mode of dying, such	h es car	diec or respi	retory erre	st,	Approximate interval Between Onset and Death
, P.O. BOX 13146,	ending physician and con Il Hygiene prior to burial, or other traumatic er	CERTIFICATION	Sequantially list conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A	7.2.								
RECORDS,	en signed by to of Health and hows any in	MEDICAL O	PART II. Other aignificant conditions	contributing to death b			underl	ying cause given in	Part i.	24a. WAS AN PERFOR 1 YES 2	RMED?	CO OF	RE AUTOPSY FINDINGS NILABLE PRIOR TO MPLETION OF CAUSE DEATH? YES 2 NO
OF VITAL F	certificate has be the State Dept. d, or Item 23 s	SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 ANO	HOSFITAL:	patient 3	DOA 4 N	ER:	8. PLACE OF DEATH (Ch					
	this wit	ВУ РНУ	27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide a Could not be	28a. DATE OF INJURY (Month, Day, Year) 28a. PLACE OF INJURY		28b. TIME OF INJURY M	28c.	INJURY AT WORK?	28d. D6	SCRIBE HOW I	and Number o		e Number,
DIVISION	DIRECTOR: Yours after Item 28 I	LETED	4 Homicide determined	building, etc. (Spe		eth occurred at the	e time.	date and place, and due		or Town, State)		d.	
TUE LOCDITAL	THE FUNERAL filed within 72 PORTANT: If	BE COMPL	[Check only	R: On the basis of axamination					time, de		d due to the	cause(a) an	orth, Day, Year)
F	2 6 8 2	5	30. NAME AND ADDRESS OF PERSON WHO		1		Nór			wav L	apla	ta.	

Lulia Savidson-Randala



DIVISION OF VITAL RECORDS, P.O. BOX 13146, TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death with the 2 state Dept. Of Health and Mental Physician and completely filled in the funeral director, page 5 should be detached for use as the burial-transit permit. Page 1, a second lamboratant: If them 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
6 3 K 5

1. DECEDENT'S NAME (First, Middle, Last) REPUTHA			TOATE	OF DEATH		REG. NO.		
DERITA	MAY CHADW	ICK			2. DATE MONT	OF OEATH DAY	YEAR 90	3. TIME OF DEATH 2058
The second secon	5. SEX 6. AG	E (In yrs. lest birthday) YRS.	MONTHS D	YEAR IF UNDER 24 HR	. (Mon	OF BIRTH th, Day, Year) -26-42	a. BIRTI Count	**
9a. FACILITY NAME (# not institution, give street Union Hospita			9b. CITY, TO	E1kto	FDEATH		Ceci	DEATH
RESIDENCE OF DECEDENT 100, STATE 100, COUNTY		400 000	TY, TOWN OR					10d. INSIDE CITY
Md.	Ceci1	100.01		esapeake	City			LIMITS? 1 YES 2 NO
10e. STREET ANO NUMBER				10f. ZIP CODE		1		WHAT COUNTRY?
Bohemia Manor Fa	12. WAS DECEDENT EVER	IN U.S. ARMED	13, WA	S DECENDENT OF HIS	915 PANIC ORIGI	N? (Specify Yes or	U.S	E — American Indian, k, White, etc.
1 Never Merried 2 Merried 3 Wildowed 4 Divorced	FORCES? 1 YE IF YES, GIVE WAR OR			es, specify Cuban, Me YES 2 NO Sp	xican, Puerto ecily:	Rican, etc.)	Spec	
15. OECEOENT'S EDUCA (Specify only highest grade on Elementary/Secondary (0-12)		16a. DECEDENT'S (Give kind of life. Do NOT u	work done dur	UPATION ing most of working	16	b. KIND OF BUSIN	ESS/INDUSTRY	
11		Hous	e Kee	eper		at	home	
17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S	NAME (First,	Middle, Maiden Sur	name)	
Nelson Chadwic	k			E1	sie I	Foreacr	e	
19a. INFORMANT'S NAME (Type/Print) Robert Blanchfie.	1d	Bohe	mia N	Street and Number or Ru Manor Fa	rel Route Nur rm Bo	nber, City or Town, S	Ches.	21915 City, Md
20a. METHOD OF DISPOSITION 1	al from State	other place) Onns	town	of cometery, cremetory Cemeter	or Y		eville	
21. SIGNATURE OF FUNERAL SERVICE LICES	SIN P			Funera		10		in St.,
Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	28 20 42 20	S A CONSEQUENCE O		1				>10cpr
Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	DUE TO (OR AS	S A CONSEQUENCE C	DF):	nerlying cause given	ı in Part I.	24s, WAS AN AU PERFORME		MAILABLE PRIOR TO
Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS	S A CONSEQUENCE C	DF):	erlying cause given	ı in Part i.		107	
Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificant conditions	DUE TO (OR AS	S A CONSEQUENCE C	DF):			PERFORME 1 TYES 2 T	107	COMPLETION OF CAUSE OF DEATH?
Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificant conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER?	DUE TO FOR AS	S A CONSEQUENCE O	In the unde	25. PLACE OF OEATH	(Check only o	PERFORME 1 TYES 2 T	107	MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificant conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 140 27. MANNER OF CEATH	DUE TO (OR AS	S A CONSEQUENCE C	OTHER: 4 Nursin	25. PLACE OF CEATH g Home 8 - Resider 8c. INJURY AT WORK?	(Check only o	PERFORME 1 TYES 2 T	NO NO	MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificant conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF OEATH 1 Natural 8 Pending Investigation 3 Suicide 8 Could not be	DUE TO (OR AS DUE TO (OR AS CONTributing to death HOSPITAL: I Inpatient 2 (I) ER/O 280. DATE OF INJUR (Morith, Day, Year	but not resulting utpatient 3 DOA Y 28b. Till NRY — At home, farm,	OTHER: 4 Nursin ME OF JURY M	25. PLACE OF OEATH g Home 8 Resider 8c. INJURY AT WORK? 1 YES 2 NO	(Check only once 8 Oth 28d. DI	PERFORME 1 YES 2 one)	UNY OCCURED	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificant conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF OEATH 1 Natural 8 Pending Investigation 3 Suicide 8 Could not be determined 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER:	DUE TO FOR AS DUE TO	but not resulting utpatient 3 DOA Y 28b. Til IN IRY — At home, farm, pecify)	OTHER: 4 Nursin ME OF JURY M street, factor	25. PLACE OF OEATH g Home 8 Resider 8c. INJURY AT WORK? 1 YES 2 NO y, office e, data and place, and nion, death occured at	281. LO	PERFORME 1 VES 2 To the period of the perio	URY OCCURED Number or Rural r se stated.	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO Route Number,
Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificant conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 HO 27. MANNER OF OEATH 1 Natural 8 Pending investigation Pe	DUE TO FOR AS DUE TO FOR AS DUE TO FOR AS CONTributing to death HOSPITAL: I Inpatient 2 (DEFIO) 28e. DATE OF INJUR (Morth, Day, Year 28e. PLACE OF INJUR building, etc. (S) AN: To the best of my kn On the bests of examinar	a but not resulting utpatient 3 DOA Y 28b. Till IRY — At home, farm, pecify) owiedge, death occur tion and/or investiget	OTHER: 4 Nursin ME OF 2 JURY M street, factor	25. PLACE OF CEATH g Home 8 Resider 8c. INJURY AT WORK? 1 YES 2 NO y, office e, data and place, and	281. LO	PERFORME 1 VES 2 To the period of the perio	URY OCCURED Number or Rural r se stated.	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO Route Number,
Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificant conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	DUE TO FOR AS DUE TO	but not resulting utpetient 3 DOA Y 28b. Til IN IRY — At home, farm, pecify) owiedge, death occur filon and/or investigati	OTHER: 4 Nursin ME OF JUURY M street, factor	25. PLACE OF CEATH g Home 8 Resider 8c. INJURY AT WORK? 1 YES 2 NO y, office e, data and place, and nion, death occurred at 29c. LICENSE D26	Check only of the second of th	PERFORME 1 VES 2 OF (Specify) ESCRIBE HOW INJI CATION (Street and y or Town, State) Buse(a) and manne to and place, and of	Number or Rural Number or Rural re e stated, flue to the cause	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO Route Number,



BALTIMORE, MARYLAND 21203-3146

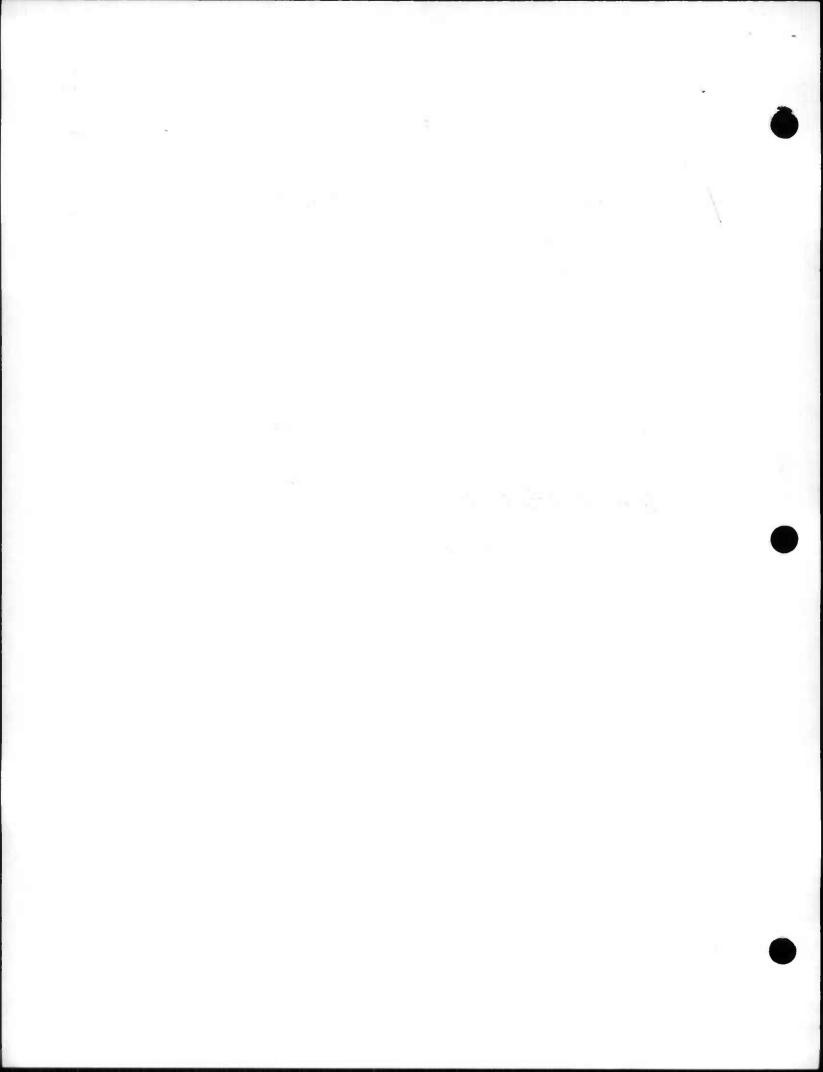
	1 - STATE REGISTRAR	OF MARYLAND / DEF CERT		OF DEAT		REG. NO.		0 00.00
	1. DECEDENT'S NAME (First, Middle, Last)					. DATE OF DEATH DAY		3. TIME OF DEATN
	ESTELLE C. CR	AUFURD				Jever SEA		
1	4. SOCIAL SECURITY NUMBER 5. SEX	6. AGE (In yrs. last birtho	MONTHR	YEAR IF UNDER		DATE OF BIRTN (Month, Day, Year)	6. E	BIRTNPLACE (State or Foreign
/	454-45. 1745- 10Hz	- 0	RS.			12/17/0	/	VA.
_	9e. FACILITY NAME (If not institution, give street and nur			OWN OR LOCATIO		н	9c. COUNTY	
O	Peninsula General Hosp	ital	Sa	lisbury	, MD		W	icomico
쓸	10e. STATE 10b. COUNTY	10c	CITY, TOWN OR	LOCATION				10d. INSIDE CITY LIMITS?
ā	Md. Wicomico		Delmar					NX YES 2 □ NO
₹ I	10e. STREET AND NUMBER			101, ZIP CODE			100	OF WHAT COUNTRY?
FUNERAL DIRECTOR	409 East Street				1875		USA	
BY FU	1 News Married 2 Married FORC	DECEDENT EVER IN U.S. ARMED ES? 1 TYPES 2 NO B, GIVE WAR OR DATES	It.		n, Mexican, F	ORIGIN? (Specify Yee Puerto Ricen, etc.)		RACE — American Indian, Black, White, etc. Specify: White
8	15. DECEDENT'S EDUCATION (Specify only highest grade completed)		NT'S USUAL OCC	SUPATION ring most of working	a	16b. KIND OF BUS	INESS/INDUST	RY
COMPLETED	Elementary/Secondary (0-12) College	1-4 or 5+) #6. Do N	OT use retired.)	_		.,,		
MP	11	Ho	omemake			Ho		
	17. FATHER'S NAME (First, Middle, Last)					(First, Middle, Meiden : pbell Cri	,	
BE	William P. Crist 190, INFORMANT'S NAME (Type/Print)	I 19h MA	II ING ADDRESS		_	ite Number, City or Town		ie)
2	Van T. Crawford					Md. 2187		
	20s. METHOD OF DISPOSITION	20b. PLACE OF DI	ISPOSITION (Nam	e of cometery, crem	natory or			or Town, State
	1 X Buriel 2 Cremetion 3 Removal from 3 Donation 5 Other (Specify)	St. St.		Cemeter			mar, D	e.
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	\cap		AME AND ADDRES		Home, Inc		
	Yun. M. Sh	24.11				elmar, De		0
	23. PART I. Entar the diseeses, or complicate shock, or heart failure. List only							
	IMMEDIATE CAUSE (Final					/		Onset and Death
	disease or conditiona.	DUE TO (OR AS A CONSEQUENCE	mun	7 9-	125			
		DUE TO (OR AS A CONSEQUEN	CE OF):	(
CERTIFICATION	Sequentially list conditions,	DUE TO (OR AS A CONSEQUENCE	CE OF):					
SAT	if any, laading to immediate cause. Enter UNDERLYING							
Ĕ	CAUSE (Disease or injury that initiated events	DUE TO (OR AS A CONSEQUEN	CE OF):					
	reaulting in daeth) LAST							
	PART II. Other algnificent conditions contrib	uting to death but not result	ting in the und	erlying cause	given in Pa			24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
ICAL	Congestive Hea	A Failu	10			PERFOR		COMPLETION OF CAUSE OF DEATH?
MED							~	1 TES 2 NO
ž								
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPI	TAL:	OTHER	26. PLACE OF D	EATH (Check	k only one)		
YSI	1 TES 2 NO 1 Inpa	tient 2 - ER/Outpatient 3 - D	OA 4 I Nursi	ng Home 5 🗆 Re			W III I W A A A A I I	rn
ву РН	Natural 5 Pending	(Month, Day, Year)	INJURY M	1 YES 2] NO	ed. DESCRIBE NOW I		
	3 Suicide 8 Could not be 4 Homicide determined	PLACE OF INJURY — At home, fi building, etc. (Specify)	arm, street, facto	ry, office	2	City or Town, State)		Rural Route Number,
COMPLETED	29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the	ne best of my knowledge, death o basis of examination and/or invest						euse(s) and manner as stated.
BE	296. SIGNATURE AND TITLE OF CERTIFIER	2 dout	7	10	S/J	46	> //	IGNED (Morith, Qay, Year)
ТО	39 NAME AND ADDRESS OF PERSON WHO COMPLE	J. Nardo	m.	f.o.	501	640	Prince	ess three
4	31. DATE FILED (Month, Day, Year) 32.	REGISTRAR'S SIGNATURE	delle				,	nd 2181]
	NOV 16'90 3	The han took - Mark						

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunial-transit permit. Pages 1, 2, 3 s he filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bunial, cremation, or removal.

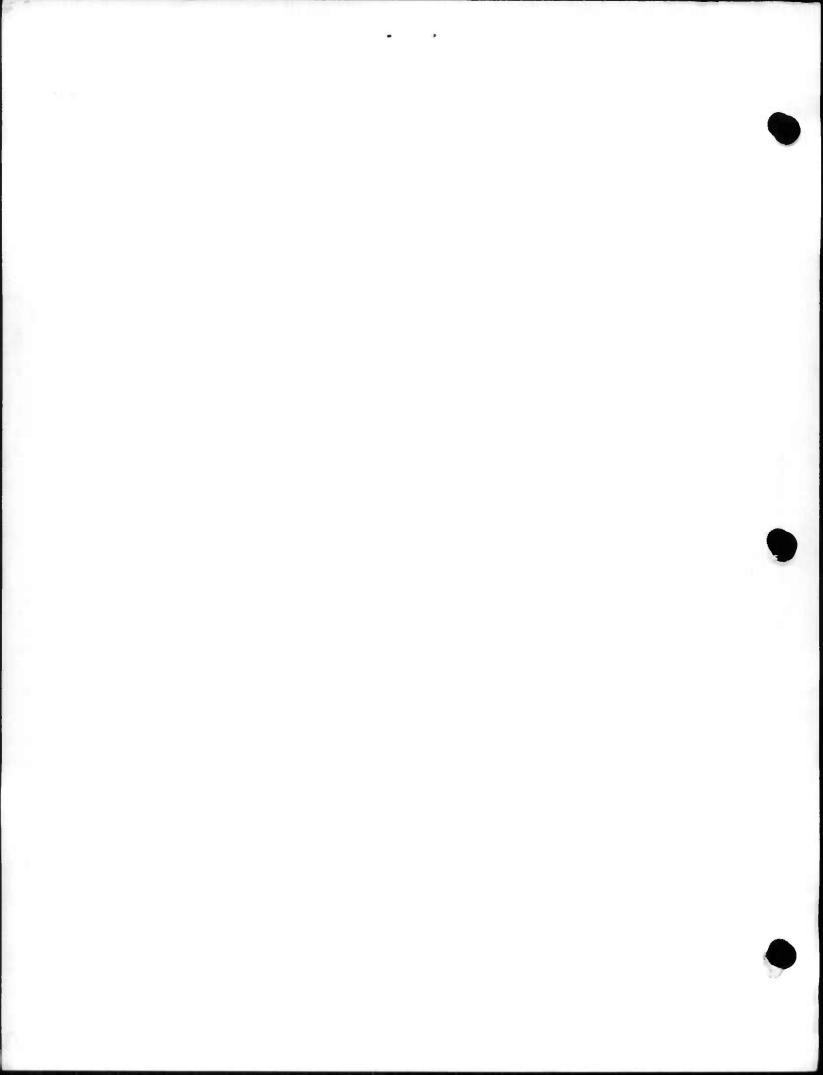
IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

DIVISION OF VITAL RECORDS, P.O. BOX 13146,



200 74 04	
examiner must be notified at once.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
al.	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
ne funeral director, page 5 should be detache	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache
r death. Page 6 may be retained by the hosp	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2+mours after death. Page 6 may be retained by the hosp

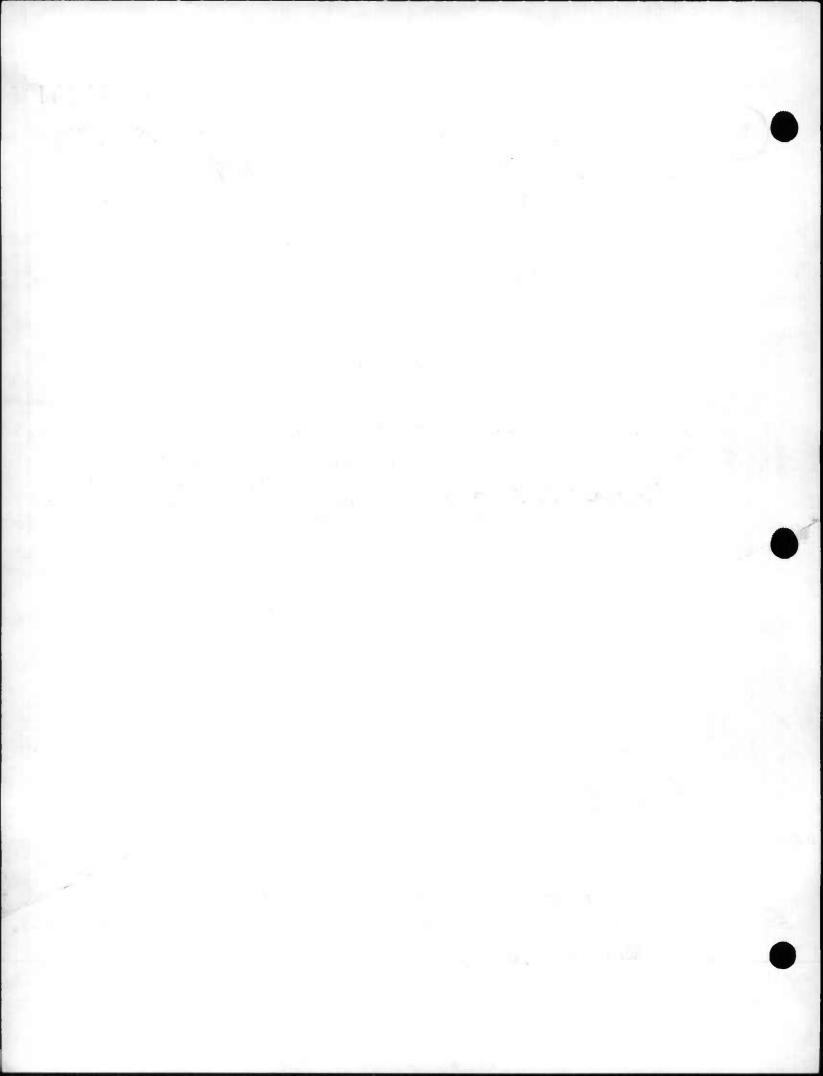
	1 - STATE REGISTRAR	STATE OF N		/ DEPAR					MENTA	REG. NO.		90	33140
	1. DECEDENT'S NAME (First, Middle, Last)	Annies	B. Cam	pbell					2. DAT MON NO	e of DEATH	1/1 1	YEAR L990	12:35 AM
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. Is		IF UNDER 1	YEAR	IF UNDER	24 HRS.	7. DAT	E OF BIRTH	7 -	8. BIRTHP	LACE (State or Foreign
	245-26-97.64	1 □ M 2 XX	65	YRS.	MONTHS	DAYS	HOURS	MIN.	Nov	1. 1, 19	25	Nort!	n Carolina
	9e. FACILITY NAME (If not institution, give a	treet and number)			9b. CITY, 1	TOWN O	R LOCATIO	ON OF DE	ATH			TY OF DE	
5	7714 Beechnut Ro	oad			Cap:	itol	l Hei	ights	S		Prin	ice G	eorge's
	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNT			Lan cim	Y. TOWN OR	LOCAT	ION						IOd. INSIDE CITY
DIRECTOR		e George	10		itol								LIMITS?
	10a. STREET AND NUMBER	e deorge		T cap.	1001	_	ZIP CODI	F		1	10a CITIZ		IAT COUNTRY?
١	7714 Beechnut Roa	d				100			743				tates
LONGHAL	11. MARITAL STATUS	RMED	13. W	AS DECI	ENDENT C			IN? (Specify Yee					
	1 Never Married 2 X Married	NO ON	11	yes, spe		n, Mexica	n, Puerto	Rican, etc.)			RACE — American Indian, Black, White, etc. Specify:		
5	3 Widowed 4 Divorced	IF YES, GIVE V					74						ack
COMPLEIED	15. DECEDENT'S EDU (Specify only highest grade		16a. C	Give kind of v	USUAL OCC	UPATIO	N st of worldr	ng	10	b. KIND OF BUS	NESS/IND	USTRY	
1	Elementary/Secondary (0-12)	College (1-4 or 5	+)						- 1,	Departm	ont (Store	
	12 17. FATHER'S NAME (First, Middle, Last)			Sales	Cler	K			_			SCOLE	
	Theodore R. Win	ctood				- 1				, Middle, Melden S Chell	iumame)		
מב	190, INFORMANT'S NAME (Type/Print)	Steau		ON MAILING	ADDRESS	(Street a				mber, City or Town	State Zin	Code	
2	Frank Campbell									tol Hei			20743
	20e, METHOD OF DISPOSITION		20b, PLAC	E OF DISPOS	SITION (Nem	na of cen	netery, cren	natory or		20c, LOC	_	City or Tow	
	1 Suriel 2 Cremetion 3 Rem 4 Donation 5 Other (Specify)	oval from State	Chape	el Hil	ll Mer	nori	ial (Ceme	tery	Chap	el H	ill,	Carolina
	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE			22. N	AME AN	ID ADDRE	SS OF FA	CILITY				Inc
	· Ellen X	1. Re	PP		110	o N.	. Mea	rrit	t Mi	william 11 Rd.,	Cha	nera. pel	l Service, Hill, NC
RIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated evants resulting in death) LAST	c	O (OR AS A CONS			4	P	Per (Co	las	>		Onset and Death
MEDICAL CE	PART II. Other significent condition	ne contributing to	daeth but no	t resulting	in the und	dariying	g csuse	given in	Part I.	24a. WAS AND PERFORM 1 TYPES 2	MED?		WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
DI PRISICIAN:													
2	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHER	1:	LACE OF E						
2	1 TYES 2 X NO	1 Inpatient 2		3 DOA		ing Hom 28c. INJ		esidence	v .	her (Specify) ESCRIBE HOW II	I II I III OO	CUBED	
-	1 X Natural 5 Pending		Day, Year)		JURY	WC	PRK?	¬ NO	200. 0	ESCRIBE NOW II	SONT OCC	CONED	
	2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide determined	OF INJURY — At, etc. (Specify)	M 1 YES 2 NO					261, LOCATION (Street and Number or Rural Route Number, City or Town, State)				oute Number,	
COMPLEIED	29e. CERTIFIER (Check only one) 1 X CERTIFYING PHYS												end menner se stated.
ם ב	296. SIGNATURE AND TITLE OF CERTIFIE	R						ENSE NU			29d. DAT	E SIGNED	(Month, Day, Year)
2	1. Jugar	-1200	>				()	-5	64		►No	vembe	er 14, 1990
-	30. NAME AND ADDRESS OF PERSON WI Mehrdad Mostaan,	M. D.,	4235 2	28th A	venue	∍, ⊺	emp]	le Hi	ills	, MD 20	748		
	31. DATE FILED (Month, Day, Year) NOV 16 '90	32. REGISTR	AR'S SIGNATURE	n-Rang	La 100.								



1 - FOR STATE REGISTRAR

		FFO LIL	LI	2	MONTH DAY	90 944A
	4. SOCIAL SÉCURITY NÚMBER S. SEX 579-22-3299 1 M 2	XF 9	O YRS.	NYS HOURS MIN.	DATE OF BIRTH (Month, Day, Yer)	8. BIRTNPLACE (State or Foreign Country) TTALY
TOR	90. FACILITY NAME (II not institution, give street and numb	14		WN OR LOCATION OF DEATH		COUNTY OF DEATH
DIRECTOR	106. STATE 106. COUNTY MD MONTGO	MERY	10c. CITY, TOWN OR L	SPRENG		10d. INSIDE CITY LIMITS? 1 TES 2 NO
FUNERAL	10112 TENDROOK			101. ZIP CODE 2090/		CITIZEN OF WHAT COUNTRY?
BY	1 Never Married 2 Married FORCES	CEDENT EVER IN U.S 17 1 YES 2 GIVE WAR OR DATES	NO If yo	B DECENDENT OF NISPANIC (s. specify Cuben, Mexican, P YES 2 NO Specify:		- 14. RACE — American Indian, Black, White, etc. Specify. WHTTF.
LETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondery (0-12) College (1-		n. DECEDENT'S USUAL OCCU (Give kind of work done duri life. Do NOT use retired.)	PATION ng most of working	16b. KIND OF BUSINESS	
E COMPL	12 17. FATHER'S NAME (First, Middle, Last) ADELFO BENEDETTI		HOUSEWIFE	50 K		70)
TO B	190. INFORMANT'S NAME (Type/Print) ANNE T. CIFFOLILLI (DA 200. METHOD OF DISPOSITION	20h Pl	19b. MAILING ADDRESS (S 10112 TENBR ACE OF DISPOSITION (Name		VER SPRING,	
	1 To Burlel 2 Cremetion 3 Removal from \$t 4 Donetion 5 Other (Specify) 21. SIGNATURE OF FUNITAL SERVICE LICENSEE	ete oth	OLIVET CEM 22. NAI FRA	ETERY ME AND ADDRESS OF FACILI NCIS J. COLL	WASHIN JINS FUNERAL	GTON, D.C.
NO	C b	On gestous Tour Tour Tour Tour Tour Tour AS A CO	INE.	e mode of dying, such a	e cardiac or respiretory	Approximate interval Betwo
CERTIFICATION	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	DUE TO (OR AS A CO	celesofi	Heert	Disee	Se
MEDICAL	Acyclicant conditions contributed to the tory of the t	Dises	st aspa		PERFORMED?	AMAILABLE PRIOR TO
PHYSICIAN		AL:	OTHER:	26. PLACE OF DEATN (Check Nome 5 - Residence 6	only one)	
D BY PH	1 Natural 5 Pending Investigation 28e. P	ATE OF INJURY fonth, Day, Year) LACE OF INJURY — uilding, etc. (Specify)	INJURY	WORK?	Bd. DESCRIBE NOW INJURY Bf. LOCATION (Street and Nu City or Your, State)	
MPLETE	4 Homicide determined 29e. CERTIFIER (Check only 1 CERTIFYING PNYSICIAN: To the	best of my knowledg			the cause(e) end manner a	s stated. 10 the couse(e) and menner as state
TO BE CO	296. SIGNATURE AND TITLE OF CERTIFIER JUNE D 36. NAME AND ADDRESS OF PERSON WHO COMPLETE	-12	I (ITEM 27) (Type, Print)	29c. LICENSE NUMBE		DATE SIGNED (Month, Day, Year)
	TUNG-PT LET. 31. DATE FILED (MONG), Day, Year) 32. RE NOV 16 90	GISTHAR'S SIGNATURES	IRE PONDER	Kinghan,	Dr S	1 2090

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.



ENAL DIRECTOR, AREA LINE COLUMNIC HEAD DOOR SQUIDE OF COLUMNIC HIS COL		IT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	
of circ init	emoval.	lical exar	
200	on, or re	не те	
in brother	cremati	vent, t	
מינו מינוס המינו	in 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	umatic e	
and building	giene prio	other tra	
2010	a Hy	0	l
y une an	Ments	Injury,	ı
9	th ar	any	l
IN HOLD	of Heal	shows	
2	Jept.	23	l
במוב ו	State (Item	l
100	the	0	Ì
SIII	with	rked,	ŀ
Ailei	death	B ma	ŀ
5	after	28 1	l
DIREC	HOURS S	tem ;	
3	2	=	
13	E	1	

IMPORTAN

	FOR 1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM CERTIFIC			NTAL HYGIEN		0 00142			
	1. DECEDENT'S NAME (First, Middle, Last) ANTONIO	RBonA	RA			DATE OF DEATH MONTH DA	5 9	3. TIME OF DEATH			
	4. SOCIAL SECURITY NUMBER 173 - /8 2728 Rea. FACILITY NAME (If not institution, give st	5. SEX 8. AGE (n yrs. lust birthclay) IF MOI	UNDER 1 YEAR ITHS DAYS CITY, TOWN C		4	9c. COUNTY	BIRTHPLACE (State or Foreign Country) Pennsylvania Y OF DEATH			
FUNERAL DIRECTOR	10a. STATE 10b. COUNTY	1	10c. CITY, TO	WN OR LOCAT				10d. INSIDE CITY LIMITS?			
10	Maryland Princ	ce Georges	Lau		ZIP CODE		10g. CITIZE	1 TYPES 2 NO			
IER/	6 North Gail St	reet					USA				
BY	11. MARITAL STATUS 1 Never Merried 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DO	2 XNO	If yes, sp	ENDENT OF HISPANIC Cledity Cuben, Mexican, Programme 2 NO Specify:		or No— 14	I. RACE — American Indien, Black, White, etc. Specify: White			
뎶	15. DECEDENT'S EDU (Specify only highest grade	CATION completed)	16a. DECEDENT'S USL (Give kind of work life. Do NOT use re	AL OCCUPATION	ON st of working	16b. KIND OF BUS	SINESS/INDUS	STRY			
COMPLETED	Elementary/Secondary (0-12) 1-12	Coffege (1-4 or 5+) N/A	Tile Set			Self	Emp1o	wed			
SOM	17. FATNER'S NAME (First, Middle, Last)			•	18. MOTNER'S NAME (First, Middle, Maiden		, , , ,			
BE	Amato Carbona	ıra	Tons MAILING AD	DDEEC (Durat	Carmella nd Number or Rural Route		n State 7in C	orfo)			
2	Patricia Aman				St., Belts			ode)			
	29a. METHOD OF DISPOSITION 1-S Burlel 2 Cremation 3 Rem 4 Donation 5 Other (Specify)	ovel from State	PLACE OF DISPOSITION	ON (Name of cer		20c. LO	CATION — CH	ty or Town, State			
<	21. SIGNATURE OF FUNERAL SERVICE VI	ENGE C	<u>ــــــــــــــــــــــــــــــــــــ</u>	HIne	o adoress of facilities/Rinaldi	Funeral	Home	ing. Md. 20904			
CERTIFICATION	Sequentially list conditions, if any, leading to Immediate cause. Enter UNDERLYING CAUSE (Disease or injury	a. DUE TO (OR AS A DUE TO (OR AS A	CONSEQUENCE OF):	aller	Hearl	s cerdiec or respi	elien	Approximate interval Between Onset and Death			
	that initiated events resulting in death) LAST	DUE TO (OR AS A CONSEQUENCE OF):									
PHYSICIAN: MEDICAL		tren as		el roly		PERFO	RMED?	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO			
SIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL			ACE OF DEATN (Check	only one)					
YSIG	1 TYES 2 CONO	HOSPITAL:	petient 3 DOA 4		e 5 Residence 6						
PH	27, MANNER OF DEATH 1 Natural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME O	W	URY AT 26 DRK? YES 2 NO	Id. DESCRIBE NOW	INJURY OCCU	RED			
TED BY	2 Accident Investigation 3 Suicide 6 Could not be 4 Nomicide determined	28e. PLACE OF INJURY building, etc. (Spe	— At home, farm, stre	at home, farm, street, factory, office			28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)				
COMPLETED	(Check only	ICIAN: To the best of my know	and a second					1. cause(e) end manner ee stated.			
BE	29b. SIGNATURE AND TITLE OF GOTHER	3-6	M-X	>	29c LICENSE NUMBE	7 2 J	29d. DATE	SIGNED (Month, Day, Year)			
5	30. NAME AND ADDRESS OF PERSON WE Syed A.	sadiq, MD			#11A Lauı	rel, Md.	2070	7			
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGN	ATURE Preda 90								

1 - STATE REGISTRAR	S	TATE OF MARYL			OF HEALTH		MENTAL HYGIENE REG. NO.				
1. DECEDENT'S NAME (First, Mid NORA C		TS					2. DATE OF DEATH	98	3. TIME OF DEATH 4AM		
4. SOCIAL SECURITY NUMBER	5, 5		(in yrs. last birthday)	IF UNDER 1	VEAR IE LINGE	R 24 HRS.	7. DATE OF BIRTH		HRTHPLACE (State or Foreign		
223-70-6095	100	_ M 2 💢 F	99 YRS.	MONTHS	DAYS HOURS	MIH.	Sept. 16,	189	Virginia		
9e. FACILITY NAME (If not institut	tion, give street a	and number)	-	9b. CITY,	TOWN OR LOCAT	ION OF DE	ATH	9c. COUNTY	OF DEATH		
Carroll Man	or Nurs	sing Home		Hya	ttsvill	.e		Princ	ce George		
RESIDENCE OF DECED			1			-					
Maryland 100	Princ	e Georges			arrollt	on			10d. INSIDE CITY LIMITS? 1 PY YES 2 NO		
10e. STREET AND NUMBER					10f. ZIP COD	DE		10g. CITIZEN	OF WHAT COUNTRY?		
5913 89th	. Avenu	ie				207	84	US	SA		
11. MARITAL STATUS 1 Never Married 2 Mer 3 Wildowed 4 Divorced	ried	WAS DECEDENT EVER I FORCES? 1 YES IF YES, GIVE WAR OR D	2 NO	If		en, Mexice	IIC ORIGIN? (Specify Yee n, Puerto Rican, etc.)	- 1	RACE — Americen Indian, Black, White, atc. Specify: White		
15. DECEDE (Specify only hig	NT'S EDUCATIO	ON plasted)	18a. DECEDENT'S	USUAL OC	CUPATION uring most of work	dna	16b. KIND OF BUS	INESS/INDUST	RY		
Elementary/Secondary (0-12) $1-10$		ollege (1-4 or 5+) N/A	Ilfe. Do NOT u	maker	uring most or work	ung	Own ho	nme			
17. FATHER'S NAME (First, Middle	10	N/A	Homei	maker	1						
	rew Wee	dom			18. MO		ME (First, Middle, Meiden : ura Adams	surname)			
19e, INFORMANT'S NAME (Type/		COM	401 444 816		(Day of All orb			O 7- 0	(-)		
Mabel C. Scl			The second secon				Route Number, City or Town New Carroll				
20e. METHOD OF DISPOSITION 1 Duriel 2 Cremetion	3 🗆 Removal	from State	b. PLACE OF DISPO	SITION (Nar	ne of cemetery, cre	ematory or		CATION — City			
4 Donation 5 Other (Spe		/_	Fort L:					itwood.	, Ma.		
21. SIGNATURE OF FUNERAL SE	ERVICE LICENS	11/100			ines/Ri 1800 N.		i Funeral l ve., SIIv		ring, Md. 2090		
23. PART I. Enter the dises									Approximate		
	t failure. List	only one ceuse on	eech line.	P.	1				Interval Between Onset and Death		
IMMEDIATE CAUSE (Finel disease or condition resulting in death)	8	Ares	A CONSEQUENCE O	ure	- Jep.	di,			days		
				. ,.					routh		
Sequentially list conditions if any, leading to immediat		DUE TO (OR AS	A CONSEQUENCE O	OF):				L1	0.0		
csuse. Enter UNDERLYING		Ce	regros	one	ler c	nee	dent s		hunter		
CAUSE (Disease or Injury that initiated events		DUE TO (OR AS A CONSEQUENCE OF):									
resulting in deeth) LAST	d										
PART II. Other significent	conditions co	ontributing to deeth	but not reculting	In the un-	derlying ceuse	given in	Part I. 24a. WAS AN	AUTOPSY	24b. WERE AUTOPSY FINDINGS		
	-	dirme					PERFOR	-			
	00,0	TWO CAN	3				1 TYES	ETNO	OF OEATH?		
							_		1 TYES 2 NO		
25. WAS CASE REFERRED TO M	EDIEAL				26. PLACE OF	DEATH (C)	neck only one)				
EXAMINER?	H	OSPITAL:	tention a - cc	OTHER	-						
27. MANNER OF DEATH	110	28e. DATE OF INJURY		_	28c. INJURY AT	Hesidence	8 Other (Specify) 28d. DESCRIBE HOW II	NJURY OCCUR	FD		
Natural 5 Pen		(Month, Day, Year)	IN	JURY	WORK?	Пио	Los: Deponde now				
a C autiti	stigation	28e. PLACE OF INJUR	Y — At home, farm.	street, facti		<u></u>	26f. LOCATION (Street of	and Number or F	Rural Route Number		
3 Suicide 8 Cou	ormined	building, etc. (Sp	ecify)		,,		City or Town, State)				
290. CERTIFIER	ING PHYSICIAN	: To the heat of my kno	wledge death occur	red at the ti	me date and play	co. and du	to the cause(s) end mer	nor on stated			
cool only									ouse(e) end manner ee stated.		
29b. SIGNATURE AND TITLE OF	CERTIFIED	000	7		29c. LI	CENSE NU	MBER	29d. DATE SI	GIVED (Moulth, Day, Year)		
Tela	mple	lea	/			227	2 - 0	D 211	19/80		
30. NAME AND ADDRESS OF PI	IN ON WHO CO	OMPLETED CAUSE OF D	EATH (ITEM 27) (Typ	e, Print)			7		4		
Dr.Schiss	Ier	7500	Greenwa	у Соц	irt Gre	eenbe	lt, Md.	/			
31. DATE FILED (Month, Day,	1	32. REGISTRAR'S SIG		.00							
NOV 20	'90	guna Dai	ridson-Rand	AFK							

BALTIMORE, MARYLAND 21203-3146

TO BE COMPLETED BY FUNERAL DIRECTOR

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

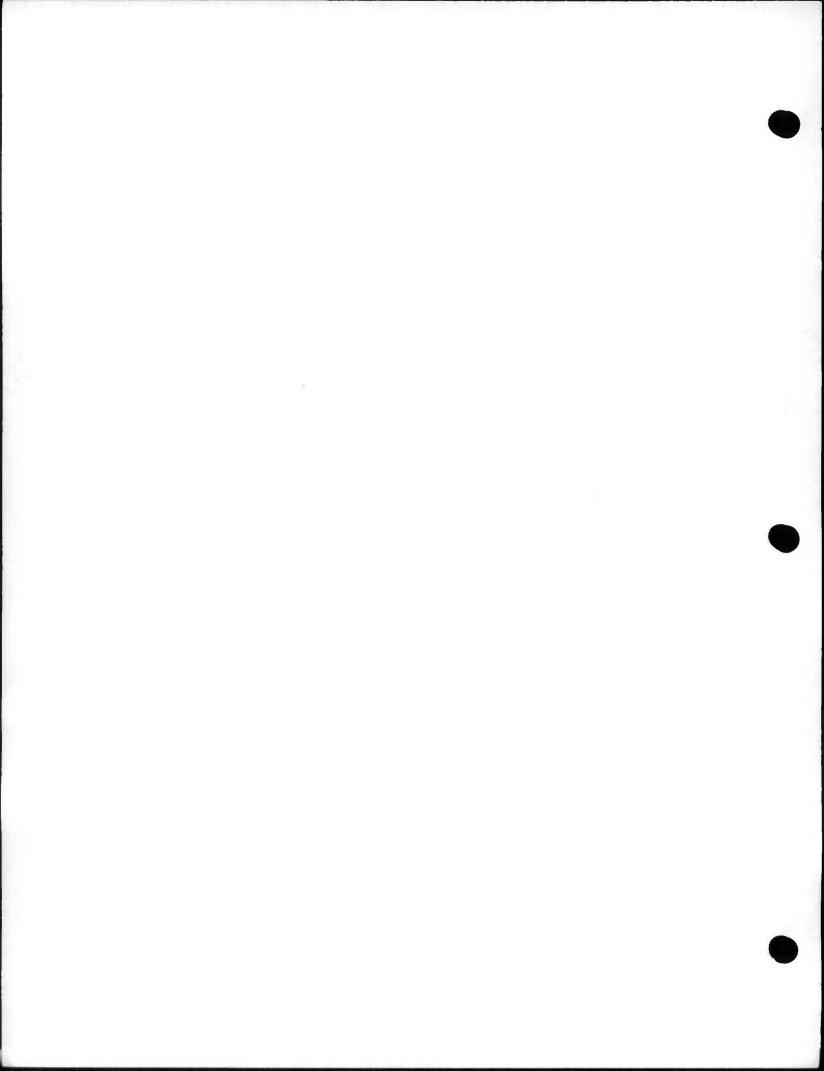
IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2 mounts after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTION: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2 3 strength be filled within 72 hours after death with the State Dept. of Health and Merital Hygiene prior to burial, cremation, or removal.

DHMH-16 Rev 1/89



TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-pours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the tuneral director, page 5 should be detached for use as the bunal-transit be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. BALTIMORE, MARYLAND 21203-3146 IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO BE COMPLETED BY FUNERAL DIRECTOR

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

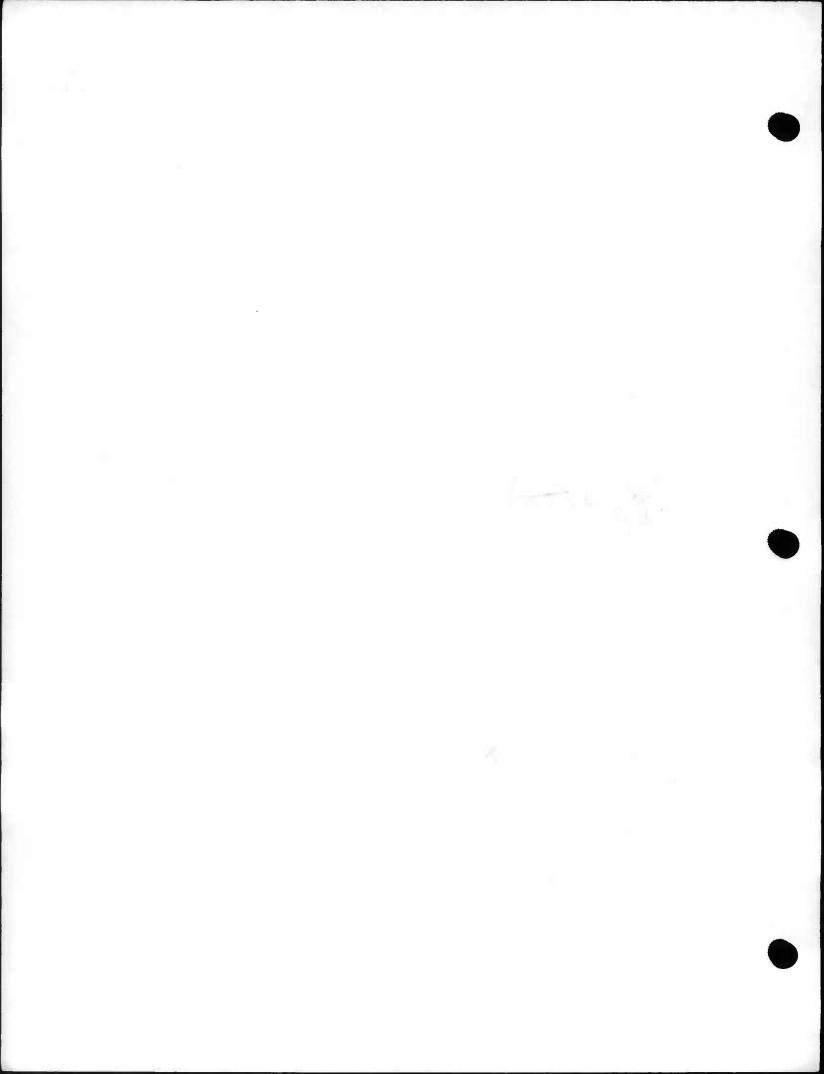
31. DATE FILED (Month, Day, Year)

9

32. REGISTRAR'S SIGNATURE

wha Davidson

1 - STATE REGISTRAR					CE	RTIFI	CATE	OF	DEATH		RE	G. NO.																
1. DECEDENT'S NAME (First,	Middle, La	nst)		^							DATE OF D				3. TIME OF DEATH	1												
mary 1	400	450	e (on	Vi9	ar)				NOV	13	1	190	3:35	PM												
4. SOCIAL SECURITY NUMB	ER	5. 30	EX	6. AGE (In	n yrs. wat t	oirthday)	IF UNDER 1	1 YEAR	IF UNDER 24 HRS.	7. D	ATE OF BI	RTH		8. BIRTI	HPLACE (State or Fore	sign												
023 26 8044		1 🗆	M 2 🔀 F	59		YRS.	MONTHS	DAYS	HOURS MIN.		Month, Day,		1931	Count	m) ssachuset	cts												
9a. FACILITY NAME (If not ins		ive street an	d number)				9h CITY	TOWN C	OR LOCATION OF		11011	117	,	NTY OF E		. 00												
						- 1	•																					
Holy Cross							51.	Tve	r Spring	3			MOI	ntgo	mery	-												
10a. STATE	10b. COL					10c. CITY	r, TOWN OF	R LOCAT	TION						10d. INSIDE CITY													
Maryland	Мо	ntgo	nerv		- 1	В	ethe	sda							LIMITS?	40												
10e. STREET AND NUMBER			2					101	, ZIP CODE				10a CIT	IZEN OF	WHAT COUNTRY?													
6402 Crane	Monn	200						1.4	20817						States													
11. MARITAL STATUS	Terr		WAS DECEDE	NT EVED IN	II C A DAG		1 40 11	W 0 D 50	ENDENT OF HISP	44110 01	DICINIO (C.	- aldis Mass																
1 Never Married 2 X	Married	F	ORCES?	1 YES	2 X NO		If	yes, sp	ecify Cuban, Maxi	can, Pu			OF NO-	71111	E — American Indian ik, White, etc.	34												
3 Widowed 4 Divor		- 10	YES, GIVE	WAR OR DAT	TES		1	T YES	2 NO Spec	elfy:				Spec	White													
15. DECI	EDENT'S	EDUCATION	4	- 1	16a DECI	EDENT'S	USUAL OC	CHIPATIC	ON		165 KINE	OF BUS	SINESS/INI	DUSTRY	MITCE													
(Specify only	y highest g	rade compli	eted)		(Give	kind of w	vork done di e retired.)	furing mo	ast of working				ery (+ 17													
Elementary/Secondary (0-	1-12)	Coll	5+	+)		duca					Publ	ic	Schoo	ols	Ly													
17. FATHER'S NAME (First, MI	liddle Leet	1	-		~				18. MOTHER'S I	IAME /																		
Leo D. Su									Hilda	100	O' Con																	
19a, INFORMANT'S NAME (7)		an																										
									and Number or Run						20017													
John P. Cor		ın							errace,		cneso																	
20a. METHOD OF DISPOSITI	ION on 3 🗆 f	Removal fi	rom State	20b.	other place	F DISPOS	SITION (Nan	me of cer	metery, crematory o	7	- 1			-	own, State													
4 🗆 Donation 5 🗆 Other				_ Ga	ate c	of He	eaver	ı Ce	metery						ng, Mary													
21. SIGNATURE OF FUNERAL	L SERVICE	E LICENSE	E				22. N	NAME AI	ND ADDRESS OF	FACILIT	Y Rob	ert	A. 1	Pump!	hrey_Fune	eral												
> Mr	Λ	1-1	$ \wedge$	7	M006	89									7557 yland 208	Home/Bethesda-Chevy Chase, Inc. 7557												
(W/)	13	- Aller	~				44.7	3001				- LIII C	suu,	LIGHT	y Turia 200	214												
IF 22 DADE I EMPERIMENTI	lananna	or comp	icetions th	heaven to	the dee	th Dn o	nt enter				-	or recoi																
23. PART I. Lineryllie di	iseeses, eert fellu	or compi ure. List o	ications th	et caused suse on ee	the dea	th. Do n	Dt enter				-	or respi			Approxima interval Be	ite itween												
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affock for he	eert fellu	or compi ure. List o	only one ce	letas	ech line.	tic	B	the mo		ich es	cardlec				Approxime interval Be Onset and	ite itween												
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iMMEDIATE CAUSE (Fin disease or condition resulting in death) Sequentielly list condition if any, leading to immediate. Enter UNDERLY! CAUSE (Disease or injust that initiated evental resulting in death) LAS PART II. Other signification in the initiated evental resulting in death) LAS 25. WAS CASE REFERRED TO EXAMINER? 1	eert felk nei ions, diate iNG iry it ont cond Pending frivestignt Could no determine	b d d litions cor AL. HO 1	DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO TO THE BEAL OF TO THE BEAL OF TO THE BEAL OF TO THE BEAL OF TO THE BEAL OF TO THE BEAL OF TO THE BEAL OF TO THE BEAL OF	Deface on each of the control of the	consecution and the consecution of the consecution	JENCE OF SUPPLY OF THE PROPERTY ATHERALE OF JURY M street, factor at the 11 pon, in my o	26. Pl	LACE OF DEATH () The state of the state of	Check of 281 281 281 281 281 281 281 281 281 281	Cardiec cardie	WAS AN PERFOI YES 2	AUTOPSY AMED? AUTOPSY AMED? AUTOPSY AMED? AUTOPSY AMED? AUTOPSY AMED? AUTOPSY AMED? AUTOPSY AMED?	24 CCURED or or Rural atted.	Approximatinterval Be Onset and 2 year Lya b. WERE AUTOPSY FIN AMALABLE PRIOR 1 COMPLETION OF CO OF DEATH? 1 YES 2 N	nte of tween Dasth Research													
iMMEDIATE CAUSE (Fin disease or condition recuiting in death) Sequentielly list condition recuiting in death) Sequentielly list condition recuise. Enter UNDERLY! CAUSE (Disease or injust that initiated eventare resulting in death) LAS PART II. Other eignification in death) LAS 25. WAS CASE REFERRED TO EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 29. Accident 3 Suicide 6 4 Homicide 29a. CERTIFIER 1 CERTIFIER 29b. CERTIFIER 1 CERTIFIER 29b. CERTIFIER 1	eert felk nei ions, diate iNG iry iT O MEDICA Pending investigat Could no determine	b d d HITIONS CONTINUES ON WHO CONTINUES ON WHO CONTINUES ON THE PROPERTY OF TH	DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO TO TO TO TO TO TO TO TO TO TO TO TO	DEFOURTY OF INJURY OF INJU	consecution and or in and/or in	JENCE OF SUPPLY OF THE PROPERTY OTHER 4 Num BLOF BURY M street, factor and at the 11 bon, in my o	28. Ply details and the modern of the modern	LACE OF DEATH () The state of the state of	Check of 286 286 286 286 286 286 286 286 286 286	Cardiec cardie	WAS AN PERFO! VES 2 Octify) N (Street wn, State,) and ma place, at	AUTOPSYRMED? RIMO AUTOPSYRMED? RIMO AUTOPSYRMED? RIMO AUTOPSYRMED? RIMO AUTOPSYRMED? RIMO AUTOPSYRMED? RIMO AUTOPSYRMED? RIMO AUTOPSYRMED? RIMO AUTOPSYRMED? RIMO AUTOPSYRMED? RIMO AUTOPSYRMED? RIMO AUTOPSYRMED? AUTOPSYRMED? RIMO AUTOPSYRMED? 24 24 CCURED ated. The cause	Approximatinterval Be Onset and 2 year Onset and 2 year Onset and 2 year Onset and 2 year Onset and 2 year Onset and 2 year Onset and 2 year Onset and 2 year Onset Onse	nte of tween Dasth Research														



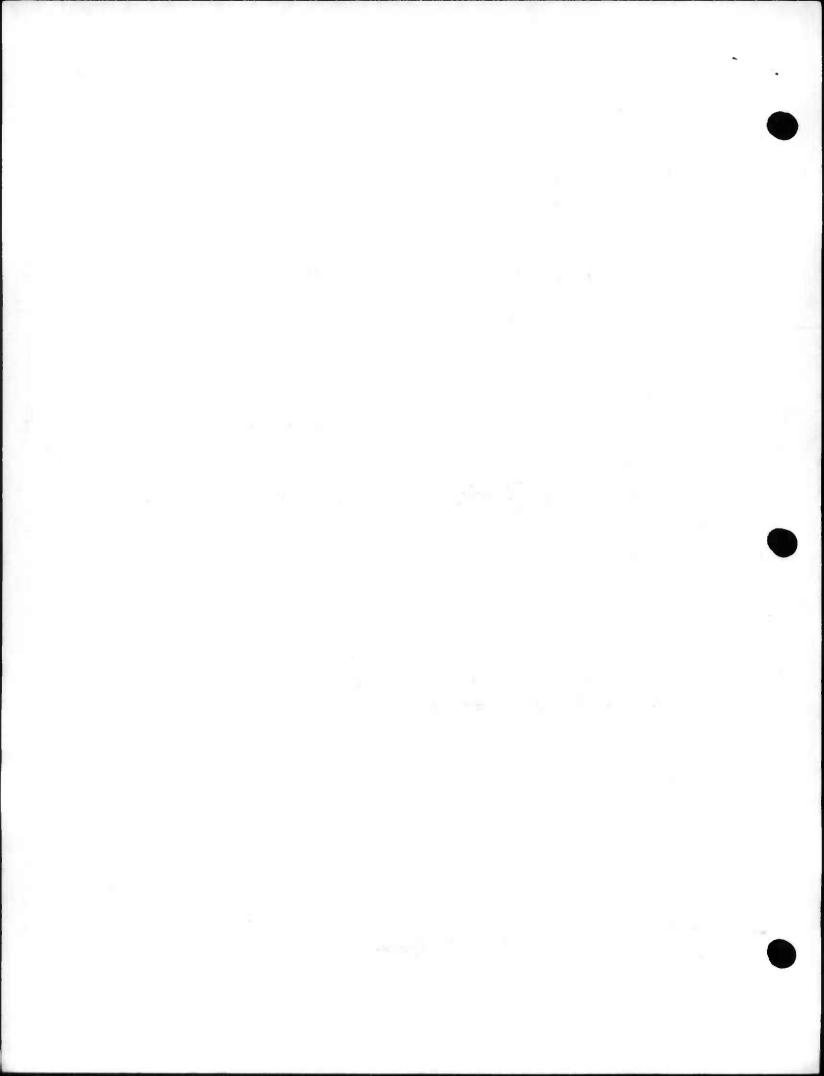
STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR 1 - STATE REGISTRAR	STATE OF MARYLAN	ND / DEPARTM			MENTAL HYGIENI REG. NO.		
1. DECEDENT'S NAME (First, Middle, Lest) Mary Loui	SE COR	ekran	Y		2. DATE OF DEATH MONTH DA	5 9	3. TIME OF DEATH
. 0111			UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) MAY 24, 1		BIRTHPLACE (State or Foreign Country) EST VIRGINIA
90. FACILITY NAME (If not institution, give atres William Hill N	NANOR		EAST	R LOCATION OF DE	ATH	9c. COUNTY	OF DEATH 7LBOT
RESIDENCE OF DECEDENT 100. STATE 10b. COUNTY MARYLAND DORCH	IESTER		OWN OR LOCATI	ION			10d. INSIDE CITY LIMITS? 1
10e. STREET AND NUMBER			101.	ZIP CODE			OF WHAT COUNTRY?
504 ACADEMY STI	2. WAS DECEDENT EVER IN U	J.S. ARMED			IIC ORIGIN? (Specify Yee		USA RACE — American Indian, Black, White, atc.
1 Never Merried 2 Merried 3 X Widowed 4 Divorced	FORCES? 1 TYES IF YES, GIVE WAR OR DATE			2 NO Specify	n, Puerto Rican, etc.)		Specify: WHITE
15. DECEDENT'S EDUCAT (Specify only highest grade co Elementary/Secondary (0-12)		6a. DECEDENT'S USI (Give kind of work life. Do NOT use re	done during mos	st of working	16b. KIND OF BUS	INESS/INDUST	TRY
17. FATHER'S NAME (First, Middle, Last) WILLIAM LOWRE	Y COOLING	n O IV	IEWAKI	18. MOTHER'S NA	ME (First, Middle, Melden SATTERF		
190. INFORMANT'S NAME (Type/Print) NANCY C. McCUL				nd Number or Rural I	Route Number, City or Town	n, State, Zip Co	
20e METHOD OF DISPOSITION 1 Develop 2 Cremetion 3 Remove 4 Donetton 5 Pether (Specify)	20b. F	PLACE OF DISPOSITION OF PLACE OF DISPOSITION OF DISPOSITION OF THE PLACE OF THE PLA	ON (Name of cen	netery, cremetory or	TERY EAS	CATION — City	or Town, State N MARKET, MI
21. SIGNATURE OF PUBLICAL SERVICE LICE			22, NAME AN	ER FUNI	RAL HOM ARKET, M	E	
22. PAPT I. Enter the diseases, or conshock, or heert fellure Li	mplications that caused to at only one cause on eac	the death. Do not th line.	enter the mo	de of dylng, suc	h as cerdiec or respi	ratory arrest	Approximate interval Between Onset and Deeth
IMMEDIATE CAUSE (Finel disease or condition resulting in death)	QUE TO (OR AS A C	vosel	an d	would	tung		
Sequentielly list conditione, b.	DUE TO (OR AS A C	asterio	clera	. //	/		Zyr
If sny, lesding to immediate couse. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	DUE TO (OR AS A C						
resulting in death) LAST			•				
PAST. II. Other significant conditions	contributing to death but	t not resulting in	the underlying		Part I. 24s. WAS AN PERFOR	MED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?
December fue	tayd Ric	P			_ _ ′		1 WES 2 NO
	HOSPITAL:	0	26. PI	ACE OF DEATH (C)	eck only one)		
1 TYES 2 NO 27. MANNER OF DEATH	1 ☐ Inpatient 2 ☐ ER/Output 28a. DATE OF INJURY	28b. TIME C	F 28c, INJ	URY AT	8 Other (Specify) 28d. DESCRIBE HOW I	NJURY OCCUP	NED
1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJUR	M 1 🗆	YES 2 NO			00
3 Suicide 8 Could not ba 4 Homicide determined	28e. PLACE OF INJURY = building, etc. (Specify	y)	ет, пистогу, отпо	•	28f. LOCATION (Street City or Town, State)		Hurel House Number,
one)	AN: To the best of my knowles On the basis of examination	-					seuse(e) end manner ee stated.
29b. SIGNATURE AND TITLE OF CERTIFIER	de	MD		29c. LICENSE NU	MBER 715	29d. DATE 9	IGNED (Month, Day, Year)
30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DEAT	TH (ITEM 27) (Type, Pr	ini) AS/70	NI	yd 21	601	
NOV 23 '90	32. REGISTRAR'S SIGNAT	Son-Pandal	2.	1			

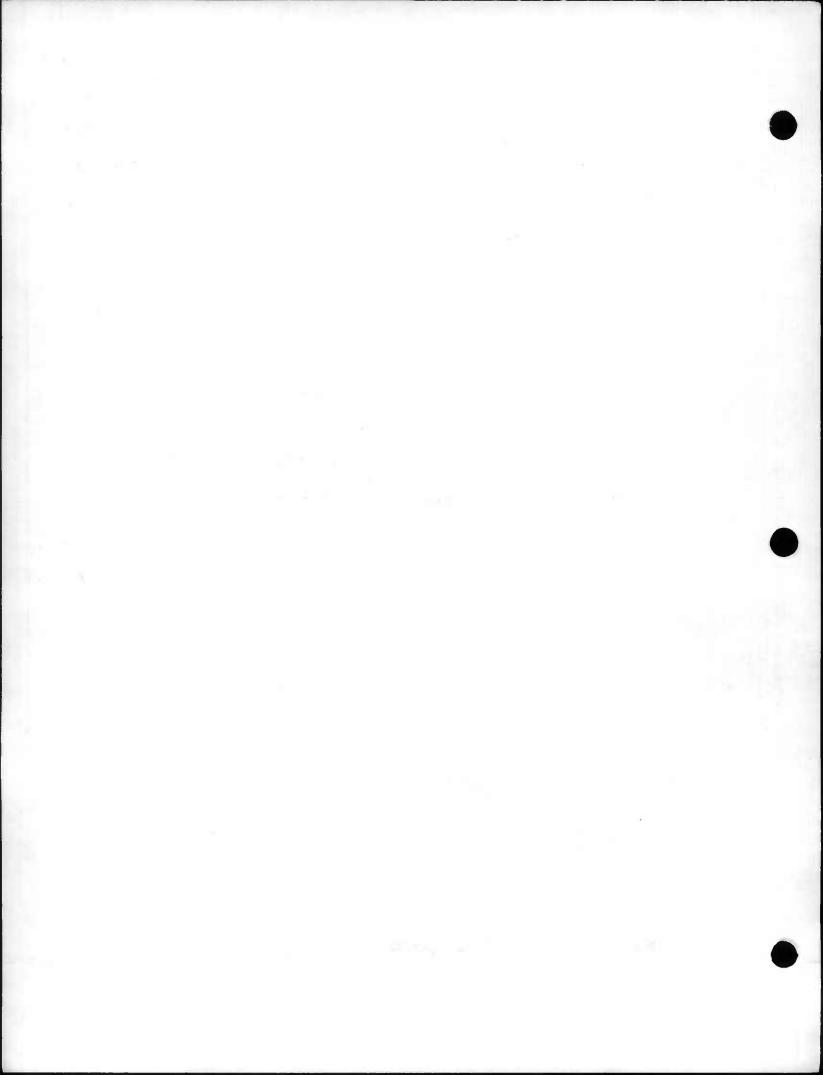
TO BE COMPLETED BY FUNERAL DIRECTOR

IMPORTANT: It item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION



	1 - STATE REGISTRAR	STATE OF MARYLAND /	DEPARTMENT (ERTIFICATE		MENTAL HYGIENE REG. NO.		8:55 An
	1. DECEDENT'S NAME (First, Middle, Last)	Yao-Tsu Chu			2. DATE OF DEATH	2 90 YEAR	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 578 - 72 - 9184	5. SEX 8. AGE (in yrs. las	YRS. MONTHS I	DAYS HOURS MIN.	7. DATE OF BIRTH (Morith, Day, Year) 03/05/17	Country	FINA
TO HOL	90. FACILITY NAME (If not institution, give to the second	Hospital	Sill	own or Location of Di	EATH / /	Monta	eath omeny.
t. Page	10e. STATE 10b. COUNT	tgomery	10c. CITY, TOWN OR Kensing		1		10d. INSIDE CITY LIMITS? 1 X YES 2 NO
ntal-transit permi	100. STREET AND NUMBER 4018 Byrd Road			101. ZIP CODE 20895		U.S.A	
ending physician. as the burial-transit B BY FUNEF	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. AR FORCES? 1 YES 2 I I IF YES, GIVE WAR OR DATES X	NO If y	S DECENDENT OF HISPAI rea, specify Cuben, Mexica YES 2 NO Specif	n, Puerto Rican, atc.)	or No— 14. RACE Black Specif	- American Indian, , white, atc. by: Chinese
spital or attended for use as	15. DECEDENT'S EDI (Specify only highest grade Elementary/Secondery (0-12)	completed) (G life College (1-4 or 5 +)	ECEDENT'S USUAL OCC Give kind of work done du bo NOT use retired.)		Govern		
ed by the hospital uld be detached if ed at once. BE COMPL	17. FATHER'S NAME (First, Middle, Last) Shi-Wen Chu 190. INFORMANT'S NAME (First-Print)			Hwa Yel	ME (First, Middle, Maiden S	Surname)	
nay be retained page 5 should the notified	Yat-Fang Chu 20e. METHOD OF DISPOSITION 100 Burial 2 Cremetton 3 Ren	20b. PLACE	4018 Byrd	Road, Kens: of cometery, cremetory or	ington, MD	20895 CATION City or Tox	wn, State
ours after death. Page 6 may be retained by the hospital or attending physician. ad in by the funeral director, page 5 should be detached for use as the burial-tran or removal. medical examiner must be notified at once. TO BE COMPLETED BY FUNI	4 Donation 6 Other (Specify)	Park.	lawn Memor	eph Gawler	s Sons, In		
The light	23. PART I. Enter the diseases, or shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. Mefas Fut Due To (OR AS A CONSE	eath. Do not anter the.	ne mode of dying, suc	h aa cardlac or reapli	ratory arreat,	Approximate interval Between Onset and Death Co Would
the death certificate be executed within the attending physician and completely d Merital hygiene prior to bufal, crematinjury, or other traumatic event, it CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. COLOM DUE TO (OR AS A CONSE C. DUE TO (OR AS A CONSE d.	OUENCE OF):	иста			11 mous
v requires that been signed by t. of Health and shows any t. MEDIC.	PART II. Other algoriticant condition Helpefilm Inach	contributing to death but not a contributing to death but not			PERFOR	IMED?	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
this certificate has be with the State Dept. rked, or Item 23 s PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:	3 DOA 4 Nursin	28. PLACE OF DEATH (C/	_		
Oling PHYSICIA After this certification with the simarked, or BY PHYS	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation		INJURY	Sc. INJURY AT WORK? 1 YES 2 NO	284. OEŞCRIBE HOW II	NJURY OCCURED	
OR ATTENDING DIRECTOR: After hours after death item 28 is ma	3 Suicide 6 Could not be determined	28e. PLACE OF INJURY — AI he building, etc. (Specify)	ome, farm, street, factor	y, office	28f. LOCATION (Street a City or Town, State)		loute Number,
HOSPITAL OR A FUNERAL DIREC WITHIN 72 hours STANT: If Item	Onei	SICIAN: To the best of my knowledge, di IER: On the basic of axamination and/or					s) end manner as stated.
TO THE HOSPITO THE FUNER TO THE FUNER IMPORTANT: O BE COM	Duidity	- Doorgs	MA	D/3	MBER	29d, DATE SIGNED	(Morith, Day, Year) 4/90
6	110le Spr	31 . 4.	EM 27) (Type, Print) 57	Iver sp	Ruse h	nd 20	910
	NOV 2 1 '90	Julia Davidon-A	hopell.				



TO BE COMPLETED BY FUNERAL DIRECTOR

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2-mours after death. Page 6 may be retained by the host TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache be filed within 72 hours after death with the State Dept. of Health and Mental Hyghen prior to burial, cremation, or removal. IMPORTANT: If them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

10

1	FOR - STATE REGISTRAR		STATE OF M		D / DEPAI CERTIF					MENTAI	L HYGIEN		90	33147
	1. DECEDENT'S NAME (First, M		Clara E.		cell					2. DATE MONTH	OF DEATH		YEAR 90	S. TIME OF DEATH
ı	4. SOCIAL SECURITY NUMBER		5. SEX		s. last birthday)	IF UNDE	R 1 YEAR	IF UNDER	24 HRS.	7. DATE	OF BIRTH	<u> </u>	8. BIRTHP	LACE (State or Foreign
	579-58-8887	,	1 🗌 M 2 💢 F	84	YRS.	MONTHS	DAYS	HOURS	MIN.		n, Day, Year)	1906	Roll:	t., MD
ľ	9e. FACILITY NAME (If not instit		treet end number)			9b. CIT	Y, TOWN O	R LOCATIO	ON OF DE		- 7 - 7 9		NTY OF DE	
	Prince Geor	ge's	Hospital	Cente	er	Che	ever	Ly				Pri	lnce (George's
I		Ob. COUNTY				TY, TOWN	OR LOCAT	ION					1	IOd. INSIDE CITY
V	MD	Prin	ce Georg	e's	M	itche	ellvi	111e					_	YES 2 NO
	10e. STREET AND NUMBER							ZIP CODE	E			10g. CIT	ZEN OF WI	IAT COUNTRY?
I	10450 Lotts	ford	Road					207	16				U.S.	Α.
	11. MARITAL STATUS 1 X Never Married 2 Me 3 Widowed 4 Divorce		12. WAS DECEDEN FORCES? 1 IF YES, GIVE V	YES 2	₩NO			city Cuba	n, Mexica	n, Puerto I	17 (Specify Yea Ricen, etc.)	or No—	14. RACE - Black,	American Indian, White, atc. White
	15. DECED (Specify only h Elementary/Secondary (0-12		CATION completed) College (1-4 or 5		(Give kind of life. Do NOT	work done	during mo		g	15b	KIND OF BU	SINESS/IN	DUSTRY	
	A COMPANY CONTRACTOR		5+		Analy.	st					U.S.	Gov't		
	17. FATHER'S NAME (First, Midd		.11							ME (First, I	Middle, Malden	Sumame)		
	George A. C		TT	-	195 MAILIN	G ADDRES	S /Street e				hart		Code)	
I														
H	Richard Ski			20h Bt	ACE OF DISPO					sethe	sda.		City or Tow	n State
	11 Burlel 2 Cremetion 4 Donation 5 Other (S	3 🗆 Rem	oval from State	ott	Ltimor	e Cer	netei	v			Ва	ltimo	ore, l	
	21. SIGNATURE OF FUNERAL S	SERVICE LIC	CENSEE C	els	on						ons, I		acton	D.C. 20016
1	23. PART I. Enter the dise	seses, or o	complications the	t ceused th	e death. DD	not ente								Approximate
H	shock, Dr hee	ert fellure.	List only one Ca	rdiac	line.	t		•				,		Interval Between Onset and Death
I	IMMEDIATE CAUSE (Final disease or condition				Arr									hour
ı	resulting in death)		S. DUE TO	COR AS A CO	NSEQUENCE	C2 (Co	moes	tive	car	'diomy	nnath	177	nour
		_	C	mar L	ive C	201	10-		H	_	· uzomy	opaer	- 9	uearo.
I	Sequentially list condition		DUE TO	(ON AS A CO	NSEQUENCE (OF):	TO NO	2011	0(10	+				1
I	If any, leading to immedia cause. Enter UNDERLYING	G						•						
	CAUSE (Disesse or Injury that Initiated events resulting in deeth) LAST		DUE TO	(OR AS A CO	NSEQUENCE (OF):								
I			d											+
	PART II. Other significant	condition	s contributing to	death but	not resulting	In the u	nderlyln	ceuse	given in	Part I.	24a. WAS AN PERFO			WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE
					<u> </u>					—	1 TYES	NO		OF DEATH?
										_				1 YES 2 NO
	25. WAS CASE REFERRED TO	MEDICAL					26. PI	ACE OF D	EATH (Ch	eck only o	ne)			
	1 YES 2 NO		HOSPITAL:	ER/Outpatie	nt 3 🗆 DOA	OTHE		e 5 🗆 R	asidenca	6 🗆 Othe	er (Specify)			
	27. MANNER OF DEATH 1 Netural 5 Pe	ending vestigation	28e. DATE Of (Month, I	INJURY	28b. Ti		28c. fNJ WC				SCRIBE HOW	INJURY OC	CURED	
	3 Suicide 6 Co	vestigation ould not be starmined	28e. PLACE (building	OF INJURY — , etc. (Specify)	At home, farm	, street, fa		-		28f. LOC City	CATION (Street or Town, State	end Numbe	or or Aural Ac	oute Number,
A														

ERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) College Park Md 201840 1305 BALTIMONE AVE 107 32. REGISTRARIE SIGNATURE PONDER.

29c. LICENSE NUMBER

DHMH-16 Rev 1/89

29d. DATE SIGNED (Month, Day, Year)

11/13/90

BALTIMORE, MARYLAND 21203-3146

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

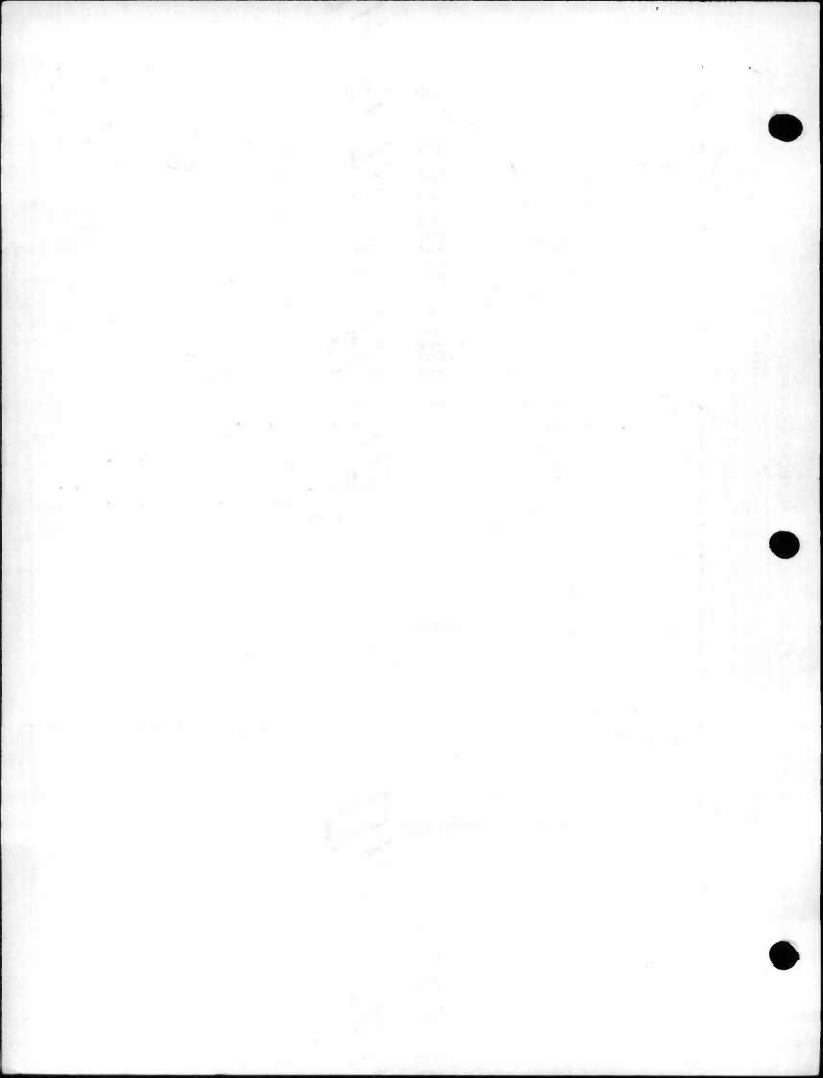
TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

TO BE COMPLETED BY FUNERAL DIRECTOR

FOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 - STATE REGISTRAR	onar or man	CERTIFIC	CATE OF DE	ATH	REG. NO.		
-	1. DECEDENT'S NAME (First, Middle, L	Cora 1	rene Dix	on	2. DATE	OF OEATN	YEAR	3. TIME OF DEATH
	· Cora I	rene L) 1 XOU			16	90	" MEC
4	A. SOCIAL SECURITY NUMBER	1/ 0	0	FUNDER I YEAR IF UNI	(Mont	OF BIRTH	Country	PLACE (State or Foreign
	213-46-3127	1 🗆 M 2 💢 F 9	U YRS.		07	12400	M	aryland
1000	Pa. FACILITY NAME (If not institution, Fall Ston G	en Hospita	e l'	Fall Sto	M, Md	9c. COI	OUT OF OR	Tord
3	10e. STATE 10b. CD	UNTY	10c. CITY,	TOWN OR LOCATION			T	10d. INSIDE CITY
W.	Maryland F	larford	Be]	Air		I to or		LIMITS? 1 VES 2 NO THAT COUNTRY?
	25 Idlewild St	reet		210		log. Ci	USA	
	11. MARITAL STATUS 1 Never Married 2 Married 2 Wildowed 4 Olivorced	12. WAS DECEDENT EVER FORCES? 1 YE IF YES, GIVE WAR OR	3 2 NO	13. WAS DECENDEN If you, specify Cu 1 YES 2 A	ban, Mexican, Puerto	N7 (Specify Yea or No— Rican, etc.)	1111	.— American Indian, White, etc. hite
	15. OECEDENT'S (Specify only highest	EDUCATION grade completed)	16a. DECEDENT'S U:	SUAL OCCUPATION rk done during most of wo	ridna 16i	L KIND OF BUSINESS/IN	DUSTRY	
	Elementary/Secondary (0-12)	College (1-4 or 5+)	Homemake:	retired.)				
	17. FATHER'S NAME (First, Middle, Las Charles Evans	Robinson		18. M	OTHER'S NAME (First,	Middle, Melden Sumame)	e	
1		RODITISON						
	19a. INFORMANT'S NAME (Type/Print) George W. Robit	nson	3707 A	dy Road, St	treet, Md	. 21154	(ip Code)	
	20e. METHOD OF OISPOSITION 1 Surial 2 Cremation 3	Removal from State	other place)	Memorial (20c. LOCATION - Bel A		
	4 ☐ Donation 6 ☐ Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE	E LICENSEE	Bel All	22. NAME AND ADD] bel A	WITT & T.	
	Horness 1	Y Marcan	aidit	Howard K	. McComas	III Funer ad, Abingd	al Ho	ome, P.A.
1	23. PART I, Enter the diseases							Approximate
	immediate Cause (Final disease or condition resulting in death)	ure. List only one cause on	A CONSEQUENCE OF	by X	AT.		,	Interval Between Onset and Death
	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	Trial Az	A CONSEQUENCE OF	Deg Hypet	there one	inial By	lief) 8 da
I	PART II. Other significant cons	Sitions contributing to death	eat p	the underlying cours	e given in Part I.	24s. WAS AN AUTOPS! PERFORMED? 1 YES 2 NO	Y 246	WERE ALTOPSY FINDINGS ANALASE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 100
	- Certain,							THE ACT OF LAND
-	25. WAS CASE REFERRED TO MEDIC EXAMINER? 1 VES 2 NO	HOSEITÄL:		OTHER:	F DEATH (Check only o	4.7.		
	21. MANNED OF DEATH	1. Dispatient 2 DER/O	y 286, TIME	OF 28c. INJURY AT		er (Specify) SCRIBE HOW INJURY O	CCURED	
١	U Natural 5 ☐ Pending 2 ☐ Accident Investiga	(Month, Day, Nee	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	HY WORKS	Stay St.			
	3 Guicide 6 Could or 4 Homicide determin	ot ow building, etc. (5	RY — At home, farm, at pacify)	NA	zer, LO	CATION (Street and Numb y or Town, State)	Her or Plant f	Route Mumber
	CONTROL ONLY	PNYSICIAN: To the best of my kn						a) and manner as stated.
	29b. SIGNATURE AND TITLE OF CIST	M		29c.	1958	29d. D/	ATE SIGNED	(Month, Day, Year)
	30. NAME AND ADDRESS OF PERSO	NAHD COMPLETED CAUSE OF	OEATH (ITEM 27) (Type, I	Print) MD	8 Law	2100 Ther	den	-HR
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SI						
_8		A T WING TANA	-180 mel = 00					



us after death. Page 6 may be retained by the hospital or attending physical

BALTIMORE, MARYLAND 21203-3146

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2 mours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the tuneral director, page 5 should be detached for use as the buff be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

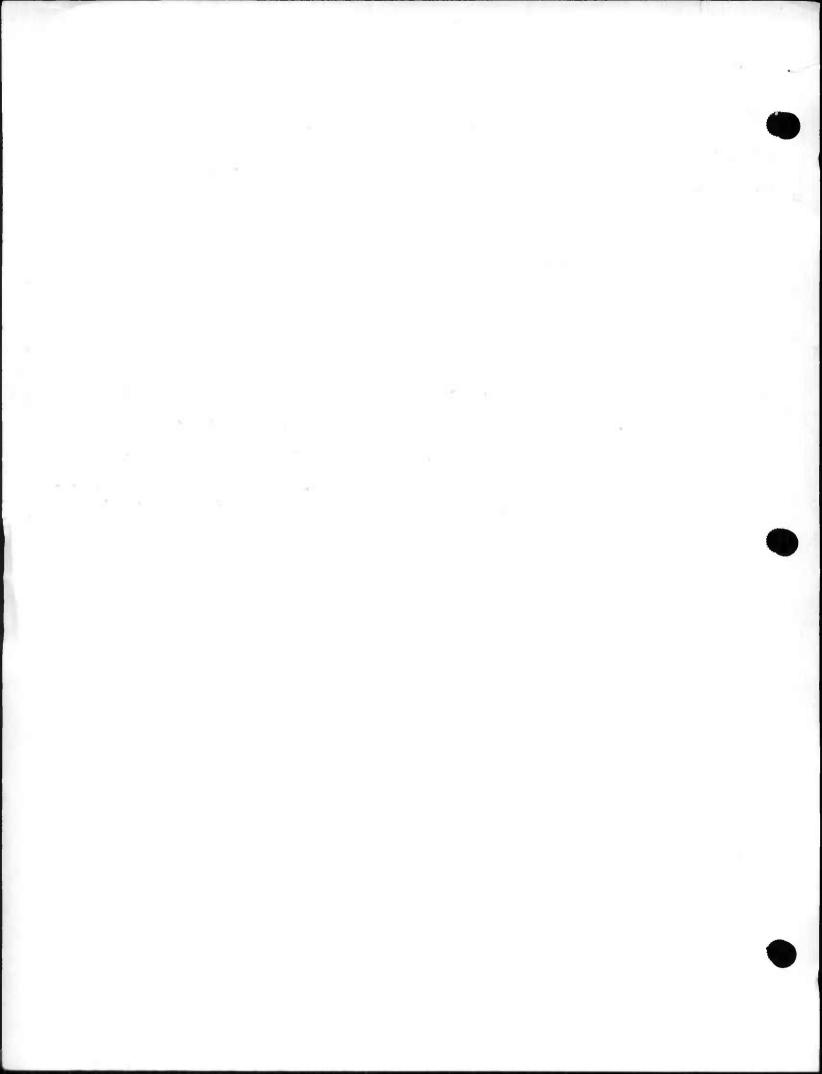
IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

90 33149

	FOR STATE REGISTRAR	STATE OF MAI				HEALTH AND	MENTA	REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last) FRANK DOUGHERTY	Y	Edward		igherty		MON'	1 18	1990	FAR	12: 24 A M
	** SOCIAL SECURITY NUMBER *** 16-24-9423		AGE (In yrs. lesi	VRS.	MONTHS DAYS	HOURS MIN.	(Mor	of BIRTH (th, Day, Year)		BIRTHPLI Country) [ary]	ACE (State or Foreign Land
12.5	a. FACILITY NAME (if not institution, give a	treet and number)			9b. CITY, TOWN	OR LOCATION OF D	EATH		9c. COUNTY	OF DEAT	Н
5	THE JOHNS HOPK	INS HOSPIT	AL		BALTI	10RE			BALT	IMOR	RE CITY
DIRECTOR	Maryland Ha	arford			Air	ATION					Id. INSIDE CITY LIMITS? YES 25 NO
FUNERAL	1203 Marywood Cou	ırt	10f. ZIP CODE 21014					10g. CITIZEN	OF WHA	T COUNTRY?	
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	MED IO	It yes,	ECENDENT OF HISPAI specify Cuban, Mexics ES 2 NO Specif	in, Puarto		or No— 14.	RACE — Black, W Specify: Whi	American Indian, White, etc.		
LETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)		(G/	ve kind of w Do NOT us	usual occupa ork done during i retired.)	TION nost of working	16	Aircr		TRY	
BE COMPL	17. FATHER'S NAME (First, Middle, Last) Francis Edward	Dougherty,	Sr.	1119	1001	18. MOTHER'S NA Marguer		Middle, Melden S	Surname)	man	าก
10 B	190. INFORMANT'S NAME (Type/Print) Justine E. Doughe.	rty	191	203 I	ADDRESS (Street	d Court,	Route Nui Bel	Air, M	State, Zip Co 1. 210	14	
	20a. METHOD OF DISPOSITION Durial 2 Cremation 3 Ram Donation 5 Other (Specify)	oval from Stata	20b. PLACE OF BE	of dispos	Memori	emetery, cremetory or al Garden	ns	Bel Bel	Air,	Md.	, Stata
	21. SIGNATURE OF FUNERAL SERVICE LI	ENSEE / DIACE	2011	onli	Howa	and address of fa rd K. McC Cokesbur	Comas	ad. Ab	uneral ingdor	. Hon	me, P.A. d. 21009
CERTIFICATION	23. PART I. Enter the diseases, or complications that caused the death-Bornot enter the mode of dying, such as cerdisc or respiratory arrest, shock, or heart feliure. List only one cause on each line. IMMEDIATE CAUSE (Finel disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF): CAUSE (Disease or injury)										
اد	that initiated events resulting in deeth) LAST	d	eth but not r	eaulting i	n the underly	ing cause given in	Part I.	24a. WAS AN /			ERE AUTOPSY FINDINGS
: MEDICA							_	PERFORI	The	CC OI	MAILABLE PRIOR TO OMPLETION OF CAUSE F DEATH? YES 270 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?					PLACE OF DEATH (C	heck only	one)		1	
1SIC	1 TYES 2 NO	HOSPITAL:				ome 5 🗆 Rasidence	7				
ВУ РН	27. MANNER OF DÉATH 17 Hetural 5 Pending 1 Accident Investigation	28a. DATE OF IN. (Month, Day,	Year)	26b. TIM INJ	M 1	NJURY AT NORK? YES 2 NO		EŞCRIBE HOW IN		2.5	
										te Number,	
COMPLETED	CHECK OTHY	ER: On the best of my									nd menner as stated.
TO BE C	30.(NAME AND ADDRESS OF PERSON W	dell	(m)	Man (Ton	Dates	29c. LICENSE NU	IMBER		29d. DATE S	IGNED (M	fonth, Dey, Year)
	600 N Wolf	est 1s	Paldom		M	0 218	05				
	190	32. REGISTRAR'S	Son-Rand	092							

DHMH-18 Rev 1/99



TO BE COMPLETED BY FUNERAL DIRECTOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

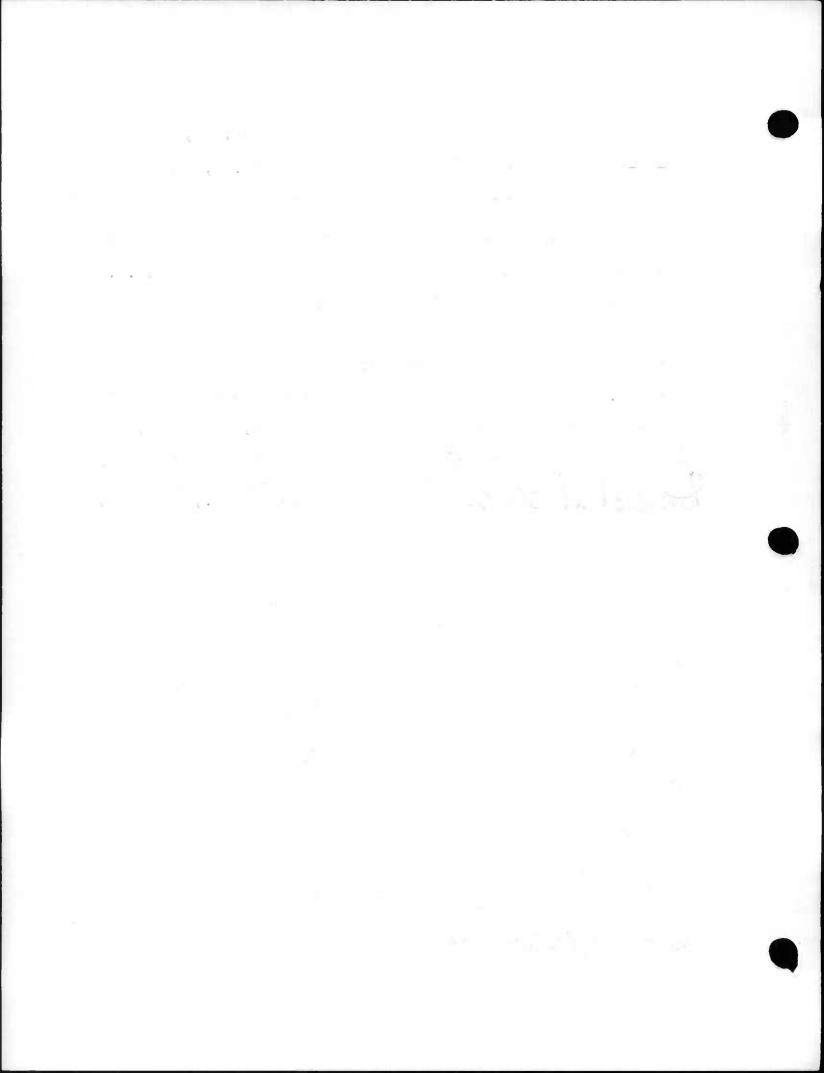
HEGISTHAR				UL	niir	IUA	IE U	F DE	(I II		HEG. NO.			
t. OECEDENT'S NAME (First, Middle, L William		lter			Denn	v				2. DATE MONTH	OF DEATH DA		YEAR Q()	3. TIME OF DEATH 2:40 p M
4. SOCIAL SECURITY NUMBER 6. SEX 6. AGE (In yrs. lest						*	IDER t YEA	o I E IMP	ER 24 HRS.		OF BIRTH	-	77	IPLACE (State or Foreign
214 - 16 - 4353	1)	M 2 □ F	80	,	YRS.	MONT			T	Sept	22, 1	910	Countr	
9. FACILITY NAME (If not institution, g Memorial Hos						_	asto	N OR LOCA	TION OF D	EATH			1bot	
RESIDENCE OF DECEDEN														
10e. STATE 10b. CO					ı.		VN OR LO							10d. INSIDE CITY LIMITS?
Maryland Que	een A	Anne's			Ce	ent:	revi	lle	-OE			40- 00	TITEN OF Y	1 X YES 2 NO
Centreville Heig	hts,	R.D.	2, Bo	x 3	361			21.61						States
11. MARITAL STATUS	12.	WAS DECEDEN	T EVER IN L	J.S. ARI	MED						? (Specify Yee	or No-	14. RACI	E — American Indian,
1 Never Merried 2 Married 3 Widowed 4 Divorced		FORCES? 1 IF YES, GIVE V			0			PES 2 X N		nn, Puerto F ly:	lican, etc.)		Spec	k, White, etc. Hy: White
15. DECEDENT'S (Specify only highest)			1	(G)	CEDENT'S ve kind of Do NOT u	work di	one durina	ATION most of wo	king	16b.	KIND OF BUS	BINESS/IN	DUSTRY	
Elementary/Secondary (0-12)	C	ollege (1-4 or 5	+)		rmer		9đ.)			A	gricul	.ture	9	
17. FATHER'S NAME (First, Middle, Last	1)							16. M	THER'S NA	AME (First, A	Aiddle, Maiden	Sumame)		
Harry Fish	I	Denny							Almy	ra	-	5	Spark	:s
19e, INFORMANT'S NAME (Type/Print)	Sc	on		198	. MAILING	3 ADDF	RESS (Stre	et and Num	ber or Rural	Route Numb	er, City or Town	n, State, Z	ip Code)	
W. Walter Denr	ıy, İ	Jr.		Ρ.	0. I	30x	63,	Wye	Mill:	s, MD	21.6	579		
20e. METHOD OF DISPOSITION	Removal	from State	20b. 1	PLACE other pla	OF OISPO	SITION	(Name of	cemetery, c	rematory or		20c. LO	CATION -	- City or To	own, State
1 X Buriel 2 Cremation 3 4 Donetion 5 Other (Specify)			_ Woo	dla	wn N	_		l Par			Eas	ston	Mar	yland
21. SIGNATURE OF FUNERAL SERVICE	S H	Barto	n, Jr	j.			Ba		Fune	ral H	ome ntrevi	110	MD	21617
23. PART I. Enter the diseases,	1.16	ellections the	\smile 7	71	oth Do									Approximate
shock, or heart fell IMMEDIATE CAUSE (Final disease or condition resulting in death)		only one ca		The	عديما	100		6		- hay	·			Interval Between Onset and Death
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	b	OUE TO	(OR AS A C	ONSEC	DUENCE O	PF):								
CAUSE (Disease or injury thet initiated events resulting in death) LAST	d	OUE TO	(OR AS A	ONSEC	DUENCE O	PF):								
PART II, Other significant cond	litiona c	ontributing to	death bu	t not r	esulting	in the	a underl	ying ceus	e given in	Part I.	24a. WAS AN PERFOR		248	b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO
											1 TYES 2			COMPLETION OF CAUSE OF DEATH?
														1 TES 2 NO
	1													
25. WAS CASE REFERRED TO MEDIC EXAMINER?	H	OSPITAL:	The second		0		HER:			heck only or				
1 YES 2 NO	1	Inpetient 2		tient 3	_					6 Othe	,	AL MARKS	00125	
27. MANNER OF DEATH 1 Natural 5 Pending	2	28e. DATE Of (Month, i	Day, Year)		28b. TII	JURY		INJURY AT WORK?	_	28d. DE	CRIBE HOW I	NJURY O	CCURED	
2 Accident Investige 3 Suicide 6 Could no 4 Homicide determin	ot be	28e. PLACE obuilding	OF INJURY -		me, farm,	etreet,					ATION (Street or Town, State)		er or Rural	Route Number,
29e. CERTIFIER (Check only one) 1 CERTIFYING 1 MEDICAL EXA		-												(e) end menner ee stated.
29b. SIGNATURE AND TITLE OF CER	TIFIER			_				29c. l	ICENSE NU			29d. D/		D (Month, Day, Year)
74	X	DIN	M	12					DS	703		•		31/80
30. NAME AND ADDRESS OF PERSO	n who o	OMPLETED CAL	Be OF DEA	TH (ITE	M 27) (Typ		Our	y J.	Sproi	use, Mo	M.D.,	Que	ensto	own, MD 21658
31. DATE SLED Monte, Div. Year)		Juna Da	AR'S SIGNA	Han	dell									

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND CERTIFICATE OF DEATH		HYGIENE REG. NO.
NE (First, Middle, Last)	DUCUE	2. DATE OF	DEATH PAY

	FOR 1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM CERTIFICA			NTAL HYGIENE REG. NO.					
	1. DECEDENT'S NAME (First, Middle, Last) SARAH	DWIGH	+7		2	DATE OF DEATH	- 90	3, TIME OF DEATH 64 M M			
	000	6. SEX 6. AGE (1)	yrs (st birthday) IF I		UNDER 24 HRS. 7.	DATE OF BIRTH (Month, Day, Year) 5-29-	Cou	THPLACE (State or Foreign ntry)			
DIRECTOR	98. FACILITY NAME (If not institution, give strained to the st	ned number) Cent	CR 9b.	A-MRA	OCATION OF DEATH	eath 9c. COUNTY OF DEATH					
REC	10a. STATE 10b. COUNTY		10c. CITY, TO	WN OR LOCATION				10d. INSIDE CITY LIMITS?			
ā		ARUNDEL	Anna	apolis				1 X YES 2 NO			
RAI	100. STREET AND NUMBER 1263 Swan Driv	7 -		214	101		USA	WHAT COUNTRY?			
BY FUNERAL		12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 NO		Cuban, Maxican, F	ORIGIN? (Specify Year Puarto Rican, etc.)	or No— 14. RA	CE — American Indian, sek, White, atc.			
	15. DECEDENT'S EDUCA (Specify only highest grade or	ATION Completed)	16a. DECEDENT'S USU	AL OCCUPATION done during most of	working	18b. KIND OF BUSI	INESS/INDUSTRY	200			
COMPLETED	Elamentary/Secondary (0-12)	Collega (1-4 or 5+)	life. Do NOT use ret	ired.)							
MP	12 17. FATHER'S NAME (First, Middle, Last)		Housew		MOTHER'S NAME	House (First, Middle, Maiden S	=hold_ Sumama)	-			
2	FREDERICK BIR	KS		1	EMILY	. M. 2000 1-2	Jan Marriery				
TO BE	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING ADD	DRESS (Street and I		te Number, City or Town	, State, Zip Code)				
٦	HILARY A. KOZE					Annapo					
	20a. METHOD OF DISPOSITION 1	rel from State	other place)		ry, cremetory or		CATION — City or				
	21. SIGNATURE OF FUNERAL SERVICE LICE		tro Crem		DOBESS OF FACIL	ERAL HOM	TIMORE				
	· Dath (A Clernold				ENUE, A					
	23. PART I. Enter the disesses, or co shock, or heart failure. Li IMMEDIATE CAUSE (Finel disesse or condition resulting in death)	ist only one cause on e			of dylng, such s	ie cardiec or reepli	ratory arrest,	Approximete Interval Between Onset and Death			
CERTIFICATION	Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING CAUSE (Diseese or Injury DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): C. C. C. C. C. C. C. C. C. C. C. C. C. C										
ERT	that initiated events resulting in desth) LAST				_						
PHYSICIAN: MEDICAL CI	PART II. Other significant conditions	contributing to death b	ut not resulting in ti	ne underlying c	ause given in Pa	PERFORI	MED?	14b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE OF GEATH? 1 YES 2 NO			
NAN	25. WAS CASE REFERRED TO MEDICAL				E OF DEATH (Check	conty one)					
VSIC	EXAMINER? 1 YES 2 NO	NOSPITAL: 1 Inpatiant 2 ER/Outs		FHER: Nursing Home	5 Residence 8	Other (Specify)					
ВУ РН	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF	WORK		8d. DEŞCRIBE HOW II	NJURY OCCURED				
	3 Suicide 8 Could not be 4 Homicide detarmined	28a. PLACE OF INJURY building, etc. (Spec	— At home, farm, street cify)	t, factory, offica	2	81. LOCATION (Street a City or Town, State)	and Number or Run	al Route Number,			
COMPLETED	cond only	IAN: To the best of my know						e(a) and menner as stated.			
TO BE	29b. SIGNATURE AND TITLE OF	h Van	Mo.		D 256	186	29d. DATE SIGN	14 90			
-	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF OR	ATH (ITEM 27) (Type, Prin	7()							
	NOV-12 000 139000 Juha	Late despus former	ATORE								

Address of the		1 - STATE REGISTRAR CERTIFICATE OF DEATH REG. NO.
	170	1. DECEDENT'S NAME (First, Middle, Lest) 2. DATE OF DEATH 3. TIME OF DEATH
	V .	HANNAH ELIZABETH DUDLEY Nov. 16, 1990
(P	1	4. SOCIAL SECURITY NUMBER 8. SEX 6. AGE (In yrs. last birthday) if UNDER 1 YEAR if UNDER 24 Hrs. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign
(1)	,	ACO 20 7 FO 1 N 2 ST F 77 YES MONTHS DAYS HOURS MIN. (Month, Dey, Year) Country)
~		96. FACILITY NAME (If not institution, give street and number) 98. FACILITY NAME (If not institution, give street and number) 99. FACILITY NAME (If not institution, give street and number)
# #	de l	
Dy warming days	2	705 Americana Drive Annapolis Anne Arundel
es 1	DIRECTOR	10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d, INSIDE CITY
8	1 8	Maryland Anne Arundel Annapolis 1∑ YES 2□ NO
ji.		10s. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY?
## ##	FUNERAL	705 Americana Drive 21403 U.S.A.
46 physician. burial-transit	N N	
46 physician burial-trai		11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No— 14. RACE — American Indian, Black, White, atc. 15. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No— 16. RACE — American Indian, Black, White, atc. 17. YES 2 IN NO Specify:
	BY	3 Widowed 4 Divorced White
203-31 r attending use as the	8	15. DECEDENT'S EDUCATION 18e. DECEDENT'S USUAL OCCUPATION 18h. KIND OF BUSINESS/INDUSTRY
212	I III	(Specify only highest grade completed) (Give kind of work done during most of working life. Do NOT use retired.) State of
	J J	12 Secretary Pennsylvania
AND 2 the hospital detached for	COMPLETED	17. FATNER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname)
3 8 6 L	F 111	David H. Hoffman Mary Elizabeth Seymour
AARY retained to 5 should		19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street end Number or Rural Route Number, City or Town, State, Zip Code)
M/ be rets	2	Robert Lawrence Dudley 705 Americana Drive, Annapolis, MD 21403
ay be	2	20g_METHOD OF DISPOSITION 20b, PLACE OF DISPOSITION (Name of cometery, crematory or 20c, LOCATION — City or Town, State
ORE,	E E	1 Description 5 Connection 3 Removal from State Super place) The connection 5 Connection 5 Connection The connection of Connection The conn
Page I direc	Je Je	3 SIGNATURE OF FUNERAL GERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY
BALTIMORE, er death. Page 6 may 1 the funeral director, pag	examiner musi	Taylor Funeral Chapel 21401
BA after de by the f moval.		147 Gloucester St., Annapolis, MD
urs after in by the removal.	шеопсан	23. PART I. Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory street, shock, or heart failure. List only one cause on each line.
		IMMEDIATE CAUSE (Final Onset and Deat
- > E =	5	disease or condition
13146, executed within and completely bunial, cremati	event,	DUE TO (OR AS A CONSEQUENCE OF):
1314 executed and com bunial,		Sequentially list conditions, If any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF): Leave to (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):
2	CERTIFICATION	If any, leading to immediate
	2 2	cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSOUENCE OF): DUE TO (OR AS A CONSOUENCE OF):
O. certifin ding p	TIFIC	that initiated events resulting in death) LAST
A = 0-		d
de de	any injury,	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY 24b, WERE AUTOPSY FINDINGS
ORDS s that the med by the aith and M	DICAL	rofound Alementa due to Performed? AMILABLE PRIOR TO COMPLETION OF CAUSE
O SET.		Of Death?
W requires been signs pt. of Healt	Shows	1 YES 2 NO
3 2 5 6	A S	25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATN (Check only one)
₹ # # !	PHYSICIAN	EXAMINER? HOSPITAL: OTHER:
2 0 5	Z X	1 Urpet of Death 28e, Date Of Injury 28b, Time Of 28c, Injury AT 28d, Describe How Injury Occured
PHYSIC OF With Co.	P G	(Month, Day, Year) INJURY WORK?
ON DING P	marked, BY PH	2 Accident Investigation
DIVISION DR ATTENDING DIRECTOR: After hours after death	<u>∞</u> □	3 Suicide 8 Could not be determined 28e. PLACE OF INJURY — A1 home, farm, streat, fectory, office building, etc. (Specify) 28e. PLACE OF INJURY — A1 home, farm, streat, fectory, office building, etc. (Specify) 28f. LOCATION (Street and Number or Rural Route Number, City or Yown, Stete)
DIV L DR A L DIREC	MPLET	29e. CERTIFIER 1 CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(e) end menner as stated.
HOSPITAL FUNERAL within 72	CON	2 MEDICAL EXAMINER: On the beele of axamination and/or investigation, in my opinion, death occured at the time, date and place, end due to the cause(a) end manner se stated.
5 E 5	E C	296. SIGNATURE AND TITLE OF CERTIFIER 296. LICENSE NUMBER 296. DATE SIGNED (Month, Day, Year)
TO THE HOSPITAL OR TO THE FUNERAL DIR De fied within 72 hour	BE	elle Verhous M.D 11653 1-11-19-90
FFS	<u>≥</u> 2	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)
		PETER F. VERKOULD 1833 TREST DP HOUGH I'M DILLOW
10.00		31 PATE FILED (Month, Day, Year) 32. REGISTRAB'S SIGNATURE
		NOV 20 1990 Julia Javidson Mondalle
		14



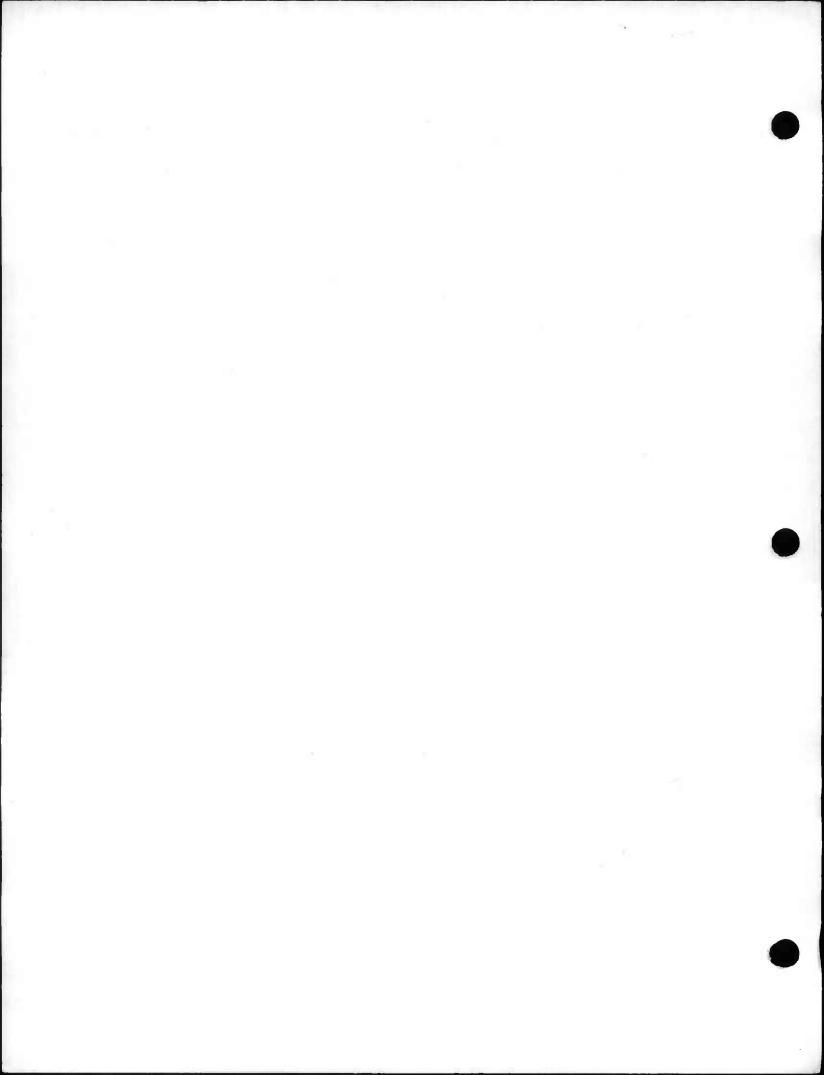
BALIIMORE, MARYLAND	TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 frouts after death. Page 6 may be retained by the hosp	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached filled within 72 hours after death with the State Dept, of Heath and Mental Hygiens prior to burlal, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
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DIVISION OF VITAL RECORDS, P.O. BOX 13146,	ate b	ysicia	tra
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	뿚	TO THE FUNERAL DIRECTOR; After this certificate has been signed by the attending physician and completely filled in by the fi be flied within 72 hours after death with the State Dept, of Health and Mental Hyglene prior to burial, cremation, or removal.	PO
	2	P %	臺

	FOR 1 - STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTI			MENTAL HYGIEN REG. NO	60	0 33153		
١	1. OECEDENT'S, NAME (First, Middle, Lest) ROBERT		err			2. DATE OF DEATH DO DO DO DO DO DO DO DO DO DO DO DO DO	1 9			
1	4. SOCIAL SECURITY NUMBER 121-01-12 74	1-2 F 7	3 YRS. M	HUNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 5-/7-	17 N	BIRTHPLACE (State or Foreign Country) Iew York		
TOR	Anne Arundel M				apolis	ATH	Anne	Arundel		
DIRECTOR	10a. STATE 10b. COUNTY	e Arundel	nnapol				10d. INSIDE CITY LIMITS? 1 YES 2 NO			
FUNERAL		Crescent Drive 21401					U.S	of what country?		
BY FUI	11. MARITAL STATUS 1 Never Married 2 Married 3 Nidowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 X YES 2 NO IF YES, GIVE WAR OR DATES 1 YES 2 NO Specify Cuban, Maxid 1 YES 2 NO Specify Cuban, Maxid 1 No Specify Cuban, Maxid 1								
COMPLETED	15. DECEDENT'S EDUC. (Specify only highest grade of Elementary/Secondary (0-12)	completed) College (1-4 or 8+)	life. Do NOT use r	k done during mo etired.)		16b. KIND OF BU	SINESS/INDUST	RY		
	17. FATHER'S NAME (First, Middle, Last)	+	Eng	ineer	18. MOTHER'S NAI	ME (First, Middle, Maider	anical			
BE	Peter Doerr 19a. INFORMANT'S NAME (Typo/Print)		19b. MAILING AI	DDRESS (Street a		ASULE Route Number, City or Tov	vn, State, Zip Coo	³⁰⁾ 21401		
2	Mary E. Doerr		4000	River	Crescer			apolis,MD		
	26e METHOD OF DISPOSITION 1 D Burlet 2 Cremetion 3 Person	veil from State	other place)				CATION — City			
	4 ☐ Donation B ☐ Other (Specify) 21. SIGNATURE OF PHERAL SERVICE LICE	chies ()	Lakemon		D AODRESS OF FAC		viasor	iville, MD		
	Wasist of	Street	2			ral Chap		lis,MD 21401		
	23. PART I. Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiretory arrest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) a. Due to lone as a consequence on:									
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST									
PHYSICIAN: MEDICAL C	PART II. Other algorificant conditions	s contributing to death b	ut not resulting in	the underlying	g cause given in		RMED?	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
IAN	25. WAS CASE REFERRED TO MEDICAL			26. PI	LACE OF DEATH (Ch	eck only one)				
SIC	EXAMINER? 1 YES 2 NO	HOSPITAL: 1 Inputient 2 ER/Outs		OTHER:	ne 5 🗆 Rasidenca					
ву РНУ	27. MANNER OF DEATH 1 Natural 8 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME INJUI	RY WO	URY AT DRK? YES 2 NO	28d, DEŞCRIBE HOW	INJURY OCCUR	NED		
	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, etc. (Spec	/ — Al home, ferm, str	eet, factory, offic	•	281. LOCATION (Street City or Town, State		Rural Route Number,		
COMPLETED	const oray	CIAN: To the best of my know R: On the basis of examination						ause(a) and manner as stated.		
TO BE C	296. SIGNATURE AND TITLE OF CERTIFIER	Celtan	ste		29c, LICENSE NUI	194	29d. DATE S	IGNED (Month, Gey, Year)		
1	Jack Licht	enstein, N	1.D. 2		lgely A	ve., Ann	apolis	s, MD 21401		
	"NOV" 2"3" 1990" July	a was standing standing standing	MYORE							

1	DECEDENT'S NAME (First, Middle, Last)				2. DATE OF CEAT	TH DAY YE	AR 3. TIME	OF OEATH						
	Thomas	Hampton	Dor	sev		Novembe	00		0230						
1	OCIAL SECURITY NUMBER	5. SEX 6. A		IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTI (Month, Day, Ye		BIRTHPLACE (State or Foreign						
ť	212 12 1227	1 M 2 D F	73 YRS.	IONTHS DAYS	HOURS MIN.		, 1917	MD							
F	9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF OEATH 9c. COUNTY OF OEATH														
Ľ	Calvert Memorial Hospital Prince Frederick Calvert														
RESIDENCE OF DECEDENT															
	MD Ann	e Arundel		Friend				Lil	SIDE CITY WITS? ES 2 🔯 NO						
h	IOe. STREET AND NUMBER	ic intunder			OI, ZIP CODE		10g. CITIZEN	OF WHAT CO							
ı	59 Sansbury Road				20758		US	SA.							
1	11. MARITAL STATUS	12. WAS DECEDENT EVI			CENDENT OF HISP	NIC ORIGIN? (Speci	ty Yes or No- 14.	RACE - Ame	rican Indian,						
п	Never Married 2 X Married	FORCES? 1 Y			pecify Cuban, Mexic S 2 X NO Spec	an, Puerto Rican, et #y:	E.)	Black, White, Specify:							
Ľ	3 Widowed 4 Divorced							Specify: Whit	е						
	15. OECEOENT'S EOUCATION (Specify only highest grade completed) 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work down during most of working life. Do NOT use retired, 1														
	Elementary/Secondary (0-12)	College (1-4 or 5+)													
L	12 mechanic automotive														
17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname)									lood						
Owen H Dorsey Jeannette															
1	19s. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Continue F Dorsey Same as 10 above														
Gertrude E. Dorsey same as 10 above 20a. METHOD OF DISPOSITION 20b. PLACE OF DISPOSITION (Name of cometer), crematory or 20c. LOCATION — City or Town, State															
1	COBurial 2 Cremation 3 Re	moval from State	other place)												
	4 Donation 5 Other (Specify) Friendship UM Church Cemetery Friendship (AA) MD 21. SIGNATURE OF FUNERAL SERVICE LICENSEE														
	0 1 34	9 /			CHECOTHORNESSO	neral Hom	0	a MD	20736						
L	John Ma	woon			ausch Fu.	neral non	me, Owing	3, ND	20730						
-	Onset and Dea disease or condition resulting in death) OUE TO (OR AS A CONSEQUENCE OF):														
	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Vicese or later).														
1	CAUSE (Disease or injury that initiated events resulting in death) LAST														
	PART II. Other algnificant condition	one contributing to dea	th but not resulting in	the underly	na cause alven i	n Part i 24a W	AS AN AUTOPSY	245 WERE	AUTOPSY FINDING						
	Ac to ~	end f	culure	underly	oudes Aissil I	Pf	ERFORMED?	AMILA	BLE PRIOR TO ETION OF CAUSE						
	11000	Castrointe	245 000	1510-	Quin	¹ □ Y	ES 2 DIA	OF DEA	ITH?						
	- Calha	NOW IT O INCH	250 1- 01	,	10			1 O Y	ES 2 PNO						
	Bidin Sten Carelotovascular accident. 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one)														
	25. WAS CASE REFERRED TO MEDICAL			OTHER:											
	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	1 VES 2 DMO 1 Inpetient 2 ER/Outpetient 3 DOA 4 Nursing Home 5 Residence 6 Other (Specify)												
	EXAMINER?	1 Ninpatient 2 ER/				28d. DESCRIBE	A Cutle rend toulure Performed? 1 YES 2 MO 1								
	EXAMINER? 1 YES 2 NO 27. MANNER OF CEATH 1 Netural 5 Pending	1 Sinpatient 2 ER/ 28e. DATE OF INJU (Month, Day, Ye	JRY 25b. TIME	OF 28c. I	NJURY AT	28d. DESCRIBE	HOW INJURY OCCUP								
	EXAMINER? 1 VES 2 NO 27. MANNER OF CEATH 1 Netural 5 Pending Investigation 2 Accident Investigation	28e, DATE OF INJU (Month, Day, Ye	JURY — At home, farm, st	OF 28c. I	NJURY AT VORK? YES 2 NO	25f. LOCATION (Street and Number or	Rural Route Nu	mber,						
	EXAMINER? 1 VES 2 DO 27. MANNER OF CEATH 1 Netural 5 Pending	1 Sinpetient 2 ER/ 28e, DATE OF INJU (Month, Dey, Ye) 1	JURY — At home, farm, st	OF 28c. I	NJURY AT VORK? YES 2 NO		Street and Number or	Rural Route Nu	mber,						
	EXAMINER? 1 VES 2 NO 27. MANNER OF CEATH 1 Netural 5 Pending Investigation 3 Suicide 6 Could not b determined	28e. DATE OF INJU (Month, Day, 16	JRY 25b. TIME INJU	OF 28c. I	NJURY AT VORK? YES 2 NO	281. LOCATION (: City or Town,	Street and Number or State)	Rural Route Nu	mber,						
	27. MANNER OF OEATH 1 Netural 5 Pending Investigation 3 Suicide 6 Could not b determined 29a. CERTIFIER (Check only 1 CERTIFVING PH)	28e. DATE OF INJU (Month, Day, 16 and	JRY 25b. TIME INJU	OF 28c. I	NJURY AT VORK? YES 2 NO Notice	251. LOCATION (: City or Town,	Street and Number or State)								
	EXAMINER? 1 VES 2 NO 27. MANNER OF CEATH 1 Netural 5 Pending Investigation 3 Suicide 6 Could not be determined 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER 1 VES 2 NO 1 CERTIFING PHY 2 MEDICAL EXAMINER 1 VES 2 NO 1 VES	28e. PLACE OF INJ. (Month, Day, No. 28e. PLACE OF IN. building, etc. 28e. PLACE OF IN. building, et	JRY 25b. TIME INJU	OF 28c. I	NJURY AT YORK? YES 2 NO No No No No No No No No No	26f. LOCATION (s City or Town, use to the cause(s) are time, data and pla	Street and Number or State) and manner as stated.	ause(a) and m	anner as stated.						
	27. MANNER OF OEATH 1 Netural 5 Pending Investigation 3 Suicide 6 Could not b determined 29a. CERTIFIER (Check only 1 CERTIFVING PH)	28e. PLACE OF INJ. (Month, Day, No. 28e. PLACE OF IN. building, etc. 28e. PLACE OF IN. building, et	JRY 25b. TIME INJU	OF 28c. I	NJURY AT YORK? YES 2 NO Note and place, and de, death occurred at ti	25f. LOCATION (c) City or Town, use to the cause(s) are time, data and pla	Street and Number or State) and manner as stated. ce, and due to the c	ause(a) and m	Day, Year)						
	EXAMINER? 1 YES 2 NO 27. MANNER OF OEATH 1 Netural 5 Pending Investigation 3 Suleide 6 Could not be determined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINATURE AND TITLE OF CERTIFIER 29b. SIGNATURE AND TITLE OF CERTIFIER	28e, DATE OF INJ. (Month, Day, Ye 28e, PLACE OF IN. building, etc. (SICIAN: To the best of my I NER: On the basis of axamid	JRY 25b. TIME INJU- JURY — At home, farm, si Specify) sunowiedge, death occurre- nation and/or investigation	OF 28c. I	NJURY AT YORK? YES 2 NO Note and place, and de, death occurred at ti	26f. LOCATION (s City or Town, use to the cause(s) are time, data and pla	Street and Number or State) and manner as stated. ce, and due to the c	ause(a) and m	Day, Year)						
	EXAMINER? 1	28e, DATE OF INJ. (Month, Day, Ye 28e, PLACE OF IN. building, etc. (SICIAN: To the best of my I NER: On the basis of axamid	JURY 25b. THAE INJU 2	OF 28c. I	NJURY AT YORK? YES 2 NO Tice Its and place, and dependent occurred at the second occurred at the second occurred at the second occurred at the second occurred at the second occurred at the second occurred occurred at the second occurred occurr	25f. LOCATION (SCITY or Town, or to the cause(s) are terme, data and pla	Street and Number or State) ad manner as stated. ce, and due to the c 29d. DATE 8	ause(a) and m	anner as stated. Day, Year)						
	EXAMINER? 1 YES 2 NO 27. MANNER OF OEATH 1 Netural 5 Pending Investigation 3 Suleide 6 Could not be determined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINATURE AND TITLE OF CERTIFIER 29b. SIGNATURE AND TITLE OF CERTIFIER	28a. DATE OF INJ. (Month, Day, Ye 28a. PLACE OF INJ. (Month, Day, Ye 28a. PLACE OF INJ. building, etc. SICIAN: To the best of my I NER: On the basis of examinates NER	JURY 25b. THAE INJU 2	OF 28c. I	NJURY AT YORK? YES 2 NO Tice Its and place, and dependent occurred at the second occurred at the second occurred at the second occurred at the second occurred at the second occurred at the second occurred occurred at the second occurred occurr	25f. LOCATION (c) City or Town, use to the cause(s) are time, data and pla	Street and Number or State) ad manner as stated. ce, and due to the c 29d. DATE 8	ause(a) and m	anner as stated. Day, Year)						

The state of the s

	5	REGISTRAR CERTIFICATE OF DEATH REG. NO.
		1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH DAY OYEAR 3. TIME OF DEATH
P_{ij}	y	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. lest birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign
Ÿ		565-09-2619 1 M 2 BF 76 YRS. MONTHS DAYS HOURS MIN. (Month, Day, Year)
3 should		90. FACILITY NAME (If not institution, give street and number) 91.4 LYDNS STREET 91. CTY, TOWN OR LOCATION OF DEATH 1/AVRE DE GRACE 1/ARFORD
1. 2,	CTO	RESIDENCE OF DECEDENT
Pages	DIRECTOR	10c. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? 1 PYES 2 NO
permit.	AL D	10e. STREET AND NUMBER 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY?
. isi	IER/	514 LYONS STREET 21078 U.S.A.
physician. bunial-transit	FUNER	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 13. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No— If yes, specify Cuben, Mexican, Puerto Ricen, etc.) 14. RACE — American Indian, Black, White, etc.
p ij d	BY	3 P Widowed 4 □ Divorced IF YES, GIVE WAR OR DATES 1 □ YES 2 NO Specify: S
or attend	TED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) (Give kind of work done during most of working life. Do NOT use retired.) (Else kind of work done during most of working life. Do NOT use retired.)
- 0 5	COMPLET	Elementary/Secondery (0-12) College (1-4 or 5+) Homemaker IN Home
the hospital detached for	NO.	17. FATHER'S NAME (First, Middle, Lest) 18. MOTHER'S NAME (First, Middle, Maiden Surname)
1 8 8 6 L	BE C	William M. TETERSON JESSIE O. HUGHES
s should notified	5	190. INFORMANT'S NAME (Type/Print) 190. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, Stete, Zip Code) Mrs. Barbara H. Stebbins 311 W. Hillsdale Blvd., San Mateo, Calif. 94403
ay be		20a. METHOD OF DISPOSITION 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or 20c. LOCATION — City or Town, State
E G G		1 Gurlel 2 Cremetton 3 Removel from State 4 Gonetton 5 Gotter (Specify) R. A. Ferris & Co. West Chester, Pa.
death. Page funeral direct.		21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Tarring—Cargo Funeral Home, P.A.
A - 2 6		Hary L. Wi Ki avanne Aberdeen, Md. 21001-3399
S T E B		23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cerdiec or respiratory arrest, shock, or heert feliure. Liet only one cause on each line. Approximate interval Between
the tion.		Onset and Death Coronat Add Addition Coronat Add Addition
executed within and completely o burial, crema		disease or condition resulting in desth) a. CORONARY ARTERY DIJEASE 147 Due to (or as a consequence of):
ecuted and con burial,	NO	Sequentielity list conditions, Due TO (OR AS A CONSEQUENCE OF):
e be execut sician and c rifor to burin traumatic	CERTIFICATION	If any leading to immediate
ertificate ng phys giene p	IFIC	CAUSE (Diseese or Injury that initiated events CAUSE (Diseese or Injury that initiated events
end the	ERI	resulting In deeth) LAST
the dea y the att of Menta injury.		PART II. Other significent conditions contributing to death but not resulting in the underlying ceuse given in Part i. 24a. WAS AN AUTOPSY PERFORMED? AMALABLE PRIOR TO
that be the the any	EDICAL	1 U YES 2 NO COMPLETION OF CAUSE OF DEATH?
	Σ	1 U YES 2 KNO
has be Dept.	AN	25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one)
SICIAN: The la certificate has the State De 1, or Item 2	SIC	EXAMINER? 1 YES 2 NO HOSPITAL: 1 Inpatient 2 ER/Outpatient 3 DOA 4 Nursing Home 5 Residence 6 Other (Specify)
PHYSICI this cert with the	PHYSICIAN:	27, MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY AT WORK? 1 Natural 5 Pending 28c. INJURY AT WORK? 1 VERY 2 DE NO.
DING PHYS After this of death with	ВУ	2 Accident Investigation 28a, PLACE OF INJURY — At home, farm, street, factory, office 281, LOCATION (Street and Number or Rural Route Number.
TTEN TOR: after	TED	3 Suicide 6 Could not be determined 226. PLACE OF INJUST At nome, term, street, factory, office building, atc. (Specify)
	PLET	29e. CERTIFIER (Check only (Ch
HOSPITAL FUNERAL within 72 I	COMPL	2 MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occurred at the time, date end place, end due to the cause(e) end manner es stated.
TO THE HOSPITAL TO THE FUNERAL De filed within 72 IMPORTANT: If	BE	296. SIGNATURE AND TITLE OF CERTIFIER 29d. DATE SIGNED (Month, Day, Year)
5 5 3 W	2	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)
		GPRASHU 1810 BEZAIZ NO #102 FALLSTON NO 21047. 31. DATE FILED (NOTED DAY) See BEGISTMAR'S SIGNATURE FUND JOY OF SUND JOY OF
		HOV I J JO



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y be	age 5	be n
6 ma	ctor, p	must
Page	al dire	ner
death.	funer	xami
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v req	t. of	sho
he lav	has Dep	п 23
W. T	State	r ite
SICI	th the	d, 0
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 may be retained	TO THE FUNERAL DIRECTOR After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 shouls be filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified
ENDI	DR: A	8 18
R ATT	IRECTT Nurs af	3m 2
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THE	THE F	PORT
2	2 3	E

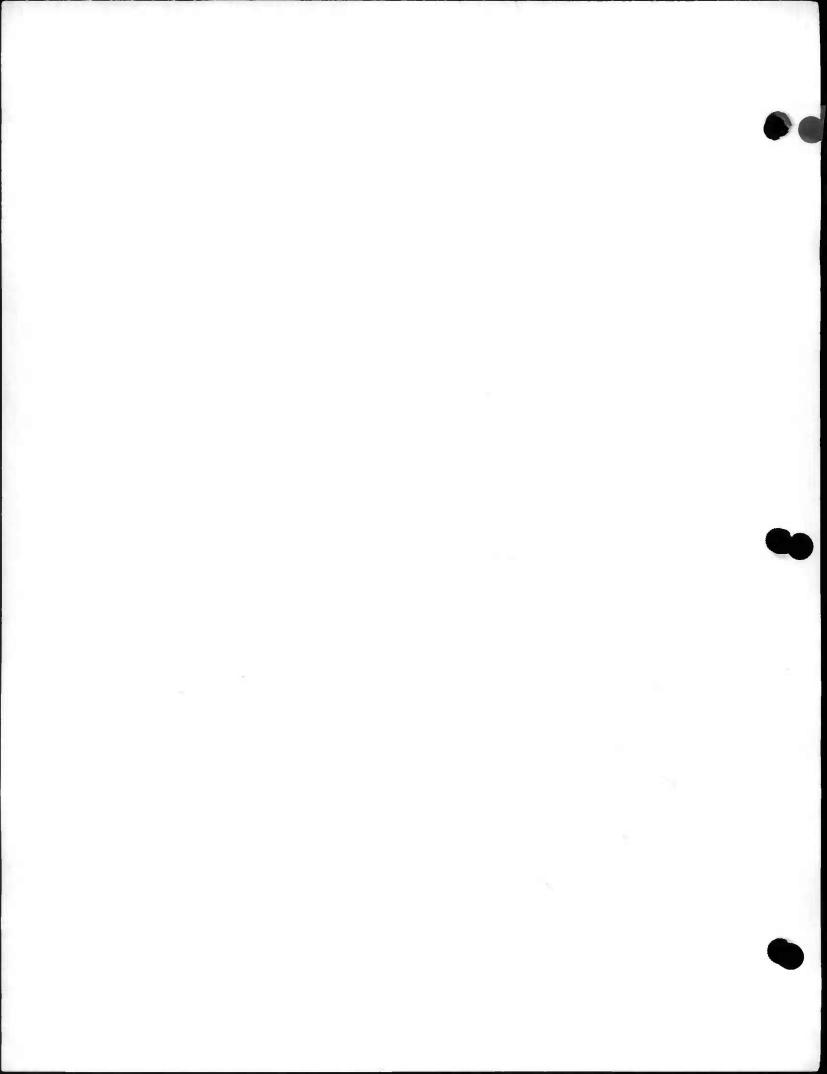
	FOR STATE OF MARY!	LAND / DEPARTMENT OF HEALTH AND CERTIFICATE OF DEATH	MENTAL HYGIENE REG. NO.	90 33156
\neg	1. DECEDENT'S NAME (First, Middle, Last)		2. DATE OF DEATN MONTH DAY YE	3. TIME OF DEATN
	FRANK BROWN DANI	FIS	11-14-1990	12.30 P W
		(In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS.	7. DATE OF BIRTN 8. I	BIRTNPLACE (State or Foreign
V	218-14-4004 1 1 M 2 D F 8	YRS. MONTHS DAYS HOURS MIN.		Country)
П	9a. FACILITY NAME (if not institution, give street and number)	9b. CITY, TOWN OR LOCATION OF E		of DEATH
-		Wenona		
2	RESIDENCE OF DECEDENT	I SUME	erset	
	10a. STATE 10b. COUNTY	10c. CITY, TOWN OR LOCATION		10d. INSIDE CITY
DIRECTOR	Marvland Somerset		1 YES 2 NO	
	10e. STREET AND NUMBER	10g. CITIZEN	OF WHAT COUNTRY?	
	P.O. Box 179	21870	11	C
LONEHAL	11. MARITAL STATUS 12. WAS DECEDENT EVER			RACE — American Indian.
	1 Never Married 2 Merriad FORCES? 1 YES	S 2 NO If yes, specify Cuban, Maxic	an, Puerto Rican, etc.)	Black, Whita, etc. Specify:
	3 Wildowed 4 Divorced	1 1 123 2 1 1 10 Spec	ny.	White
9	15. DECEDENT'S EDUCATION	16a. DECEDENT'S USUAL OCCUPATION	16b. KIND OF BUSINESS/INDUST	rry
	(Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5 +)	(Give kind of work done during most of working life. Do NOT use retired.)		
7	7	Waterman	Seafood	
COMPLEIED	17. FATNER'S NAME (First, Middle, Last)		AME (First, Middle, Maiden Surname)	
	Charles Daniels	Alic	e Jones	
מ	19a. INFORMANT'S NAME (Type/Print)	19b. MAILING ADDRESS (Street and Number or Rura		de)
2	FK. Projets	Wenone Mary	001 21870	
	20a. METNOD OF DISPOSITION 20	0b. PLACE OF DISPOSITION (Name of cometery, crematory or	- 101	or Town. State
	1 Deurial 2 Cremation 3 Removal from State	other place) St. Pauls		
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	22. NAME AND ADDRESS OF F	Menona,	Maryland
			neral Home	
	Jamy I Henry		Anne. md. 2185	3
	23. PART / Erter the diseases, or complications that cause allock, or heart failure. List only one cause on		ch as cardiac or respiratory arrest	, Approximate interval Batween
	IMMEDIATE CAUSE (Final	aach iine.		Onset and Deeth
ı	disease of condition a CARDI	AC ARREST		Instant
-	I resulting in destiny	A CONSEQUENCE OF):		2110000110
2	C V	Λ		1 Month
HILICALION	Sequentially list conditions, If any, leading to immediate	A CONSEQUENCE OF):		
5	cause. Enter UNDERLYING CAUSE (Disease or injury			
=	that initiated events DUE TO (OR AS	A CONSEQUENCE OF):		
-	resulting in death) LAST			
5	PART II. Other aignificent conditions contributing to death	but not resulting in the underlying cause given in	n Part i. 24a, WAS AN AUTOPSY	24b. WERE AUTOPSY FINDINGS
4	TATE II. Otto Digital Conditions Conditioning to death	but not resulting in the uncertying cause given	PERFORMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE
MEDICA			1 TYES 2 NO	OF DEATH?
F 1				1 TYES 2 NO
	1			
			heck only one)	
	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	26. PLACE OF DEATH (C		
		OTHER:	8 Other (Specify)	
	EXAMINER? 1	other: OTHER: OT		ED
PHTSICIAN:	EXAMINER? 1	other: OTHER:	8 Other (Specify)	IED
BY PHYSICIAN:	EXAMINER? 1 YES 2 NO 27. MANNER OF DEATN 1 Netural 5 Pending investigation 2 Accident 3 Suicide 8 Could not be EXAMINER? 1 Inpetient 2 ER/Out 1 Netural 5 Pending investigation 26e. DATE OF INJURY (Month, Day, Year) 26e. PLACE OF INJURY (Month, Day, Year) 26e. PLACE OF INJURY (Month, Day, Year)	At home, farm, street, factory, office	8 Other (Specify) 28d. DESCRIBE NOW INJURY OCCUR 28f. LOCATION (Street and Number or	
BY PHYSICIAN:	EXAMINER? 1 YES 2 NO 1 Inpatient 2 ER/OU 27. MANNER OF DEATN 1 Natural 5 Pending 2 Accident Investigation 28e. PLACE OF INJUR 28e. PLACE OF INJUR	At home, farm, street, factory, office	8 Other (Specify) 28d. DESCRIBE NOW INJURY OCCUR	
BY PHYSICIAN:	EXAMINER? 1 YES 2 NO 27. MANNER OF DEATN 1 Nstural 5 Pending Investigation 3 Suicide 8 Could not be detarmined 28a. PLACE OF INJURY (Month, Day, Year) 28a. PLACE OF INJURY (Month, Day, Year) 28a. PLACE OF INJURY (Month, Day, Year) 28b. PLACE OF INJURY (Month, Day, Year)	At home, farm, street, factory, office	28d. DESCRIBE NOW INJURY OCCUR 28d. LOCATION (Street and Number or City or Rown, Stete)	
BY PHYSICIAN:	EXAMINER? 1 YES 2 NO 27. MANNER OF DEATN 1 Netural 5 Pending Investigation 3 Sulcide 8 Could not be detarmined 29e. CERTIFIER (Check only) 1 CERTIFYING PHYSICIAN: To the best of my known control of the detarmined (Check only)	At home, farm, street, factory, office	28d. DESCRIBE NOW INJURY OCCUR 28d. DESCRIBE NOW INJURY OCCUR 28f. LOCATION (Street and Number or City or Town, Stete)	Rural Route Number,
COMPLETED BY PHYSICIAN:	EXAMINER? 1 YES 2 NO 27. MANNER OF DEATN 1 Netural 5 Pending Investigation 3 Sulcide 8 Could not be detarmined 28e. PLACE OF INJUR building, etc. (Sp. Pending Investigation) 29e. CERTIFIER (Check only One) 2 MEDICAL EXAMINER: On the best of my known one)	At home, farm, street, factory, office OTHER: 4 Nursing Home 4 Residence WORK? 1 YES 2 NO RIY — At home, farm, street, factory, office Oveledge, death occurred at the time, date and placa, and ditten and/or investigation, in my opinion, death occurred at the street occurred at the stree	28d. DESCRIBE NOW INJURY OCCUR 28f. LOCATION (Street and Number or City or Town, Stete) Ja to the ceuse(a) and manner as stated. The time, data and place, and dua to the ceuse.	Rural Route Number, ause(a) and menner as stated,
BE COMPLETED BY PHYSICIAN:	EXAMINER? 1 YES 2 NO 27. MANNER OF DEATN 1 Netural 5 Pending Investigation 3 Sulcide 8 Could not be detarmined 29e. CERTIFIER (Check only) 1 CERTIFYING PHYSICIAN: To the best of my known control of the detarmined (Check only)	At home, farm, street, factory, office OTHER: 4 Nursing Home Rasidence 4 Nursing Home Rasidence 7 28b. INJURY AT WORK? 1 YES 2 NO RY — At home, farm, street, factory, office	28d. DESCRIBE NOW INJURY OCCUR 28d. DESCRIBE NOW INJURY OCCUR 28f. LOCATION (Street and Number or City or Rown, Stete) 4a to the ceuse(a) and manner as stated, be time, data and place, and dua to the cubbles. 29d. DATE SI	Rural Route Number, ause(a) and menner as stated, IGNED (Month, Day, Year)
BE COMPLETED BY PHYSICIAN:	EXAMINER? 1 YES 2 NO 27. MANNER OF DEATN 1 Nsturel 5 Pending Investigation 3 Sulcide 8 Could not be detarmined 29a. CERTIFIER (Check only 2 MEDICAL EXAMINER: On the best of axaminet	At home, farm, street, factory, office Owledge, death occurred at the time, date and placa, and ditten and/or investigation, in my opinion, death occured at the DI O	28d. DESCRIBE NOW INJURY OCCUR 28f. LOCATION (Street and Number or City or Town, Stete) Ja to the ceuse(a) and manner as stated. The time, data and place, and dua to the ceuse.	Rural Route Number, suse(a) and menner as stated, IGNED (Month, Day, Year)
PHTSICIAN:	EXAMINER? 1 YES 2 NO 27. MANNER OF DEATN 1 Netural 5 Pending Investigation 2 Accident 3 Suicide 6 Could not be detarmined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the best of my known one) 29b. SIGNOURE AND TITLE OF CERTIFIER 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF E	At home, farm, street, factory, office DEATH (ITEM 27) (Type, Print) At Nursing Home Residence At Nursing Home Residenc	28d. DESCRIBE NOW INJURY OCCUR 28d. DESCRIBE NOW INJURY OCCUR 28f. LOCATION (Street and Number or City or Rown, Stete) 4a to the ceuse(a) and manner as stated, be time, data and place, and dua to the cuber of the ceuse(b) and the ceuse(b) and place, and dua to the ceuse(b) and place, and dua to the ceuse(c) and dua to the ceuse(c) and ceu	Suse(s) and menner as stated, IGNED (Month, Day, Year)
BE COMPLETED BY PHYSICIAN:	EXAMINER? 1 YES 2 NO 27. MANNER OF DEATN 1 Netural 5 Pending Investigation 3 Suleide 8 Could not be detarmined 29a. CERTIFIER (Check only 000) 2 MEDICAL EXAMINER: On the best of my kno 000) 2 MEDICAL EXAMINER: On the best of my kno 000) 20b. SIGNOURE AND TITLE OF CERTIFIER 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF E	At home, farm, street, factory, office overledge, death occurred at the time, date and placa, and ditten and/or investigation, in my opinion, death occured at the DEATH (ITEM 27) (Type, Print) BOX 100, DAMES QUAF	28d. DESCRIBE NOW INJURY OCCUR 28d. DESCRIBE NOW INJURY OCCUR 28f. LOCATION (Street and Number or City or Rown, Stete) 4a to the ceuse(a) and manner as stated, be time, data and place, and dua to the cubbles. 29d. DATE SI	Buse(a) and menner as stated, IGNED (Month, Day, Year)
BE COMPLETED BY PHYSICIAN:	EXAMINER? 1 YES 2 NO 27. MANNER OF DEATN 1 Nestural 5 Pending Investigation 3 Sulcide 8 Could not be detarmined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the best of my known one) 29b. SIGNOURE AND TITLE OF CERTIFIER 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF E	At home, farm, street, factory, office overledge, death occurred at the time, date and placa, and ditten and/or investigation, in my opinion, death occured at the DEATH (ITEM 27) (Type, Print) BOX 100, DAMES QUAF	28d. DESCRIBE NOW INJURY OCCUR 28d. DESCRIBE NOW INJURY OCCUR 28f. LOCATION (Street and Number or City or Rown, Stete) 4a to the ceuse(a) and manner as stated, be time, data and place, and dua to the cuber of the ceuse(b) and the ceuse(b) and place, and dua to the ceuse(b) and place, and dua to the ceuse(c) and dua to the ceuse(c) and ceu	Buse(a) and menner as stated, IGNED (Month, Day, Year)

DIVISION OF VITAL RECORDS, P.O. BOX 13146,	BALTIMORE, MARYLAND 21203-3146
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2ours after death. Page 6 may be retained by the hospital or attending physici	ours after death. Page 6 may be retained by the hospital or attending physici
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-the find within 72 hours after death with the State Deut, of Health and Mental Hygiene prior to burial, cremation, or removal.	filled in by the funeral director, page 5 should be detached for use as the burial- in, or removal.
IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.	e medical examiner must be notified at once.

	FOR STATE REGISTRAR	STATE OF MARYL		RTMENT OF			NTAL HYGIEN REG. NO		20	
	1. DECEDENT'S NAME (First, Middle, Las	n Roy Franci	Roy Francis Desmarais						YEAR 3	. TIME OF DEATN
		rancis D	esma	cais			11 - 1 X	2105 M		
	4. SOCIAL SECURITY NUMBER		In yrs. last birthday)	MONTHS DAY	-	MIN	DATE OF BIRTH (Month, Day, Year)		8. BIRTNPLACE (State or Foreign Country)	
	027-20-6955		3 YRS.					1927		achusetts
~	9a. FACILITY NAME (If not institution, give	e street and number)	. \ ()	9b. CITY, TOV	ON OF DEATH					
ğ	RESIDENCE OF DECEDENT	toventist H	rospital	Roc	kville			Mo	ntgom	ery
E C	10a. STATE 10b. COUN	NTY	10c. CIT	Y, TOWN OR LO	CATION				1	Od. INSIDE CITY
DIRECTOR	Maryland Mor	ntgomery		Roc	kville	2			1	YES 2 NO
AL	10e. STREET AND NUMBER				10f. ZIP CODE			10g. CIT	IZEN OF WH	AT COUNTRY?
FUNERAL	1620 Bradley Av	/enue						States		
2	11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEOENT EVER IN FORCES? 1 V YES	U.S. ARMED				ORIGIN? (Specify Yes	s or No-	14. RACE - Black,	- American Indian, White, atc.
BY	3 Widowed 4 Divorced	WW II/Korea	ATES	1 YES 2 KNO Specify						White
	15, DECEDENT'S EI		16a. DECEDENT'S	USUAL OCCUP	ATION		16b, KIND OF BU	SINESS/IN	DUSTRY	***************************************
	(Specify only highest gra Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind of life. Do NOT u	work done during se retired.)	most of working	g				
7	Ciamerical y Co-12)	1	Enlist	ed Man			U.S.	Navy		
COMPLETED	17. FATHER'S NAME (First, Middle, Last)				16. MOTH	IER'S NAME	(First, Middle, Malden	Surname)		
BE C	William Desmara	ais			An	nette	Goselin			
TO B	19a, INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Str	eet and Number	or Rural Rout	e Number, City or Tox	vn, State, Zi	p Code)	
F	Maryan K. Desman	rais	1620	Bradley	Avenu	ie, Ro	ckville,	Mar	yland	20851
	20a. METHOD OF DISPOSITION 1 ☐ Burlel 2 🏋 Cremetion 3 ☐ Re	amoval from State	other place)		1				City or Town	
	4 Donation 8 Other (Specify)		ontgomer					hesd	a, Ma	ryland
	21. SIGNATURE OF FUNERAL SERVICE	LICENSEE	W00100	Robe	rt A.	Pumphi	rey Fune:	ral E	Home/R	ockville,
	Kahing 5	anah	M00198	Roc	west kville	Montgo , Mary	omēry Ave yland 20	2850-	-2805	inc.
	23. PART i. Enter the diseases, p	or complications that caused re. List only one cause on a	tha deeth, Do	not enter the	mode of dyl	ng, auch a	a cerdiac or reap	dratory as	rrest,	Approximate Interval Between
	IMMEDIATE CAUSE (Final	0 1 .		\cap Γ						Onset and Death
	disease or condition reaulting in death)	. Houre	Ker	ial t	ailu	re				
			CONSEQUENCE		01	deci	10			
ON	Sequentially list conditions, Due to (or as a consequence of):									-
CERTIFICATION	H any, leading to immediate cause. Enter UNDERLYING									!
F	CAUSE (Diseess or Injury that initiated events	DUE TO (OR AS A	CONSEQUENCE	JUENCE OF):						
F	resulting in deeth) LAST	. Severe	Hypo	xem	B		J			
	PART ii. Other algnificent condit	ions contributing to death b	ut not resulting	In the under	lying cause (niven in Par	rt i. 24a, WAS AI	N ALITTOPRY	24h 1	WERE AUTOPSY FINDINGS
CAL	Alcoholix	The second second			lying oddso i	givoir iii v ai	PERFO	RMED?	1	AVAILABLE PRIOR TO COMPLETION OF CAUSE
MEDI	Hupov		11780	7			_ 1 TES	2 🔀 NO	1 '	OF DEATH?
Σ	THEOR	O(Curioc					-			1 YES 2 NO
AN	25. WAS CASE REFERRED TO MEDICAL			2	6. PLACE OF 0	EATN (Check	only one)			
SIC	EXAMINER? 1 YES 2 XNO	HOSPITAL: 1 Inpetient 2 ER/Outp	patient 3 🗆 DOA	OTHER:	Nome 5 🗆 Re	sidence 8 [Other (Specify)		-	
PHYSICIAN:	27. MANNER OF DEATN	28a. DATE OF INJURY (Month, Day, Year)	28b. Ti		INJURY AT WORK?		d. DESCRIBE HOW	INJURY O	CCURED	
BY F	1 Natural 5 Pending 2 Accident Investigation			M 1		NO				
ED E	3 Suicide 8 Could not		/ — At home, ferm, cify)	street, factory,	office	26	Bf. LOCATION (Street City or Town, State	and Numb	er or Rural Ro	oute Number,
E	4 Homicide determined									
1	CONTROL OFFI	IYSICIAN: To the best of my know	riedge, death occur	red at the time,	data and place	, and due to	the cause(a) and me	enner as at	ated.	
COMPLET	one) 2 MEDICAL EXAM	HNER: On the besis of axamination	n and/or investigat	lon, in my opini	on, death occu	red at the tim	e, data and place, a	ind due to	the cause(a)	and manner as stated.
ш	29b. SIGNATURE AND TITLE OF CERTI	FIER COLON			29c. LIC	ENSE NUMBE	iR	29d. DA	TE SIGNED	Month, Day, Year)
TO B	2. Hours	front				513			11 13	8170
5	30. NAME AND ADDRESS OF PERSON	WHO COMPLETED CAUSE OF DE	ATN (ITEM 27) (Typ		, bo :	44010	b Vill	100	AIN	-610
r/	31. DATE FILEO (Month, Day, Year)	,	1261	1,100	11901	MCIA	A ALLE	T	1100	010
	NOV 2 () '90	Julia Davidson	-Andell-)		A.			
\perp	1101 - 00									

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1 th	be d		at o
THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2 modus after death. Page 6 may be retained by the hos	THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached		PORTANT: It Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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ATTE	ECTO	s aft	n 28
. DR	DIR	hour	Hen
PITA	ERAL	in 72	T: H
FSS	FUN	filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	TAN
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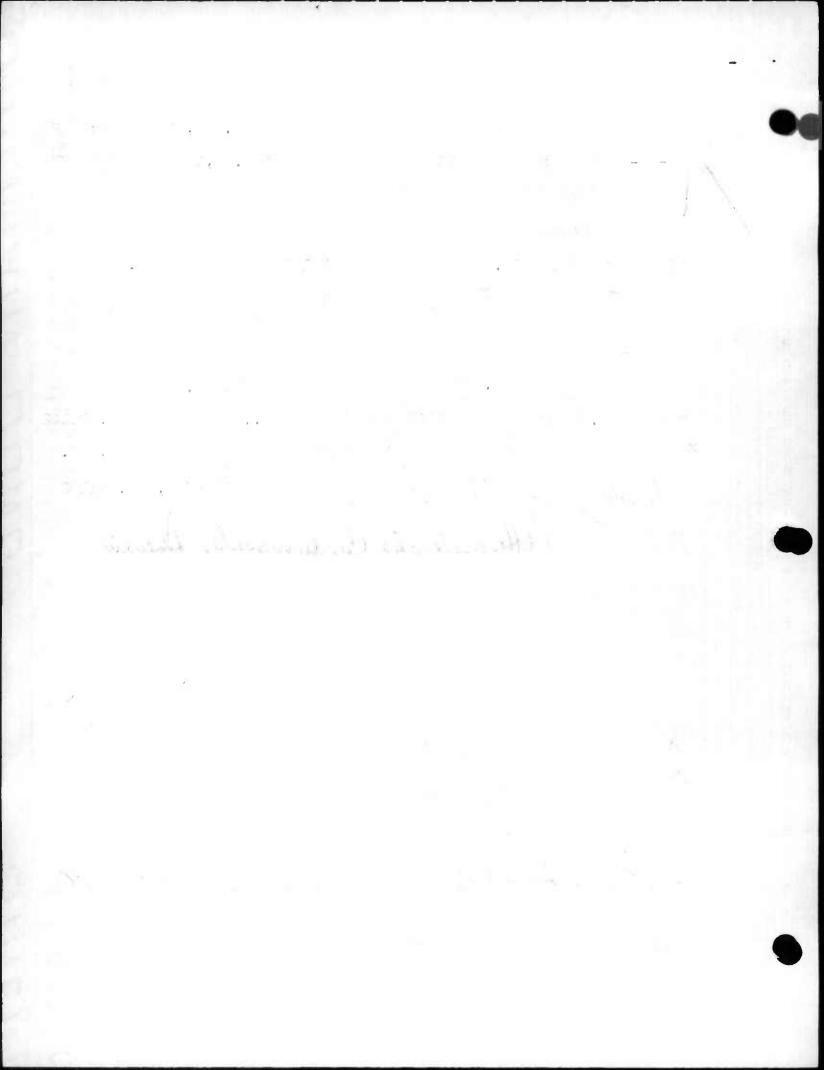
		FOR 1 - STATE REGISTRAR	STATE OF N	MARYL	AND / DEPA							E	90	3315	Ω
		1. DECEDENT'S NAME (First, Middle, La	st)		OLMII	TICATI	_ 01	DEA		2. DATE OF				. TIME OF DEATH	Ч
		King Derr								NOV	19	, 1990	YEAR	12:05 A	м
OTTO-		4. SOCIAL SECURITY NUMBER	5. 9EX	8. AGE	(in yrs. last birthda			IF UNDER		7. DATE OF (Month, D	BIATH			ACE (State or Foreign	П
65	1	577-18-0727	1 🔀 M 2 🗌 F	76	YRS	MONTHS	DAYS	HOURS	MIN.	APR 8		14		Virginia	
8.4	~	9a. FACILITY NAME (If not institution, gir				9b. CIT	, TOWN C	OR LOCATI	ION OF DE	EATH 9c. COUNTY OF DEATH				П	
J.	DIRECTOR	Wilson Health Co	are Center			Ga	iith	ersb	urg			Mo	ntgom	nery	Ц
les 1	EC	10e. STATE 10b. COU			10c. 0	ITY, TOWN	OR LOCAT	TION			10d. Ih			Od. INSIDE CITY	\exists
- Pag	PIG	Maryland Mont	gomery		G	erman	town	1					1	LIMITS?	
permit. Pages	AL	10e. STREET AND NUMBER				101. ZIP CODE 10g. CITIZEN O								AT COUNTRY?	
#S	FUNERAL	19411 Gardner Pl	.ace			20874 United							ed St	ates	
D nysicia nrial-tr	J.	11. MARITAL STATUS 1 Never Merried 2 Married	12. WAS DECEDEN FORCES? 1 IF YES, GIVE V	T EVER	N U.S. ARMED					NIC ORIGIN? (S		or No—	14. RACE — Black, V	- American Indien, White, etc.	
the by	BY	3 Widowed 4 Divorced	WWII	KAR'OR D	PATES		1 TYES	2 NO	Specify	y:			Specify:	White	
2 Se Se		16. DECEDENT'S E	DUCATION		16a. DECEDENT	'S USUAL O	CCUPATIO	ON		18b. Ki	ND OF BUS	INESS/IND	USTRY		\exists
or att	<u> </u>	(Specify only highest gr Elementary/Secondary (0-12)	College (1-4 or 5	+)		(Give kind of work done during most of working life. Do NOT use retired.)									
he hospite detached	COMPLETED		Admini								S. Government				
the hos detach	8	17. FATHER'S NAME (First, Middle, Lest) 18. MOTHER'S NAME (First, Middle, Meiden Surneme) Helen King													
ed by	8	Ammon I. Derr			1										_
6 may be retained by ctor, page 5 should be nust be notified at	2	David Derr								Route Number,			Code)		
ay be page		20a. METHOD OF DISPOSITION		20	b. PLACE OF DISE					160, 1			City or Town	. State	-
death. Page 6 may be funeral director, page 1.		1 Buriel 2 X Cremetion 3 R 4 Donetion 5 Other (Specify)	emoval from State		other place) [etropol									irginia	
Page al direc		21. SIGNATURE OF FUNERAL SERVICE	TICENSEE	1 4	ceroper	1		ND ADDRE		CILITY De	_				\exists
SALIIM after death. Pag y the funeral di novai.	ļ.	1)3.6							0	10 Ea	st De	er P	ark D	rive	
n a	一	23. PART i. Enjer the diseeses,				not anta	tha mo	ode of dy						d 20877	-
filled in by the on, or remove		shack, or heart feilu iMMEDIATE CAUSE (Finel	re. Liet only ona car	dee on e	each lina.									Interval Batwee Onset and Dest	
- = =		disesse or condition resulting in death)	. 216	200	4 cem	10								10 DAU	R
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executed within and completely o burial, crema	N	Sequentially list conditions,	ь											-	_
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ertificate ing phys giene pro	FIC	CAUSE (Diseesa or injury that initiated events	C. DUE TO	OR AS	A CONSEQUENCE	OF):									-
h certi	=	resulting in death) LAST													
the death certificate the attending physical distribution of Mental Hygiene principlary, or other th	CE	PART IL Other significant condit	tions contributing to	desth i	but not resultin	a in the u	ndarivin	C CAUSA	given in	Part 1. 2	ia. WAS AN	AHTOPSY	24h W	/ERE AUTOPSY FINDING	9
- 5 G -	CAL	(esobron	- //		veren				givon in		PERFOR	MED?	A	MAILABLE PRIOR TO COMPLETION OF CAUSE	3
w requires that been signed of Health a	MEDI	Marien	Presous	0	24.11		1	1.	3	_ 1	YES 2	MO	٥	F DEATH?	
requires been sign t. of Heal		1 and me	Le Bare	H C	Stales	o erg	in a	gran .	-				'	YES 2 NO	
N: The law icate has be State Dept.	IAN	25. WAS CASE REFERRED TO MEDICAL			Crucy	7049	26. P	LACE OF I	DEATH (Ch	neck only one)					
SICIAN: The certificate h the State i	SIC	EXAMINER? 1 YES 2 NO	HOSPITAL:	☐ ER/Out	patient 3 DO/	OTHE 4 12 Nu		ne 5 🗆 R	Residence	8 Other (S	Specify)				
ATTENDING PHYSICIAN: The law attending the state death with the State Dept. 28 is marked, or item 23	PHYSICIAN:	27. MANNER OF DEATH	28e. DATE Of (Month, L	F INJURY Day, Year)	28b. 1	IME OF	28c. IN.	JURY AT ORK?		28d. DESCF	IBE HOW I	NJURY OCC	CURED		
DING PHYS After this death with	84	1 Natural 5 Pending 2 Accident Investigation				М		YES 2	□ NO						
DIVISION DR ATTENDING DIRECTOR: After hours after deatt tem 28 is ma	8	3 Suicide 8 Could not	De building	of INJUR , etc. (Spe	Y — A1 home, fari ecify)	n, atreet, fac	tory, offic	Ce			ON (Street a Town, State)	and Number	or Rural Rou	ite Number,	Ì
K K E E		20a CEOTIEIED				_	_	_							_
TO THE HOSPITAL D TO THE FUNERAL D DE filed within 72 ho IMPORTANT: If IN	COMPL	(Check only	HYSICIAN: To the best of diner: On the basic of d												
HOSP Within IANT	8	29b. SIGNATURE AND TITLE OF DERTI		- Automotive Contractive Contr	on and or investig	ition, at my	ориноп, п				a piace, en				
표를	BE	SIGNATURE AND TITLE OF BEHT	MA Lee	11	J			29c. LIC	ENSE NUI	MBER 4		29d. DATI	E SIGNED (N	Month, Day, Year)	
223	2	30. NAME AND ADDRESS OF PERSON	WHO COMPLETED CAN	SE OF D	EATH (ITEM 27) (7	rpe, Print1	_		/	-01			7	170	_
18		Henry C. Scruggs			Cedar L		uite	206	5-C E	Bethes	da, M	lary1	and 2	0814	
10		31. DATE FILED (Month_Day_Year)	32. REGISTR	AR'S SIG	NATURE										
		MOV 20 '90	guha	Davi	dson-Rand	000									



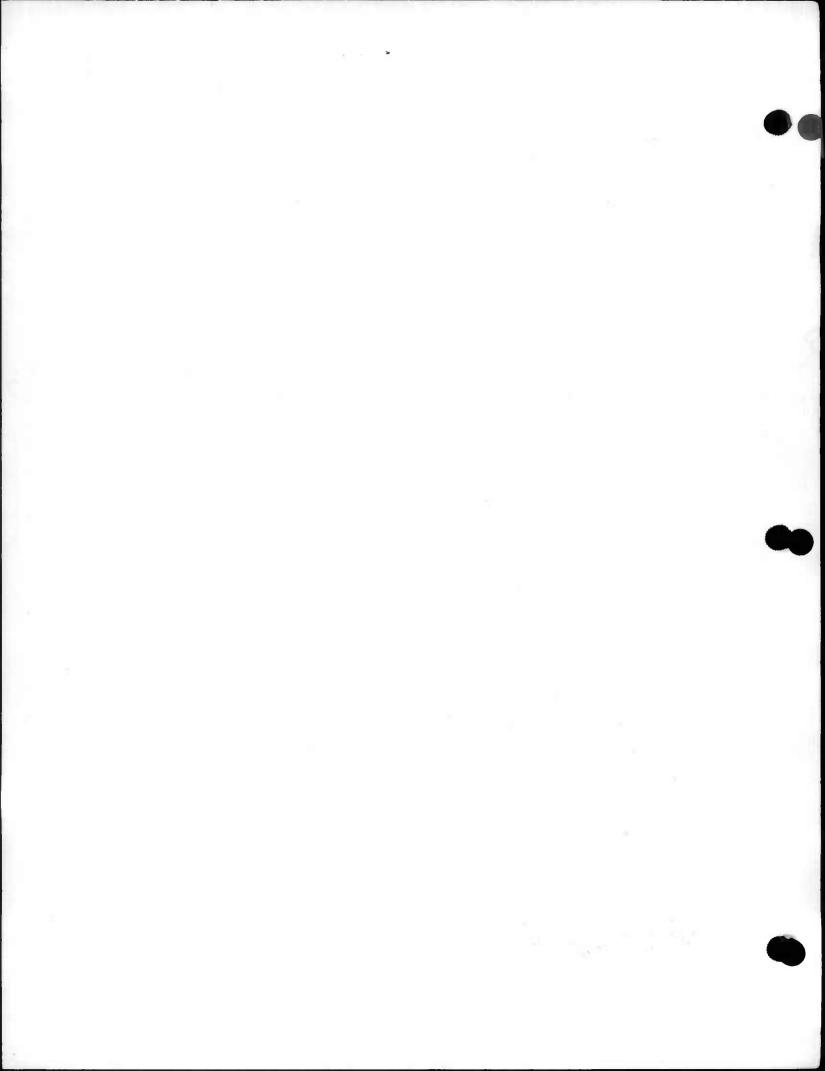
FOR STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

1. DECEDENT'S NAME (First, Middle, Les		D ITO		70.00				2. DATE OF DE		300	3. TIME OF DEATH
31		ID LERO						NOV.	17,		
4. SOCIAL SECURITY NUMBER 219-07-9069	219-07-9069 12 M 2 D F			MONTHS	1 YEAR DAYS	HOURS	MIN.	AUG.	1,19	19	BIRTHPLACE (State or Foreign Country) MARYLAND
9a. FACILITY NAME (If not institution, give	street end number)			9b. CITY	, TOWN	OR LOCATI	ON OF D				OF DEATH
CARROLL COUNT	CARROLL COUNTY GENERAL HOSP						TEF	?		CAR	ROLL
CARROLL COUNT RESIDENCE OF DECEDENT 10b. COUNT MARYLAND CA	10c. CITY, TOWN OR LOCATION WESTMINSTER							10d. INSIDE CITY LIMITS? 11 YES 2 NO			
100. STREET AND NUMBER 3107 WESTMIN 11. MARITAL STATUS 1. Never Married 2 K Merried	STER ST.		10f. ZIP CODE 21102						10g. CITIZEN OF WHAT COUNTRY?		
3 Widowed 4 Divorced	1 Never Married 2 Merried FORCES? 1 TYES 2					ENDENT Cubi	ın, Mexici	NIC ORIGIN? (Spe an, Puerto Rican, fy:	ecify Yes or	r No- 14	Black, White, etc. Specify: WHITE
	15, DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+)					ON pat of world	ng		OF BUSIN	TT.T.	тяу
7 17. FATHER'S NAME (First, Middle, Lest)	7 17. FATHER'S NAME (First, Middle, Last) HARRY C. ENSO						HER'S N	AME (First, Middle,	Malden Su	rname)	Pivv
										ROA	
190. INFORMANT'S NAME (Type/Print) MILDRED N . E	19th MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 3107 WESTMINSTER ST., MANCHESTER MD. 21102										
20e. METHOD OF DISPOSITION 1 Buriel 2 Cremation 3 Re 4 Donation 8 Other (Specify)	of Dispos	ET O	wine of se	metery, cre CEME					TOWN, State		
21. SIGNATURE OF FUNERAL SERVICE	11-	H =	1	22.	NAME A	ND ADDRE	SS OF F				ERAL CHAPEL MD. 21102
Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	c	O (OR AS A CONSE									
resulting in death) LAST											
PART II. Other algnificent condit	ons contributing t	o death but not	reaulting	in the u	nderlyir	g cause	given ir		WAS AN AI PERFORM YES 2		24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH	HOSPITAL:		1/	OTHE		LACE OF	DEATH (C	theck only one)			
1/2 YES 2 NO	1 Inpatiant 2	☐ ER/Outpetient 3	,	4 🗆 Nu	reing Ho		lesidence	6 Other (Spe			
1 Natural 5 Pending Investigation	n	Day, Year)		M	1 🗆	JURY AT DRK? YES 2	□ NO	28d. DESCRIB	E HOW IN.	JUNY OCCU	RED
	28a. PLACE building	OF INJURY — At he g, atc. (Specify)	ome, farm,	street, fac	tory, offi	ce		28f. LOCATION City or Tox		d Number o	r Rural Route Number,
4 Homicide 8 Could not detarmined 29a. CERTIFIEN Check only 2000	VEICIAN: To me tout										i. cause(a) end manner aa stated.
I word	Jaus,	Sel			6	L)C	ENSE NU	905		29d. DATE :	SIGNED (Month, Day, Year)
30. NAME AND ADDRESS OF PERSON	THO COMPLETED CA	USE OF DEATH (ITE	EM 27) (Type	o, Print)							
NOV 19 '90	Julia D	PAR'S SIGNATURE	ndell								



4	of the state of th		FOR - STATE REGISTRAR	STATE OF N	MARYLA	ND / DEPA	RTMENT FICATE	OF H	EALTH DEA	AND I	MENTAL HYG		0 .	33100	
		1	1. DECEDENT'S NAME (First, Middle, La	st)							2. DATE OF DEAT	_	YEAR	3. TIME OF DEATH	
	(R		BERNICE CORR								11-20-	-90		M	
0.5	~	1	4. SOCIAL SECURITY NUMBER 018-12-9241	5. SEX 1 M 2. F		n yrs. lest birthdey	MONTHS	DAYS	HOURS	MIN.	7. DATE OF BIRT (Month, Day, Ye 06-26-	er)	6. BIRTHP Country, MASS		
Å	3 should	DIRECTOR	9e. FACILITY NAME (If not institution, gh							ION OF DE	ATH		JNTY OF DE		
			NORTH ARUNDE		AL		GLE	EN E	BURN	IIE		ANNE	ARU	NDEL	
	permit. Pages 1, 2,		MD AN	NE ARUND	EL		TY, TOWN O		ION					10d. INSIDE CITY LIMITS? 1 YES 2 NO	
	該	FUNERAL	100. STREET AND NUMBER 1403 VIERS L	ANE			_	125	21P COE			10g. Cr US		HAT COUNTRY?	
21203-3146	or atterioung proyectan.	BY FUN	11. MARITAL STATUS 1 Never Married 2 Merried 3 Nidowed 4 Divorced	FORCES? 1	12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES			If yes, sp	ecify Cub		, Puerto Rican, etc.) Bi			- American Indian, White, etc.	
03-	use as	8	15. DECEDENT'S E (Specify only highest gi			16a. DECEDENT	S USUAL O	CCUPATIO	ON ist of work	ing	16b. KIND C	F BUSINESS/IN	IDUSTRY	111111111111111111111111111111111111111	
S		APLET	Elementary/Secondary (0-12)	College (1-4 or 5	+)	ASSEM!	use retired.)	•			META	ALERGI	LERGICAL CO.		
AND 2		COMPL	17. FATHER'S NAME (First, Middle, Last)	DINC							ME (First, Middle, A				
	should be	BE	GEORGE N. SP	RING		19h MAII II	G AOORES	S (Street s			RIVARI		In Code)		
MA	2 2	2	ROBERT ELIE								Hanov			076	
_ 4	r, page		20e. METHOD OF DISPOSITION 1 D-Burlel 2 Cremetion 3 F	emoval from Stata	20b.	PLACE OF OISP						De. LOCATION -			
BALTIMORE	funera		4 Donation 5 Other (Specify)		_ـــــ	ST J	DHNS			ERY ESS OF FA		MORCES	STER.	MASS	
			· Batt	A arms	101		HA	ARDI	ESTY	FU	NERAL I				
	SE S		23. PART I. Enter the diseases/ ahock, or heart fellu											Approximate Interval Between	
	e 'e e		IMMEDIATE CAUSE (Finel disease or condition				_							Onset and Death	
		z	resulting in death)		O (OR AS A	CONSEQUENCE	US CUF	77	CAE	my				78425	
3146,	B 6 4			- A7	71820	o scls	2091	c	iss	afort	MASCULS	12 De	554-52	Yspis	
	e be execute sician and c rifor to burit traumatic	NT IO	Sequentielly list conditions, if any, leading to immediate ceuse. Enter UNDERLYING	DUE TO	OR AS A	CONSEQUENCE	OF):								
80	De priva	CERTIFICATION	CAUSE (Disease or Injury that initiated events	cDUE TO	O (OR AS A	CONSEQUENCE	OF):								
	를 들는 F	F	reaulting in death) LAST	d											
	the atten Mental H	2	PART II. Other algoliticent condi	tione contributing to	o death b	ut not resultir	g in the u	nderlyln	g cause	given in	Part I. 24s. V	AS AN AUTOPS	Y 24b.	WERE AUTOPSY FINDINGS	
0		CA	RHE UMTDEllE	a Dissas	5E. W	1971 Ac	MIC	5/E	NO5.	IS		ERFORMED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
ECORD	requires man been signed by of Health an shows any	MEDICA	Ans	MATTE	57	ZNOSE	5							1 YES 2 NO	
α	aw be by 23		1/9x90sgAn	y Spift	each	7051	5								
VITAL	章 等 章	Si Ci	25. WAS CASE REFERRED TO MEDICA EXAMINER? 1 YES 2 M NO	HOSPITAL:	□ EB/Oute	netlant 2 - DO	OTHE	R:			heck only one)				
FV	the the	PHYSICIAN:	27. MANNER OF DEATH	28e. DATE O		28b.	IME OF	28c. IN	JURY AT	realdence	6 Other (Special 28d. OESCRIBE		CCURED		
		ВУР	1 Natural 5 Pending 2 Accident Investigat	200	Day, rour)		M		YES 2	□ NO					
NOISIAIO	TTENDI TOR: A after de 28 is	ETED I	3 Suicide 6 Could not	be building	OF INJURY g, etc. (Spec	r — At home, fen	n, street, fec	ctory, offi	ce		28f. LOCATION City or Town		ber or Rurel F	loute Number,	
	로 로 로 드	COMPLE	const only	HYSICIAN: To the best of MINER: On the basis of) end manner as stated.	
	TO THE HOSPI TO THE FUNER be filed within IMPORTANT:	BE	29b. SIGNATURE AND TITLE OF CERT	IFIER		4.1),		29c LI	CENSE NU	MBER /	29d. D	ATE SIGNED	(Month, Day, Year)	
	P P 3 3	2	30. NAME AND ADDRESS OF PERSON	WHO COMPLETED CA	USE OF DE	ATH (ITEM 27) (1	rpe, Print)	1 //	/	, ,	x2 /		1	14 2	
		, i	DAVED KASE	, M.D.	Jugg	7 500	XC	1/10	189	MC G	VEAR (TENSI	Rys.	110,21061	
			NOV 2 1 1990 4	ha Daydson	. Aande	DUNE.									



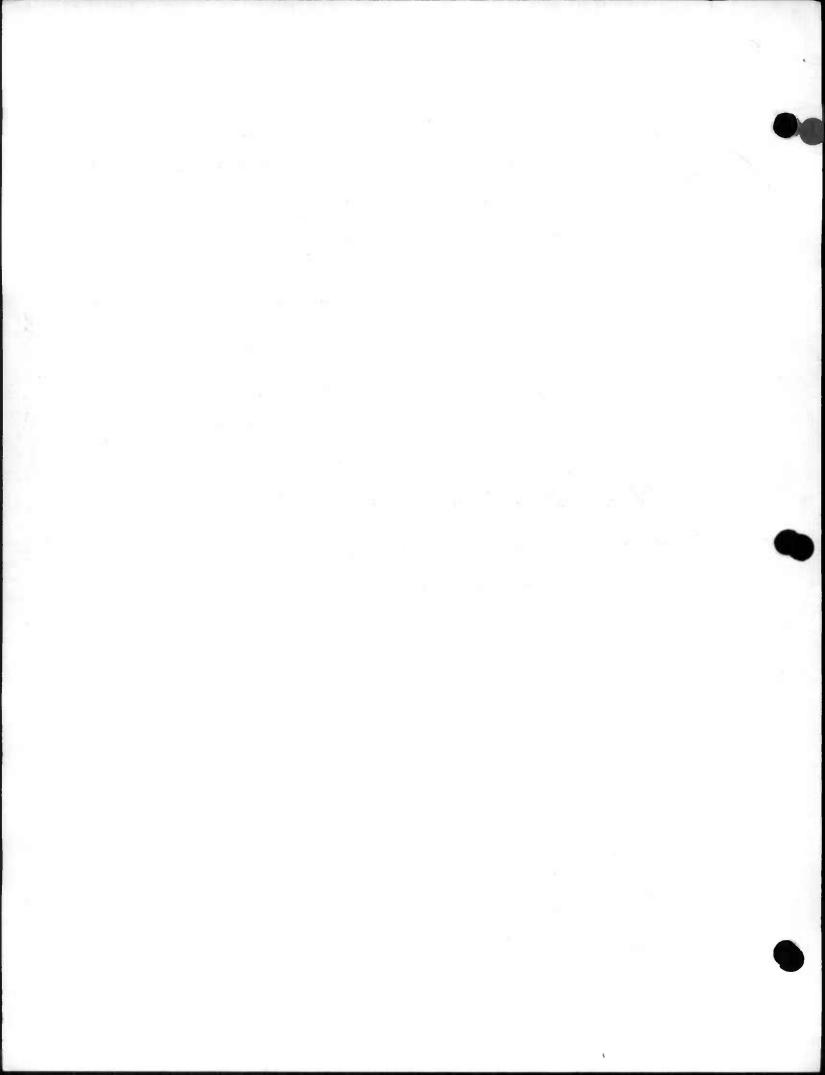
DHMH-18 Rev 1/89

	2, 3 should	6,- PP 8
	Pages 1,	
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a fours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR; After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

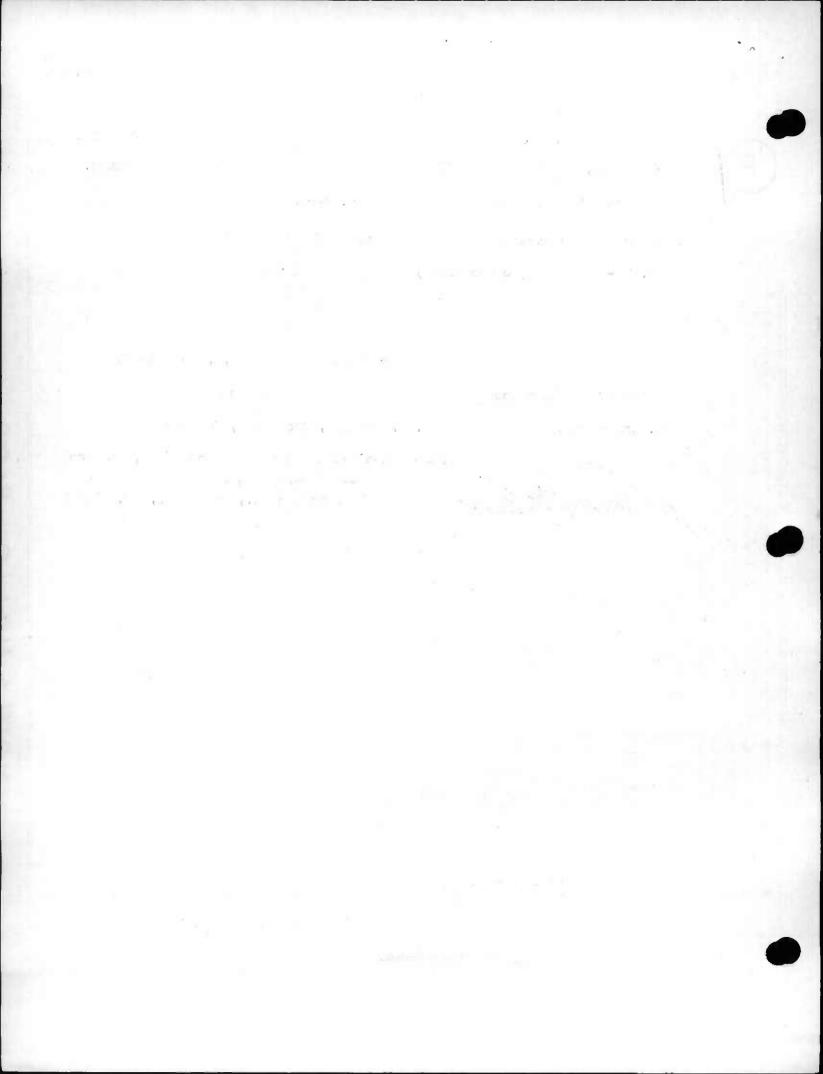
	FOR STATE REGISTRAR	STATE OF MARY			OF DEAT		NTAL HYGIEN REG. NO.				
1	1. DECEDENT'S NAME (First, Middle, Last)	Mae	EMENHETSER			2.	2. DATE OF DEATH DAY YEAR NOVEMBER 19, 1990			1520 M	
	4. SOCIAL SECURITY NUMBER		E (In yrs. lest birthday)	IF UNDER 1 Y			DATE OF BIRTH			CE (State or Foreign	
	216 16 4956	1□M2□xF 69	O YRS.	MONTHS E	MYS HOURS	MIN.	(Month, Day, Year) OC. 20,		Country) VA		
1	9a. FACILITY NAME (If not institution, give a	21		9b. CITY. TO	DWN OR LOCATIO			9c. COUNTY		N	
Œ										•	
2	Calvert Memorial Hospital Prince Frederick Calver								vert		
Ë I	10a. STATE 10b. COUNTY	10c. CIT	Y, TOWN OR	LOCATION	10d			I. INSIDE CITY LIMITS?			
DIRECTOR	MD St.	Mary's	C	harlot	te Hall				1 [YES 2 NO	
	10e. STREET AND NUMBER		101. ZIP CODE			10g. CITIZE	N OF WHAT	COUNTRY?			
3	Rt. 1 Box 327		2062	2.2		USA					
FUNERAL	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED				S DECENDENT OF	ORIGIN? (Specify Yes					
	1 Never Married 2 Married FORCES? 1 YES 2 X NO IF YES, GIVE WAR OR DATES				es, specify Cuban YES 2 NO	verto Rican, etc.)		Black, Wi Specify:			
BÝ	3 Widowed 4 Divorced				,,				white		
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade		16a. DECEDENT'S		UPATION ing most of working		186. KIND OF BUS	SINESS/INDUS	TRY		
	Elementary/Secondary (0-12)	College (1-4 or 5+)	ille. Do NOT L	se retired.)	any most or working						
릴	12		housewi	fe				-			
0	17. FATNER'S NAME (First, Middle, Last)	17. FATNER'S NAME (First, Middle, Last)					16. MOTHER'S NAME (First, Middle, Maiden Surname)				
1	Luther		Martin		Lo:	la Ma	ae Parke	r			
0	19a. INFORMANT'S NAME (Type/Print)		19b. MAILIN	ADDRESS (S	Street and Number	or Rural Rout	te Number, City or Tow	n, State, Zip Co	ode)		
임	Patricia H. Strin	ger	same	as 10	0 above						
	20s. METHOD OF DISPOSITION		20b. PLACE OF DISPO	SITION (Name	of cemetery, crem	etory or	20c. LO	CATION — CI	y or Town,	State	
	1 M Burial 2 ☐ Cremation 3 ☐ Rem 4 ☐ Donation 8 ☐ Other (Specify)	oval from Btate	Southern	Memor	ial Gar	dens	Dun	kirk (Calv	ert) MD	
	21. SIGNATURE OF FUNITIAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY										
	selve 110	nesor					Home, Ow			20736	
	23. PART I. Enter the diseeses, or shock, or heart fallure.			not enter th	na mode of dyle	ng, auch a	s cardiec or reap	iratory arres	ıt,	Approximata Interval Between	
	IMMEDIATE CAUSE (Final	1								Onset and Death	
	disease or condition - a. End Stage COPD-										
	DUE TO (OR AS A CONSCOUENCE OF):										
Z	Sequentially list conditions, If any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF):										
읦											
Cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events DUE TO (OR AS A CONSCOUENCE OF):											
ᇤ	resulting in death) LAST	d									
	PART II. Other algorificant condition	na contributing to deat	h but not resulting	In the unde	eriving ceuse g	ilven in Pa	et I. 24a WAS AN	ALITOPSY	T 24h WI	RE AUTOPSY FINOINGS	
B	PART II. Other algorificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY PERFORMED?								AM	AILABLE PRIOR TO IMPLETION OF CAUSE	
							1 YES 2 NO		OF DEATH?		
Σ						_	-		11	YES 2 NO	
Ž											
ᅙ	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHER:	26. PLACE OF D	EATN (Check	only one)				
YS	1 YES 2 10	1 Inpetient 2 - ER/C			ng Nome 8 🗆 Re						
PHYSICIAN: MEDI	27. MANNER OF DEATH	(Month, Day, Yea	8c. INJURY AT WORK?	28d, DESCRIBE NOW INJURY OCCURED							
A	1 Natural 8 Pending 2 Accident Investigation	cident Investigation			1 YES 2 NO						
	3 Suicide 6 Could not be	3 Suicide 6 Could not be 28e. PLACE OF INJURY — At home, farm, stree building, etc. (Specify)				2	t8f. LOCATION (Street and Number or Rural Route Number, City or Town, State)				
	4 Homicide determined										
COMPLETED	29a. CERTIFIER (Check note)										
Ž	(Check only one) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated.										
	296. SIGNATURE AND TITLE OF CERTIFIE										
H	V.	A	29c. LICENSE NUMBER			29d. DATE SIGNED (Month, Day, Year)					
٩	30. NAME AND ADDRESS OF PERSON WI	HO COMPLETED CAUSE OF	OF ATH OTHER AT CO	Orienti				1 - 11	· III	V	
1										5	
3	Kioumarce Ya 31. DATE FILED (Month, Day, Year)	zdani. M.	D.	Hunt	ingtow	n	Marylan	d 2	0630		
	31. DATE FRIED (Month, Day, Year) NOV 2 3 1990	1 delia Marida	m- Aandell	i							
- 1	1404 69 1330) Hamesonia									

FOR STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

4. SOCIAL SECURITY NUMBER 5.	ggers	16.			2. DATE OF MONTH	DEATH DAY	990 YEA	3. TIME OF DEATH		
4. SOCIAL SECURITY NUMBER 5.					MONTH	7 1	ACC TEA	NR 3 - 0 -		
101 04 7600	SEX 6. AGE					./, 13	990	1735 M		
	M 2 □X €	(In yrs. last birthday)	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF 8 (Month, De	BIRTH y, Year)	C	IRTHPLACE (State or Foreign ountry)		
9a. FACILITY NAME (If not institution, give street		,,,,,,	AL OTTY TOWN	OR LOCATION OF RE	July 2			ennsylvania		
Union Hospital of Cecil County				BL CITY, TOWN OR LOCATION OF DEATH Elkton				9c. COUNTY OF DEATH		
	Cecii Coui	ıcy	EIK	LON			Ceci	<u>. </u>		
10e. STATE 10b. COUNTY		10c, CIT	. TOWN OR LOC	TION				10d. INSIDE CITY		
Maryland Ce	cil	1		5.00				LIMITS?		
10. STREET AND MIMRER							10+ CITIZEN			
29 Manassas Drive				21921				U.S.A.		
1 Never Married 2 N Married FORCES? 1 YES 2			2 190 If yes, specify Cuban, Me					4. RACE — American Indian, Black, White, etc. Specify: White		
15. DECEDENT'S EDUCATION	DN	16a DECEDENT'S	LISHAL OCCUPAT	ION	16h KIA	OF RUSI	NESS/INDIGETS			
(Specify only highest grade com	pleted)	(Give kind of v	vork done during n	ost of working	TOU. KIN	D OF BOSI	NESS/INDOST	``		
College (1-4 or 5+)										
17 EATHED'S MAME (First Allertin not)				16 MOTHED'S NA	AME /Fine Alirici	la Maidan D				
					итнетно)					
Joseph H. Eggers	19th, MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 29 Manassas Drive, Elkton, MD 21921									
20s. METHOD OF DISPOSITION	20	b. PLACE OF DISPOS	SITION (Name of cemetery, cremetery or 20c. LOCATION — City or Tow					or Town, Stata		
4 Donation 5 Other (Specify)	Jnion Hil	nion Hill Cemetery			Kenr	nnett Square, PA.				
21. SIGNATURE OF FUNERAL SERVICE LICENS	d/.	/ /	22. NAME Hick	AND ADDRESS OF FA	r Fune	rals				
· Delph 6	Hick	01)	Elkt.	STOCKTO	n Stre 21921	ets				
23. PART 1. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or reapiratory arrest, ahock, or heart failure. List only one cause on each fine. IMMEDIATE CAUSE (Final disease or condition resulting in death) Due to (or as a consequence of):										
Sequentially list conditions, if any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF):										
CAUSE (Disease or injury that initiated events DUE TO (OR AS A CONSEQUENCE OF):										
reaulting in death) LAST										
PART II Other significant conditions of	ontribution to death	but not moulting	In the underlyi	an naues alven in	Don't or	- 400 001 0	umoney [OAL WERE AUTOROX EMPHION		
PART II. Other agniticant conditions contributing to death out not resulting in the underlying cause given in Part I. 244. WAS AN AUTOPS' PERFORMED?								24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO		
							□ NO	COMPLETION OF CAUSE OF DEATH?		
							1 TES 2 NO			
	OSPITAL			PLACE OF DEATH (C)	heck only one)					
The state of the s		ripetient 3 🗆 DOA		me 5 🗆 Rasidence	6 🗆 Other (S)	pecify)				
27. MANNER OF DEATH			E OF 28c. II	F 28c. INJURY AT WORK?		BE HOW IN	D			
1 Natural 5 Pending	1.32		M 1 YES 2 NO							
a Consider —	RY At home, farm,	street, factory, of	, factory, office		281. LOCATION (Street and Number or Rural Route Number,					
4 Homicide determined City or Town, State)										
29a. CERTIFIER										
and willy								use(a) and manner as stated.		
2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, data and placa, and due to the cause(a) and										
AND DISCOURT OF THE PARTY OF TH		Specify or Town, State of Local of the determined building, etc. (Specify) 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and more one) 2 MEDICAL EXAMINER: On the best of axamination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(a) and more one) 29b. SIGNATURE—AND TITLE OF CERTIFIER 29c. LICENSE NUMBER								
295 SIGNATURE AND TITLE OF CERTIFIER								SNED (Month, Day, Year)		
							>	sNEU (Month, Day, 1987)		
20h SIGNATURE AND TITLE OF CERTIFIER 30. NAME AND ADDRESS OF PERSON WHO CO Dr. Thomas E. Fynu				enue, Nor	th Eas		•			
	Maryland Ce 10e. STREET AND NUMBER 29 Manassas Drive 11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced 15. DECEDENT'S EDUCATION (Specify only highest grade com Elementary/Secondary (0-12) 12 17. FATHER'S NAME (First, Middle, Last) Joseph Henry Griffi 19e. INFORMANT'S NAME (Type/Print) Joseph H. Eggers 20e. METHOD OF DISPOSITION 1 LyBurial 2 Cremation 3 Removal 4 Donalton 5 Other (Specify) 21. SHAMATURE OF FUNETAL SERVICE LICENS 23. PART I. Enter the diseases, or com ahock, or heart failure. List IMMEDIATE CAUSE (Final disease or conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 28. CERTIFIER 1 CERTIFYING PHYSICIAL 29a. CERTIFIER 1 CERTIFYING PHYSICIAL 29a. CERTIFIER 1 CERTIFYING PHYSICIAL 29a. CERTIFIER 1 CERTIFYING PHYSICIAL 29a. CERTIFIER 1 CERTIFYING PHYSICIAL 29a. CERTIFIER 1 CERTIFYING PHYSICIAL 29a. CERTIFIER 1 CERTIFYING PHYSICIAL 29a. CERTIFIER 1 CERTIFYING PHYSICIAL 29a. CERTIFIER 1 CERTIFYING PHYSICIAL 29a. CERTIFIER 1 CERTIFYING PHYSICIAL 29a. CERTIFIER 1 CERTIFYING PHYSICIAL	10b. COUNTY Maryland Cecil 10c. STREET AND NUMBER 29 Manassas Drive 11. MARITAL STATUS Never Married 2 Married 12. WAS DECEDENT EVER FORCES? 1 YES IF YES, GIVE WAR OR 15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+) 12. INFORMANT'S NAME (First, Middle, Last) Joseph Henry Griffin 19a. INFORMANT'S NAME (Typa/Print) JOseph H. Eggers 20a. METHOD OF DISPOSITION Removal from State 4 Donallon 5 Other (Specify) 11. SIGNATURE OF FUNETAL SERVICE LICENSEE 23. PART I. Enter the diseases, or complications that cause shock, or heart fallure. List only one cause on IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause, Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST DUE TO (OR AS LUNG CAUSE (Disease or injury that initiated events resulting in death) LAST DUE TO (OR AS LUNG CAUSE (Disease or injury that initiated events resulting in death) LAST DUE TO (OR AS LUNG CAUSE (Disease or injury that initiated events resulting in death) LAST DUE TO (OR AS LUNG CAUSE (Disease or injury that initiated events resulting in death) LAST DUE TO (OR AS LUNG CAUSE (Disease or injury that initiated events resulting in death) LAST DUE TO (OR AS LUNG CAUSE (Disease or injury that initiated events resulting in death) LAST 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	10a. STATE Maryland 10a. COUNTY Cecil 10a. STREET AND NUMBER 29 Manassas Drive 11. MARITAL STATUS 1	10e. STATE 10e. COUNTY 10e. CITY, TOWN OR LOCAL MARYLAND 10e. STREET AND NUMBER 29 MANASSAS Drive 11. MARITAL STATUS 1 News Married 2 \(\times \) Married 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DE 14. PORCES? 1 VES 2 \(\times \) 2 \(\times \) More of the process 1 VES 2 \(\times \) More of the pro	196. STATE 196. COUNTY 196. CITY, TOWN OR LOCATION Elkton	196. STATE 196. COUNTY 196. COLLATION Elkton	196. STATE 196. COUNTY 196. COUNTY 196. COUNTY 196. COUNTY 196. STREET AND KUMBER 29 Manassas Drive 21921 21 22921 21 22921 22921 23 23 24 25 25 26 26 26 26 26 26	196. STREET AND NUMBER 29 Manassas Drive 12. WAS DECEDENT EVER BY U.S. ANMED 19. STREET AND NUMBER 29 Manassas Drive 12. WAS DECEDENT EVER BY U.S. ANMED 19. STREET AND NUMBER 19. WAS DECEDENT EVER BY U.S. ANMED 19. WAS DECEDENT OF HIBRANIC ORIGINAT (Specify Yes or No— III. 19. WAS DECEDENT'S EDUCATION 19. STREET AND NUMBER 19. STREET AND NU		



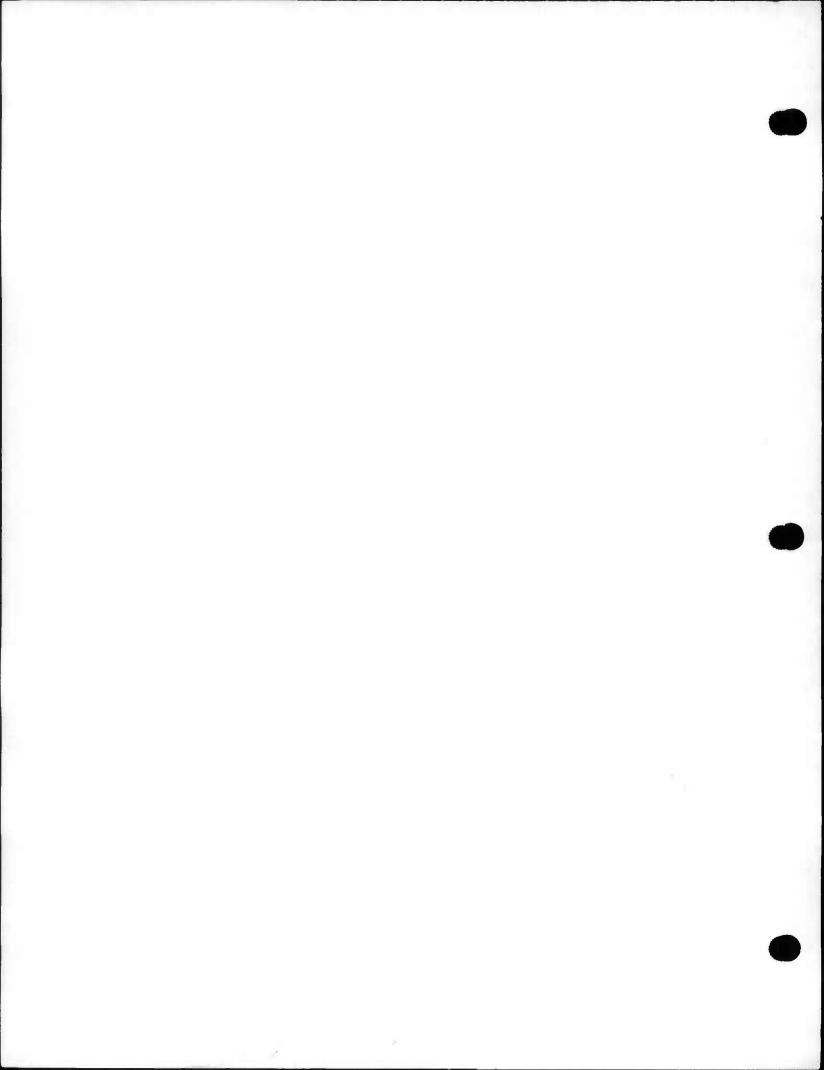
	FOR STATE REGISTRAR	STATE OF MARY	AND / DEPARTM			MENTAL HYGI		
	1. DECEDENT'S NAME (First, Middle, Last) Cec.i.1 F.	D11.				2. DATE OF DEATH	DAY Y	3. TIME OF DEATH 10:15 PM
	4. SOCIAL SECURITY NUMBER	Ellingwood	(In yrs. last birthday) IF	UNDER 1 YEAR	UNDER 24 HRS.	7 DATE OF BUTTO		BIRTHPI ACE (State or Foreign
	003 03 0447	1 💢 M 2 🗆 F	82 YRS.		OURS MIN.	(Month, Day, Year 10/17,	708	Canada
SO.	Wicomico Nu Residence of decedent		96.	city, town or i		EATN	9c. COUNTY	Vicomico
DIRECTOR	10e. STATE 10b. COUNT		10c. CITY, TO	OWN OR LOCATION				10d. INSIDE CITY
	Troil J Louis	rcester	\$	Snow Hil				1 TYES 2 X NO
FUNERAL	100. STREET AND NUMBER Rt. 2 - Box 1	13 (Dogwood	Tana)	10f. Zil	2186°	3		USA
ONE	11. MARITAL STATUS	12. WAS DECEDENT EVER	IN U.S. ARMED		ENT OF NISPA	VIC ORIGIN? (Specif	y Yee or No- 14.	. RACE — American Indian.
BY	1 Never Married 2 Merried 3 X Widowed 4 Divorced	FORCES? 1 TYES			Cuben, Mexica NO Specifi	in, Puerto Rican, etc y.	.)	Black, White, etc. Specify: White
TED	15. DECEDENT'S EDU (Specify only highest grade	CATION completed)	16a. DECEDENT'S USU (Give kind of work	done during most o	f working	16b. KIND OF	BUSINESS/INDUS	TRY
COMPLET	Elementary/Secondary (0-12)	College (1-4 or 5+)	ille. Do NOT use rel	desist		U.S.	Governm	ent
NO	17. FATNER'S NAME (First, Middle, Last)			10	L MOTHER'S NA	ME (First, Middle, Me	iden Surname)	
BE (Frederick E	llingwood				ry Boiss		
10	190. INFORMANT'S NAME (Type/Print) C N. Marie Cart	er				Route Number, City of Hill, Ma		
	20e. METNOD OF DISPOSITION 1 X Buriel 2 Cremetion 3 Rem	20	b. PLACE OF DISPOSITIO			200	LOCATION - City	or Town, State
	4 Donation 5 Other (Society)		Bates Met				now Hill	, Maryland
	21, SIGNATURE OF PURSUE SERVICE D	411		Dennis				07.0/0
\vdash	23. PART I. Enter the diseasea, or	complications that cause	ed the death. Do not			St., Sno		
	shock, or heart failures	cist only one cause on Cereb	each line. ral Athrop A CONSEQUENCE OF:					Interval Between Onset and Death
NO	Sequentially list conditions,	Alzhe	imer's Disc	ease				İ
CATI	If any, leading to immediate cause. Enter UNDERLYING	e.	A CONSEQUENCE OF):					į
CERTIFICATION	CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (OR AS	A CONSEQUENCE OF):					
AL CE	PART II. Other significant conditio	ns contributing to death	but not resulting in t	he underlying c	euse given in		S AN AUTOPSY	24b. WERE AUTOPSY FINDINGS
MEDIC							RFORMED?	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. PLAC	E OF OEATH (C)	neck only one)		1
YSI	1 TES 2 NO	1 Inpetient 2 ER/Ou	tpatient 3 DOA 4	XNursing Home		6 Other (Specify		
ВУ РН	27. MANNER OF DEATN 1 🔀 Natural 5 Pending 2 Accident Investigation	(Month, Dey, Year)		WORK		28d. DESCRIBE N	OW INJURY OCCUP	RED
	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJUF building, etc. (Sp	IY — At home, farm, stree ecity)	rt, factory, office		28f. LOCATION (Si City or Town,		Rural Route Number,
COMPLETED	anal control only	ER: On the best of my kno						cause(e) and manner as stated.
BE	29b. SIGNATURE AND TITLE OF CERTIFIE	H	7	2	DO20			190 (Month, Day, Year) 190 (Month, Day, Year)
10	30. NAME AND ADDRESS OF PERSON W Federico G. Ar				Ben1i	n, Maryl	and 218	311
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIG	NATURE		Detit	and star AT	and all	*
10	1101 1) 90	grena Da	idson Rando 00				-	



TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-mours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNEAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunial-transit permit. Pages 1, 2, 3 could be filled within 72 hours after death with the State Death and Mental Hygher prior to bunial, cremation, or removal. IMPORTANT: If Hem 28 is marked on Hem 24 shows and Internal Control of the property of the

_		FOR 1 - STATE REGISTRAR	STATE OF MARYL			HEALTH AND N F DEATH	MENTAL HYGIEN REG. NO.	E 9	0 33164	
		1. DECEDENT'S NAME (First, Middle, Last) MADGE	BESSIE	Edu	nar	25	2. DATE OF DEATH MONTH NOV. 16,	1 1 9	3. TIME OF DEATN 90 6:05 P M	
)		4. SOCIAL SECURITY NUMBER 032-12-3553		(in yrs. lest birthday)	IF UNDER 1 YEAR		7. DATE OF BIRTN (Month, Day, Year) May 2, 18	889 M	BIRTNPLACE (State or Foreign Country) [aine	
4	æ	9a. FACILITY NAME (If not institution, give atr 16076 Mullini)				n or location of de	ATN	9c. COUNTY	of DEATH HOward	
	8	RESIDENCE OF DECEDENT								
	DIRECTOR	Maryland Mont	gomery	10c. CITY	Ashto				10d. INSIDE CITY LIMITS? 1 X YES 2 NO	
	FUNERAL	1408 Pa	atuxent Driv	е		101. ZIP CODE 20867		10g. CITIZEN USA	OF WHAT COUNTRY?	
	B	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS OECEDENT EVER I FORCES? 1 YES IF YES, GIVE WAR OR D	2 NO	If yes	DECENDENT OF HISPAN specify Cuban, Mexica (ES 2 X NO Specify		or No.— 14.	RACE — American Indian, Black, Whita, etc. Specify: White	
	PLETED	15. DECEDENT'S EDUC (Specify only highest grade of Elamentacy/Secondary (0-12)		16e. DECEDENT'S (Give kind of w life. Do NOT us House	vork done during e retired.)	ATION most of working	166. KIND OF BUS	HOme	TRY	
at once.	BE COMPL	17. FATHER'S NAME (First, Middle, Last) Charles Summer The	ompson				ME (First, Middle, Maiden a Ann Crea			
notified	TO B	19a. INFORMANT'S NAME (Type/Print) JUdith L. Winsl	nel	196. MAILING 1408 P	atuxen	et and Number or Aural I t Drive, A	Ashton, Md.	n, State, Zip Coo. 20867	de) 7	
must be		20a. METHOD OF DISPOSITION 1	eval from State	other place)		cemetery, cremetory or n Cremator		cation – chy kandria	or Town, State	
or other traumatic event, the medical examiner must be notified at once.		21. SIGNATURE OF FUNERAL SERVICE LIC	E We	sen	22. NAM Hin	es/Rinaldi	сыту Funeral I		ng, Md. 20904	
ne medica		23. PART I. Enter the diseases, of c shock, or heart failure. I IMMEDIATE CAUSE (Finei disease or condition		esch line.					Approximete interval Between Onset and Death	
event, t		resulting in deeth)	DUE TO (OR AS	A CONSEQUENCE OF	PI:	- CECC	ciclen t			
aumatic	MILON	Sequentielly list conditions, if any, leeding to immediate	DUE TO (OR AS	A CONSEQUENCE OF	F):					
r other tra	CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disesse or Injury that initiated events resulting in deeth) LAST		A CONSEQUENCE OF	F):					
2	B									
shows any injury.	MEDICAL	PART II. Other algnificent condition	s contributing to death	but not resulting	In the under	ying cause given in	Pert I. 24a. WAS AN PERFO! 1 - YES :	RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
23	AN	OF MAN CARE BEFERRED TO HEAVE.				B. PLACE OF DEATH (Ch			<u> </u>	
E	SICI	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	20021	OTHER:		7)	al Core Hore	
6	~ 1	1 VES 2 NO	1 Inpatient 2 ER/Out			Home 5 Realdence		FYSU		
marked,	ВУ РН	27. MANNER OF OEATH 1 Natural 5 Pending Accident Investigation								
28 ls	ETED	3 Suicide 6 Could not be 4 Nomicide detarmined	28e. PLACE OF INJUR building, etc. (Spo	ocify)	actory,	DINCE	281. LOCATION (Street City or Town, State	end Number or)	norsi node Number,	
NT: If Item	COMPLE	Crieck only	CIAN: To the best of my known in the basis of examination						cause(a) and manner as stated.	
IMPORTANT.	O BE C	296. SIGNATURE AND TITLE OF CERTIFIER	MO			D 22	MBER 129	29d. DATE S	10NED (Month, Day, Year) 1-18-90	
100	FI	30. NAME AND AGORESS OF PARSON WH	O QOMPLETED CAUSE OF O	FATH (ITEM 27) (Type	Print)					

ISON WHO COMPLETED CAUSE OF CEATH (ITEM 27) (Type, Print) 30. N 31. DATE FILED (Month, Day, NOV 19 32. DEGISTRAR'S SIGNATURE
Julia Daydon Agndell 90



Pages 1, 2, 3 should

permit.

burial-transit

for use as the

detached

2

page 5 should

director,

6

Hygiene prior to burial,

BE

2

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299

29b. SIGNATURE AND TITLE OF CERTIFIES

OHN

NOV 15

31. DATE FILED (Month, Day, Year)

-5,

S

'90

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

HARSHE

32. REGISTRAR'S SIGNATURE PANDER

filled in by the funeral on, or removal. completely filled rial, cremation, c executed within attending physician and certificate be requires that the death been signed by the atter The law i has be Dept. certificate h this c L DIRECTOR: After the bours after death v DIVISION OR ATTENDING HOSPITAL FUNERAL |

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR 1 -CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH MURIEL EVELYN FREAM W 1318 12 7. DATE OF BIRTH 6. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 6. BIRTHPLACE (State or Foreign Confiecticut MONTHS DAYS HOURS 1 - M 2 F 08-01a. FACILITY NAME (If not institution, 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Westminte RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? 10b. COUNTY arro aneutown 1 X YES 2 NO FUNERAL 10f. ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? Heights Id.

12. WAS DECEDENT EVER IN U.S. ARMED
EDRICES? 1 YES 2 X NO U.S.A. arro 14. RACE — American Indian, Black, White, atc. 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-FORCES? 1 YES 2 If yes, specify Cuban, Maxican, Puarto Rican, etc.)

1 YES 2 NO Specify: 1 Never Married specifi Write BY 3 Widowed 4 Divorced COMPLETED 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highe Elementary/Secondary (0-12) College (1-4 or 5+) Homemaker Own Home 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Elizabeth C. Dern Franklin Wantz Ħ notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 3647 Baptist Rd., Taneytown, MD 21787 George A. Fream 20a. METHOD OF DISPOSITION
1 M Burial 2 Cremation
4 Donation be 20b. PLACE OF DISPOSITION (Name of cometery, cremetory or other place) Trinity Lutheran Cemetery Taneytown, MD | METHOD OF DISPOSITION | | Burial 2 | Cremation 3 | Ramoval from Stata | Donation 6 | Other (Specify) ______ must 22. NAME AND ADDRESS OF FACILITY Skiles Funeral Home examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 136 E. Baltimore St., Taneytown, MD 21787 medical 23. PARTY. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiratory arrest, Approximete ahock, or heert failura. List only one cause on each line. Interval Between Onset and Death **IMMEDIATE CAUSE (Final** other traumatic event, the disease or condition_ . SUBARACHNOD HEMORRHAGE resulting in deeth) DUE TO (OR AS A CONSEQUENCE OF) CERTIFICATION Sequentielly list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leeding to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST 6 PART II. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY 24h WERE AUTOPSY FINDINGS MEDICAL MILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? shows any 1 TYES 2 PINO 1 YES 2 NO PHYSICIAN: 23 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) Hem HOSPITAL: OTHER: 1 YES 2 NO estient 2 - ER/Outpatient 3 - DOA ne 5 🗆 Rasidence 6 🗆 Other (Specify) 4 🗆 Nurs 0 28a. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 28b. TIME OF 28c. INJURY AT WORK? 28d, DESCRIBE HOW INJURY OCCURED marked, 1 Natural 5 Pending 1 YES 2 NO BY 2 Accident 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Suicide ETED. 6 Could not be 4 Homicide 28 item 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as atated. COMPL IMPORTANT: H 2 MEDICAL EXAMINER: On the basis of axamination and/or investigation, in my opinion, death occurred at the time, date and place, and dua to the cause(s) and manner as stated.

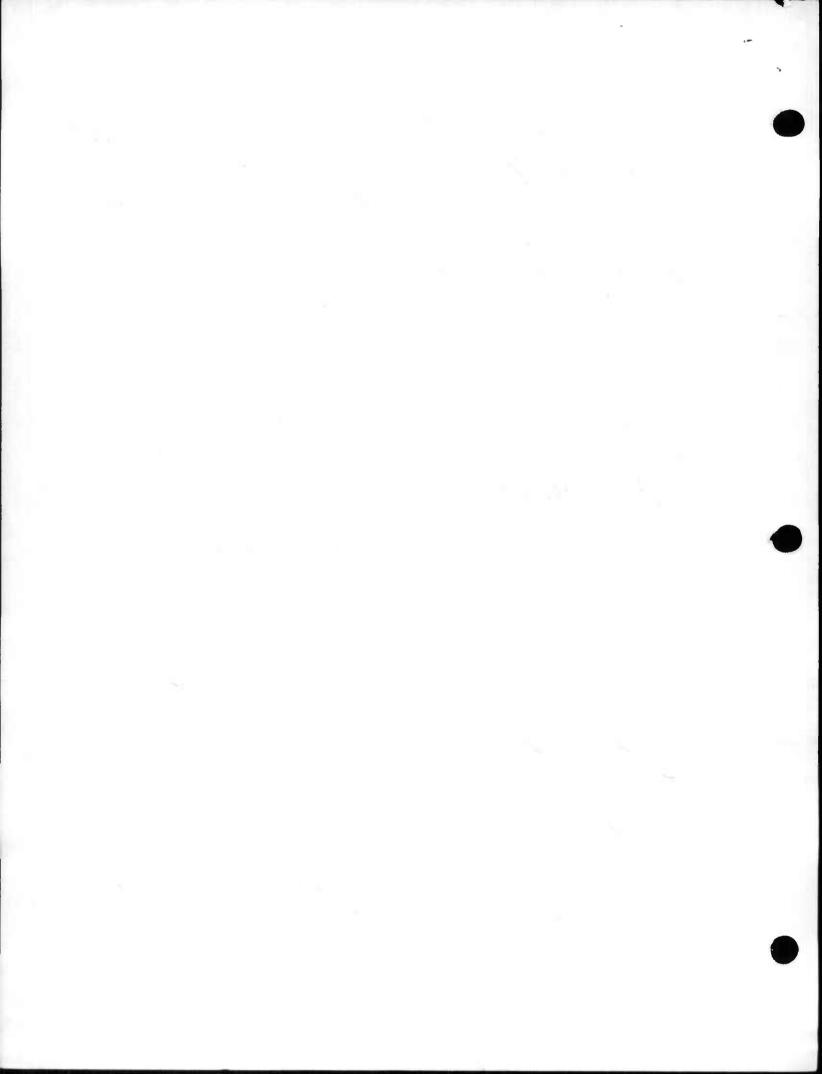
2115

29d, DATE SIGNED (Month, Day, Year)

29c. LICENSE NUMBER

& ANCHOR ST.

004934



DIVISION OF VITAL RECORDS, P.O. BOX 13146,

2

MARGARITA A.

31. DATE FILED (Month, Day, Year)

NOV 1 5 '90

KORELL, MD

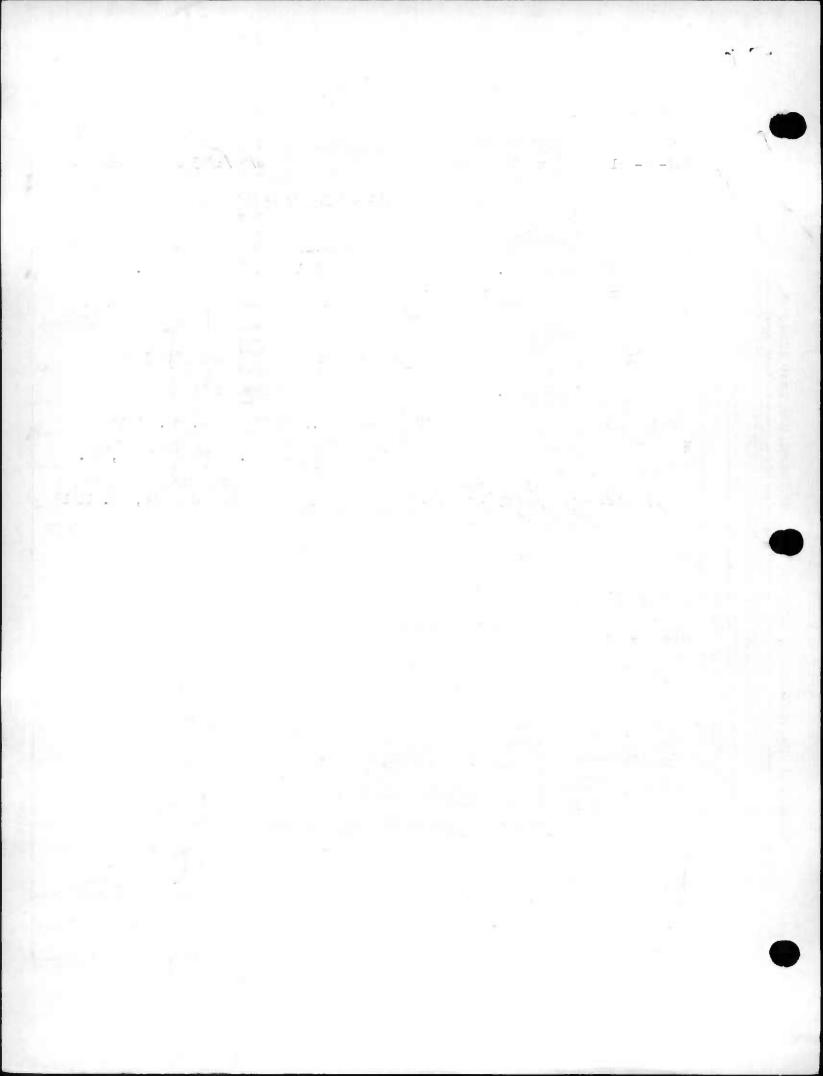
Julia Savidson-Randalle

10. STREET AND NUMBER 235 HOMEVALE RD. 11. MARTIAL STRUCK 12. WAS DECEDENT SEPTION U.S. ARMED POPICIST 1.95 YES 2 MO IT YES, speedly Colors, Martican, Power Married 3 Widowed 4 Diversed 1.95 YES 2 MO IT YES, speedly Colors, Martican, Power Married 3 Widowed 4 Diversed 1.95 YES 2 MO IT YES, speedly Colors, Martican, Power Married 3 Widowed 4 Diversed 1.95 YES 2 MO IT YES, speedly Colors, Martican, Power Married 1.95 YES 2 MO IT YES, speedly Colors, Martican, Power Married 1.95 YES 2 MO Speedly: WHITE 1.95 YES 2 MO Speedly 1.95 YES 2 XNO SPEEDLY 1.95 YES 2 XNO SPEEDLY 1.95 YES 2 XNO SPEEDLY 1.95 YES 2 XNO SPEEDLY 1.95 YES 2 XNO SPEEDLY 1.95 YES 2 XNO SPEEDLY 1.95 YES 2 XNO SPEEDLY 1.95 YES 2 XNO	1. DECEDENT'S NAME (First, Middle, Last Warre	en	D.	Fai				1-90 PAY	YEAR	1:04PM
Baltimore Count RESTRICT OF DECERTION Sec. CITY, TOWN OR LOCATION LOCATION Sec. CITY, TOWN OR LOCATION O	217-24-6512	1 M 2 F		YRS. MON	THE DAYS	HOURS MIN.	47277	19 3 0	Cou	MARYLAND
Sec. CITY, TOWN OR LOCATION Sec. CITY, TOWN OR LOCATION Sec. CITY, TOWN OR LOCATION Sec. STREET AND NUMBER Sec. STREET AND NUMBER Sec. STREET AND NUMBER Sec. STREET AND NUMBER Sec. STREET AND NUMBER Sec. STREET AND NUMBER Sec. STREET AND STREET AND NUMBER Sec. STREET AND STREET AND STREET AND SEC. STREET AND STREET AN	235 Homevale Roa			96.	0			10.00		
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3 Woldword Diversed Specify: Spec		EVALE RD.			101.		22	10g.		
Bearnetary Regordery (9-12) College (1-4 or 5 +) College (1-4 or 5 +) College (1-4 or 5 +) College (1-4 or 5 +) SUPERVISOR MANUFACTURING	1 Never Married 2 Married		AR OR DATES		If yes, spe	ecity Cuban, Mexic	an, Puerto Ricar			peclfy:
198. MICHANIT'S NAME (Type/Print) 198. MAILING ADDRESS (Street and Number or Rural Route Number Cay or Rum, Steel, 2th Code) 205 HOMEON OF USBROATION 205 HOMEON OF USBROATION 206 PLACE OF DISPOSITION (Name of contrady, cremetry, or Rum, Steel, 2th Code) 207 MAINT AND STATE VETERANS CEM. 208. PLACE OF DISPOSITION (Name of contrady, cremetry, cremetry, or Rum, Steel, 2th Code) 208. PLACE OF DISPOSITION (Name of contrady, cremetry,	(Specify only highest grade) Elementary/Secondary (0-12)	de completed)	(G/	ive kind of work Do NOT use rel	done during mod lired.)	st of working				
MOLLY FAID 235 HOMEVALE RD., REISTERSTOWN, MD. 21136 206. LOCATION - City or Town, Stells 206. LOCATION - City or Town, Stells OWINGS MILLS, MD. a 207. LOCATION - City or Town, Stells OWINGS MILLS, MD. a 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY EXCHARD FUNERAL CHAPE OWINGS MILLS, MD. 2111 23. PART I. Enter the dispasse, or complications that caused that caused that caused the caused that		VERNON M.	FAID			16. MOTHER'S N				
128 Burlat 2 Creamston 3 Removal from State MATTLAND STATE VETERANS CEM. OWINGS MILLS, MD.										
Due to (or as a consequence of): Due to (or as a consequence of):		moval from State	20b. PLACE O	OF DISPOSITIO	N (Name of cen	netery, cremetory or	CEM			
23. PART I. Enter the disease of complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, abock, or heart-fellure. List only one cause off each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) a. Arteriosclerotic cardiovascular disease DUE TO (OR AS A CONSEQUENCE OF): D			PART	LAND S				OWING	J MILI	ء ساد وحماد
If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A	21. SIGNATURE OF FUNERAL BETWICE	Much	the	A	22. NAME AN	ND ADDRESS OF F	ACILITY EC	KHARDT VINGS M	FUNE	ERAL CHAPE
DUE TO (OR AS A CONSEQUENCE OF): Consequence of the first of the conditions of th	21. SIGNATURE OR FUNERAL SERVICE IS A SIGNATURE OR	r complications that e. List only one caus a. Arteric	caused the de	beth. Do not o	22. NAME AN	nd Address of F	O'A	KHARDT VINGS M	FUNE	ERAL CHAPE
Diabetes Mellitus Performed Amalable Prior Toophetion of Coopletion	21. SIGNATURE OF FUNERAL SERVICE (23. PART I. Enter the disease, or shock, or heart fellum immediate CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	a. Arterio	caused the de se on each line OSCLETOT OR AS A CONSEC	path. Do not of one of the car	22. NAME AN	nd Address of F	O'A	KHARDT VINGS M	FUNE	ERAL CHAPEI MD. 2111 Approximate Interval Bats
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 \(\text{AVES 2} \) NO 1 \(\text{Inpetient 2} \) ER/Outpetient 3 \(\text{DOA} \) A \(\text{AVENTIAL:} \) 1 \(\text{Inpetient 2} \) Residence 8 \(\text{Other (Specify)} \) 27. MANNER OF DEATH 1 \(\text{Impetient 2} \) Pending 28a. DATE OF INJURY 28b. TIME OF 28c. INJURY AT WORK? 28b. TIME OF WORK? 1 \(\text{YES 2} \) NO 28c. DATE OF INJURY At home, farm, street, factory, office 28c. LOCATION (Street and Number or Flural Route Number, Dutleffing, etc. (Specify)	23. PART I. Enter the diseases, on shock, or heart fellum IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	a. Arterio	couped the dece of each line OSCIETOT (OR AS A CONSECTION OF A CONSECTION OF AS A CONSECTION OF A CONSECTION	beth. Do not on the control of the c	22. NAME AN	nd Address of F	O'A	KHARDT VINGS M	FUNE	ERAL CHAPEI MD. 2111 Approximate Interval Bats
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3 Suicide 6 Could not be 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Spacify)	23. PART I. Enter the disease, or shock, or heart fellum immediate CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions and the cause in the cause of the cause in the cause	a. Arteric DUE TO (a. DUE TO (d. DUE TO	Couped the design of each line OSCIETOT (OR AS A CONSECTION AS	tic cal quence of): quence of): quence of): quence of):	enter the mo	nd Address of F	or Part I. 24	a. WAS AN AUTO PERFORMED VES 2 XIM	FUNE	Approximate Interval Batty Onset and E
	23. PART I. Enter the disease, or abook, or heart fellum IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant conditions are under the cause. Examiner? 1 Mass case reference to medical examiner? 1 Mass 2 No. 27. Manner of Death	a. Arteric a. Arteric DUE TO (b. DUE TO (c. DUE TO (d. Ons contributing to (tus HOSPITAL: 1 Inpetion: 2 28a. DATE OF (Mornin, Da	caused the deservine of the consecution of the cons	DOA 4 1	enter the mo	g cause given in	of as cardiac n Part I. 24 theck only one) a 8 □ Other (S)	a. WAS AN AUTO PERFORMED YES 2 XIM	FUNE ILLS, y arrest,	Approximate interval Batt Onset and E Onse

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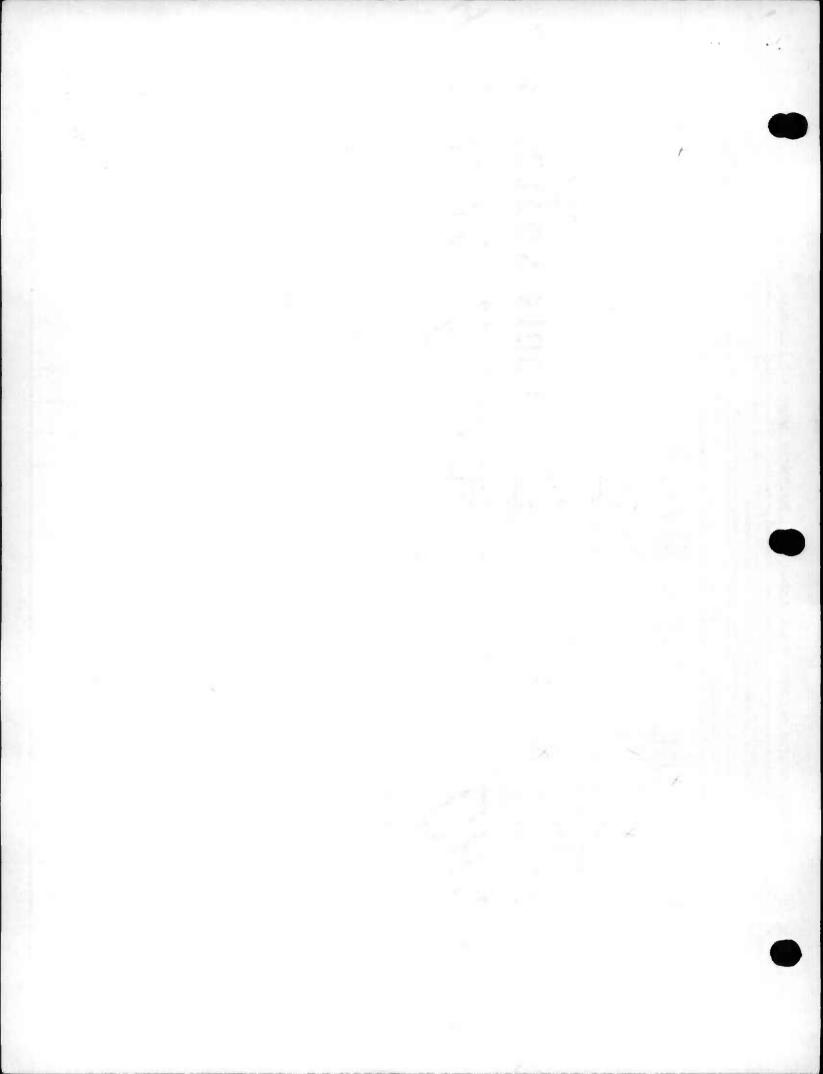
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111 Penn Street, Baltimore, MD 21201



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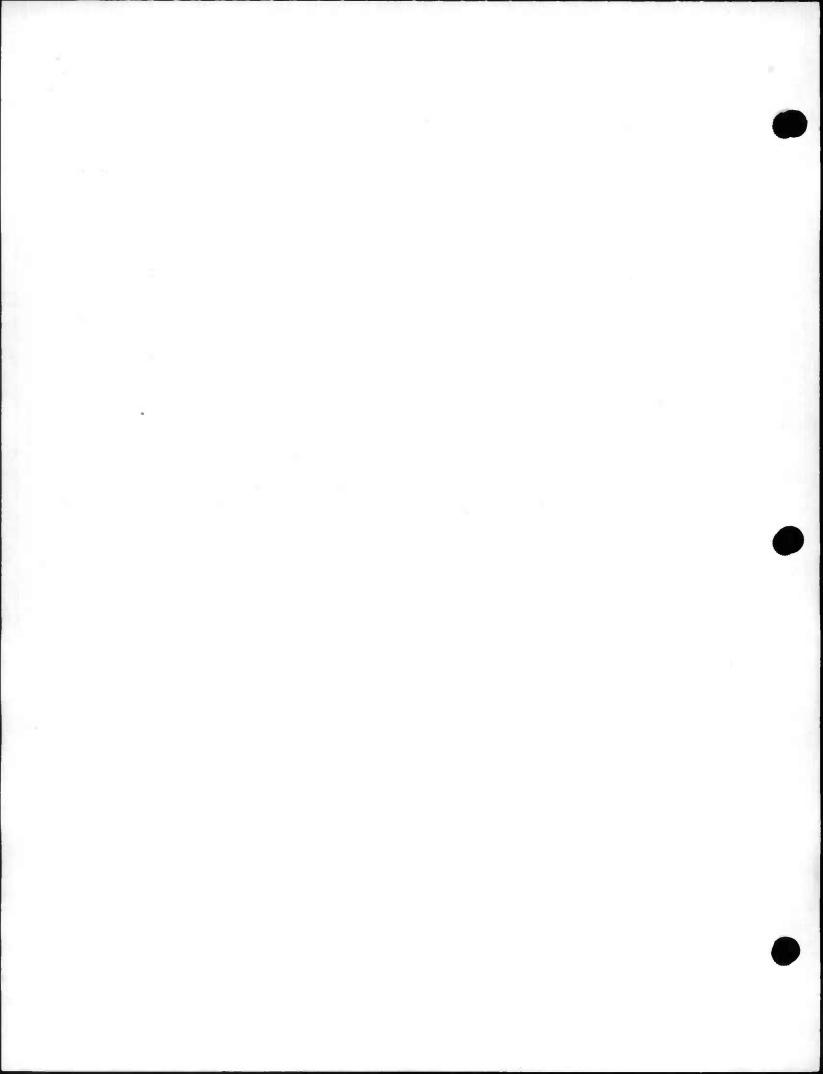
. OECEDENT'S NAME (First, FTHEL EDNA		E							2, DATE O MONTH			YEAR OO	3. TIME OF DEATH
4. SOCIAL SECURITY NUMBI	ER	6. SEX	6. AGE (In yrs. In	st birthday)	IF UNDER 1	-	IF UNDER		7. DATE OF	F BIRTH			NPLACE (State or Foreign
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SACRED HEA		SPITAL			COLIL		מואט				ALL	EGAN	Y COUNTY
MARYLAND	ALI	EGANY			Y, TOWN OF BERLA		ON						10d. INSIDE CITY LIMITS? 1 YES 2 NO
ROUTE # 8 F	BOX# 2	.92					2150					.S.A	WHAT COUNTRY?
11. MARITAL STATUS I Never Married 2 1 1 3 X Widowed 4 Divor		FORCES?	NT EVER IN U.S. A YES 2 \(\) MAR OR OATES	RMED NO	10	yes, spec	city Cuba	n, Mexica	NIC ORIGIN? en, Puerto Ric ly:	(Specify Yea	or No—		E — American Indian, ik, White, etc.
	DENT'S EDU highest grade		4)	Give kind of the Do NOT us	usual oc work done di se retired.) KEEPE	uring most	N it of worki	ng		OUSE			
I7. FATHER'S NAME (First, Mic LEVI MI			40						AME (First, MH	ddle, Maiden	Sumame)		
MRS JOANN		ON	I I	96. MAILING RFD#	8 BOX	(Street and	nd Number 56A	or Rural	Route Number	D, MA	n, State, Zic RYLAI	Code)	21502
20a. METHOD OF DISPOSITION 1 X Burial 2 Cremettor 5 Donation 6 Dither	n 3 🗆 Rem	ovel from State		E OF DISPO	SITION (Nan	ne of ceme	elery, crer	natory or		20c. LO	CATION —	City or T	Own, State
				WITO I			_			POLID	THE CHAPTER	IND L	עזעדדעעער
23. PART I. Enter the di	le x	P. Mer	ritt		22. N SI 40	LCOX	ADDRE X-ME	RRIT	T FUN	ERAL	HOME	MD M	ARVI AND
23. PART I. Enter the die	seeses, or sert fellure.	complications the	at caused the d	leath. Do	SI 40 not enter t	LCOX	X-ME ECAT de of dy	RRIT UR S ing, suc	T FUN	ERAL CUMB	HOME	MD M	Approximata Interval Betw
23. PART I. Enter the disshock, or he IMMEDIATE CAUSE (Findisees or condition	seeses, or of sees of fellure.	complications the	at caused the duse on each line	leath, Do lee.	SI /10 not enter if	LCOX	X-ME ECAT de of dy	RRIT UR S ing, suc	T FUN	ERAL CUMB	HOME	MD M	Approximata Interval Betw
23. PART I. Enter the dishock, or he shock, or he shock, or he size or condition resulting in death) Sequentially list condition if any, leading to immediate. Enter UNDERLYII CAUSE (Disease or injuritate initiated events resulting in death) LAST	seeses, or esert fellure. el ons, diete NG ry T nt condition	b. OUE TO	at caused the duse on each line of the cause	HEALTH DO HE.	22. N SI /10 not enter i	LCOX LCOX V. DE the mod	X-MEX-MEX-MEX-MEX-MEX-MEX-MEX-MEX-MEX-ME	SS OF FA	T FUN TREET the cardio	ERAL CUMB	HOME PLANTING THE PROPERTY OF	ND M	Approximate interval Betwoonset and Donest a
23. PART I. Enter the dishock, or he shock, or cause. Enter UNDERLYII CAUSE (Disease or injusted events resulting in desth) LAST	seeses, or control of the condition of t	DUE TO B. OUE TO C. OUE TO d. Mellika	at caused the duse on each line of the caused the duse on each line of the caused the duse on each line of the caused the	Heath, Do He.	22. N SI / (O	MAME ANCILLOX VI DE the mod derlying 28. PLA	O ADDRE X - ME X - ME TO THE TO THE TO THE TO THE TO THE TO THE TO THE TO THE TO THE TO THE TO THE TO THE TO THE TO THE TO THE TO THE TO THE TO THE TO THE T	RRITUR Sing, suc	T FUN TREET ch se cardio	ERAL CUMB ac or respi	HOME PLANTING THE PROPERTY OF	ND M	Approximate Interval Betwoonset and Donest a
23. PART I. Enter the dishock, or he shock, s a shock of the shock of	seeses, or control of the condition of t	DUE TO DUE TO	at caused the duse on each line O (OR AS A CONSE O (OR AS A CONSE O (OR AS A CONSE O (OR AS A CONSE O (OR AS A CONSE O (OR AS A CONSE	EQUENCE O	22. N SI /(O not enter () F): F): OTHER 4 □ Nurs	deriying 28. PLJ 29. Ing Nome 28. WOF	CAUSE ACE OF E	given in	Part I.	ERAL CUMB ac or respi	HOME PERIAL Iratory sri	TD M	Approximate Interval Betwoonset and Donest a
23. PART I. Enter the dishock, or he shock,	seeses, or esert fellure. el ons, diete NG ry T nt condition O MEDICAL Pending	DUE TO B. OUE TO C. OUE TO C. OUE TO D.	of COR AS A CONSE	EQUENCE O	22. N SI /10 not enter 1 F): F): OTHER 4 Nurs AURY M	deriying 28. PLJ 1: UNDER THE MODEL 26. INJURY NOTE: I	Cause Cause ACE OF C TRY AT RK7 CES 2 [given in	Part I.	ERAL CUMB ac or respi	HOME PLANTING AUTOPSY NAMED?	244	Approximate Interval Betwoonset and Donest a
23. PART I. Enter the dishock, or he shock, s a shock of the shock only shock on the shock only shock on the	seeses, or opert fellure. ons, diete fellure. ons, diete fellure. on MEDICAL. Pending investigation Could not be determined	DUE TO B. OUE TO C. OUE TO C. OUE TO D. DUE TO D.	To caused the duse on each line on each line of the caused the duse on each line of the caused of th	Beeth, Do lee.	22. N SI /10 not sinter i	deriying 28. PLJ 1: Sing Nome 28c. INJU WOY, office me, deta c	O ADDRE X — ME X — ME ECA T de of dy ACE OF C B 5 — R URY AT RKS 2 [given in	Part I.	24a. WAS AND PERFORM 1 VES 2	HOME I AUTOPSY PMED? I NJURY OC and Number	244 CCURED or or Rural	Approximate Interval Betwonset and Donest an



	FOR STATE REGISTRAR	STATE OF MARYL		MENT OF HEAD		IENTAL HYGIENI REG. NO.	90	33168
	1. DECEDENT'S NAME (First, Middle, Lest) FLOYD SYL	VESTER	FOGLE, SR	. Fog	le	2. DATE OF DEATH DAY NOV. 17, 15	1990 90	3. TIME OF DEATH
		1 CMATEF	61 YRS.	ONTHS DAYS HOU	IRS MIN.	7. DATE OF BIRTH (Month, Day, Year) 08/26/29	Cou	THPLACE (State or Foreign ntry) (LAND
TOR	90. FACILITY NAME (If not institution, give structure) 911 CLEARVIEW RD. RESIDENCE OF DECEMENT	eet and number)		UNION BR		ATH .	CARROLI	
DIRECTOR	MD STATE 106. COUNTY CARR	OLL	UNION	BRIDGE				10d. INSIDE CITY NATITS? 1 YES 2 NO
FUNERAL	911 CLEARVIEW RD.		.	10f. ZIP	21791			S.A.
ĕ l	11. MARITAL STATUS 1 Never Married 2 Married 3 Widows 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES IF YES GIVE WAR OR E	2 NO	If yes, specify		C ORIGIN? (Specify Yea , Puerto Rican, etc.)	or No — 14. RA Bit	CE — American Indian, ack, White, etc. ec/fy:
COMPLETED	15. DECEDENT'S EDUC. (Specify only highest grade of Elementary/Secondary (0-12)		16a. DECEDENT'S US (Give kind of work life. Do NOT use in	k done during most of	working	166. KIND OF BUS	ER CO.	
SON	17. FATHER'S NAME (First, Middle, Last) HARRY O. FOGLE			18.		IE (First, Middle, Maiden		
BE	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING AT	ODRESS (Street and No	ALVA Imber or Rural Ro	EYLEK oute Number, City or Town	n, State, Zip Code)	
٩	VIRGINIA L. FOGLE					ON BRIDGE	MI	
	20e. METHOD OF DISPOSITION BURI 1 Burisi 2 Cremation 3 Remo	A L 20 val from State	HAUGH'S CE	ION (Name of cometer)	crematory or		CATION — CHY OF DIESBUR(
	21. SIGNATURE OF FUNERAL SERVICE LICE		Ger	22. NAME AND A		BRIDGE, MD	HARTZLEF	& SONS
CERTIFICATION	23. PART I. Enter the diseases, or ci shock, or heert feilure. L iMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditione, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	DUE TO (OR AS	eech fine. /		4	eelar	Λ	Approximate Interval Between Onset and Death
BY PHYSICIAN: MEDICAL CERT	PART II. Other aignificant conditions	e contributing to death	but not resulting in	the underlying ce	use given in f	Part I. 24a, WAS AN PERFOR	MED?	24b, WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
ICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	s/ C	THER:	OF DEATH (Che			
HYS	1/ YES 2 NO 27. MANNER OF DEATH	1 Inpetient 2 ER/Ou 26e. DATE OF INJURY (Month, Day, Year)	26b. TIME (6 Other (Specify) 28d. DESCRIBE HOW I	NJURY OCCURED	
ВУР	1 Natural 5 Pending 2 Accident Investigation			M 1 TYES	2 🗌 NO			
	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJUR building, etc. (Sp	RY — Al home, farm, struecify)	eet, factory, offica		261. LOCATION (Street a City or Town, State)	and Number or Rur	ml Route Number,
COMPLETED	COME 2 X MEDICAL EXAMINE	On the best of my kno						ne(a) and menner as stated.
BE	296. SIGNASOBE AND TITLE OF CENTRALS	Town South	1	29	LICENSE NUM	BER	29d. DATE SIGN	IED (Month, Day, Year)
01	30. NAME AND ADDRESS OF PERSON WHO Richard A. Jos	ies Ca	rroll Cour	nty Gener	al Hos	pital Wes	tminste	r, MD
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIG	WIGGON-Randel	20				

BALTIMORE, MARYLAND 21203-3146

	FOR 1 - STATE REGISTRAR	STATE OF MARY			TMENT OF H			MEN	ITAL HYGIEN REG. NO.	E 9	0	33169
	1. DECEDENT'S NAME (First, Middle, Last)			1				l N	DATE OF DEATH		YEAR	3. TIME OF DEATH
	MINNIE M.								OVEMBER			0045 M
Н	4. SOCIAL SECURITY NUMBER		E (In yrs. lest	,,	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER	MIN.	1 (Month, Day, Year)		8. BIRTNI Country	PLACE (State or Foreign
	211-34- 4008	1 M 2 M F	87	YRS.					1/17/0.			YLAND
DIRECTOR	98. FACILITY NAME (ti not institution, give str PENINSULA GENERAL	HOSPITAL			SALISB	URY	ON OF DE	EATH		ac Conn.	OMI(CO"
EG	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY			10c. CIT	Y, TOWN OR LOCAT	ION						10d, INSIDE CITY
		COMICO			SALISBU							1 YES 2 X NO
FUNERAL	100. STREET AND NUMBER 1100 RIVERSIDE D	RIVE			101	. ZIP COD	2180	1			EN OF W	/HAT COUNTRY?
S	11. MARITAL STATUS	12. WAS DECEDENT EVE							RIGIN? (Specify Yes		14. RACE	- American Indian,
	1 Never Married 2 Married	FORCES? 1 YE		0	If yea, ap				arto Rican, etc.)		Specif	y: White, etc.
) BY	3 XXWIdowed 4 Divorced											WHITE
Ē	15, DECEDENT'S EDUC (Specify only highest grade of		(Gh	ve kind of	USUAL OCCUPATION work done during mo	ON at of worki	ing		18b, KIND OF BUS	SINESS/INDU	JSTRY	
۳	Elementary/Secondary (0-12)	College (1-4 or 8+)			se retired.)					HOME		
COMPLETED	7 YEARS 17. FATHER'S NAME (First, Middle, Last)	NO	1 1	IOME	1AKER	40. 1107	HERIO MA	na# (1	Total Ballatelle Ballatelle			
	RALPH B.	CIII	LLEN				URA	UNIE (/	First, Middle, Malden	Mc II	NTYR	RE.
BE	19a. INFORMANT'S NAME (Type/Print)	00.		MAILING	ADDRESS (Street a			Route	Number, City or Tow			
2	CALVIN M. WHITE-				BOX 216					21801		
	20a. METHOD OF DISPOSITION 1 / 1 X Buriat 2 Cremation 3 Female	20/90	20b. PLACE (OF DISPO	SITION (Name of cer	netery, crea	metory or			CATION — C	ity or To	wn, State
	4 Donation 8 Other (Specify)	was trigen State	WICON	11CO	MEMORIA	L PA	RK		SAL	ISBUR'	Y, M	ID 21801
	21. SIGNATURE OF FUNERAL SERVICE LICE	ENGRE 17	0		22. NAME AN	ND ADDRE	SS OF FA	FR	AL HOME,	ΡΔ		
	· IUK /a	olle	VL						RD, SALI		. MD	21801
	23. PART I. Entar the diseases, or co	omplications that cau	od the da	ath. Do								Approximate
	shock, or haart fallure. L IMMEDIATE CAUSE (Final	list only ona cause of	s each sine.		1 /							Interval Between Onset and Death
	disease or condition resulting in death)	Ovari	ean	F	derwoo	0 77 C	zur	m	12_			3
ľ					0.200	evu						1 years
1		DUE TO (OR A	S A CONSEC	UENCE O	F):	cou		,				Jewin
NO	Sequentially list conditions,			DUENCE O	F):	eou						Sycara
ATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR A		DUENCE O	F):	eora) georg
FICATION	if any, leading to immediata cause, Enter UNDERLYING CAUSE (Disease or Injury		S A CONSEC	DUENCE O	F): F):							years
RTIFICATION	if any, leading to immediata cause. Entar UNDERLYING	DUE TO (OR A	S A CONSEC	DUENCE O	F): F):							Jyeurs .
CERTIFICATION	If any, leading to immediata cause, Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (OR A	AS A CONSECUES A CONSECUES	DUENCE O	F): F):) years
	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	DUE TO (OR A	AS A CONSECUES A CONSECUES	DUENCE O	F): F):						246.	WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMBINE TOWN OF CAUSE
	If any, leading to immediata cause, Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (OR A	AS A CONSECUES A CONSECUES	DUENCE O	F): F):				1. 24e. WAS AN	RMED?	240.	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
	If any, leading to immediata cause, Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (OR A	AS A CONSECUES A CONSECUES	DUENCE O	F): F):				I. 24e. WAS AN PERFOR	RMED?	240.	AVAILABLE PRIOR TO COMPLETION OF CAUSE
	If any, leading to immediata cause, Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (OR A	AS A CONSECUES A CONSECUES	DUENCE O	F): F): In the underlyin	g cause	given in	ı Pari	24e. WAS AN PERFOR	RMED?	246.	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
	If any, leading to immediate cause, Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER?	DUE TO (OR A	s a consecutive and a consecutive high but not re	DUENCE O	F): F): In the underlyin 26. Pi	g cause	given in	ı Part	24a. WAS AN PERFOR	RMED?	246.	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
	If any, leading to immediate cause, Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant conditions 25. WAS CASE REFERRED TO MEDICAL	DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A	h but not n	DUENCE O	F): F): In the underlyin 26. Pi OTHER: 4 □ Nursing Hon E OF □ 26c. IN.	g cause	given in	i Pari	24a. WAS AN PERFOR	RMED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
PHYSICIAN: MEDICAL	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATN 1 Natural 5 Pending	DUE TO (OR A	h but not n	DUENCE O	F): F): In the underlyin 26. Pi OTHER: 4 Nursing Hon RE OF 28c. IN. WY WY	g cause	given in	i Pari	24a. WAS AN PERFOR 1 YES 2	RMED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
BY PHYSICIAN: MEDICAL	If any, leading to immediate cause, Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATN	DUE TO (OR A DU	h but not re	DUENCE O	F): F): In the underlyin 26. Pi OTHER: 4 Nursing Hon 4E OF 28c. IN. URY M 1	g cause	given in	Part	24a. WAS AN PERFOR 1 YES 2 Only one) Other (Specify) d. DESCRIBE NOW (NJURY OCC	URED	AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
ED BY PHYSICIAN: MEDICAL	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATN 1 Natural 5 Pending trivestigation	DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A	h but not re	DUENCE O	F): F): In the underlyin 26. Pi OTHER: 4 Nursing Hon 4E OF 28c. IN. URY M 1	g cause	given in	Part	24e. WAS AN PERFOR 1 YES 2 Only one) Other (Specify) d. DESCRIBE NOW I	NJURY OCC	URED	AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
ED BY PHYSICIAN: MEDICAL	If any, leading to immediate cause, Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	DUE TO (OR A DU	b but not re Dutpetient 3 RY RY LIRY — At hor	DUENCE OF DUENCE OF DUENCE OF DOA 28b. Till IN	F): F): In the underlying 26. Pi OTHER: 4 Nursing Hone AE OF 28c. IN. URY M 1 street, factory, office	g cause	given in DEATN (C) lesidence	Pari	24a. WAS AN PERFOR 1 YES 2 Other (Specify) d. DESCRIBE NOW I	NJURY OCC	or Rural F	AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
ED BY PHYSICIAN: MEDICAL	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATN 1 Natural 5 Pending to the significant conditions of the signifi	DUE TO (OR A DU	b A CONSECUTE A CO	DUENCE OF DUENCE OF DUENCE OF DOAR 28b. Till IN	F): F): In the underlying 26. Pi OTHER: 4 Nursing Hon AE OF 28c. IN. WY M 1 street, factory, office red at the time, date	g cause LACE OF I DIG 5 R DURY AT PRK? YES 2	given in DEATN (Cr lesidence NO	Pari	24a. WAS AN PERFOR 1 YES 2 Other (Specify) d. DESCRIBE NOW I	NJURY OCC	or Rural F	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
COMPLETED BY PHYSICIAN: MEDICAL	If any, leading to immediate cause, Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	DUE TO (OR A DU	b A CONSECTION OF A CONSECTION	DUENCE OF DUENCE OF DUENCE OF DOAR 28b. Till IN	F): F): In the underlying 26. Pi OTHER: 4 Nursing Hon AE OF 28c. IN. WY M 1 street, factory, office red at the time, date	g cause LACE OF I DO 5 R JURY AT PES 2 R DO 1 and place death occur 29c. LIC	given in DEATN (C) lesidence NO e, and due ared at the	Pari	24e. WAS AN PERFOR 1 YES 2 Only one) Other (Specify) d. DESCRIBE NOW I LOCATION (Street City or Town, State)	NJURY OCC and Number of the data to the set of the set	or Rural F	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO Route Number,
BE COMPLETED BY PHYSICIAN: MEDICAL	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATN 1 Natural 5 Pending trivestigation to be determined 2 Accident 3 Suicide 8 Could not be determined 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER 29b. SIGNATURE AND TITLE OF CERTIFIER	DUE TO (OR A DU	b but not re Dutpetient 3 RY and Dutpetient 3 RY and Dutpetient 3 RY and Dutpetient 3	DUENCE OF DUENCE OF DUENCE OF DOAR 28b. Till IN IN IN IN IN IN IN IN IN IN IN IN IN	F): F): In the underlyin 26. Pi OTHER: 4 □ Nursing Hon AE OF JURY M 1 □ street, factory, office red at the time, date on, in my opinion, of	g cause LACE OF I DO 5 R JURY AT PES 2 R DO 1 and place death occur 29c. LIC	given in DEATN (C) tesidence NO e, and due ared at the	Pari	24e. WAS AN PERFOR 1 YES 2 Only one) Other (Specify) d. DESCRIBE NOW I LOCATION (Street City or Town, State)	NJURY OCC	or Rural F	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO Route Number,
COMPLETED BY PHYSICIAN: MEDICAL	If any, leading to immediate cause, Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	DUE TO (OR A DUE TO (OR A DUE TO (OR A I. B CONTributing to deat B CONTRIBUTION CHARGE OF INJU CHARGE O	Dutpetient 3 BY BY BY BY BY BY BY BY BY B	DUENCE OF DUENCE OF DUENCE OF DOAR 28b. THE IN THE INTERPRETATION OF THE INTERPRETATION	F): 26. Pi The underlyin 26. Pi OTHER: 4 Nursing Hon ALOF 28c. IN. ALOF 28c. IN. ALOF WY M 1 III street, factory, office red at the time, data on, in my opinion, on	g cause LACE OF I THE S I REPORT THE SERVICE	given in DEATN (Cr lesidence NO e, and dus ared at the ENSE NU (F (Pari	Other (Specify) I. LOCATION (Street. City or Town, Stele) the cause(a) and main, data and place, and	NJURY OCC and Number as state d due to the	or Rural F	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO Route Number,
TO BE COMPLETED BY PHYSICIAN: MEDICAL	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant conditions resulting in death) LAST 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	DUE TO (OR A DU	Dutpetient 3 BY At hor provided ge, de ation and/or i	DUENCE OF DUENCE OF DUENCE OF DOAR 28b. Till IN me, farm, ath occur investigation of the country	F): 26. Pi The underlyin 26. Pi OTHER: 4 Nursing Hon ALOF 28c. IN. ALOF 28c. IN. ALOF WY M 1 III street, factory, office red at the time, data on, in my opinion, on	g cause LACE OF I THE S I REPORT THE SERVICE	given in DEATN (Cr lesidence NO e, and dus ared at the ENSE NU (F (Pari	24e. WAS AN PERFOR 1 YES 2 Only one) Other (Specify) d. DESCRIBE NOW I LOCATION (Street City or Town, State)	NJURY OCC and Number as state d due to the	or Rural F	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO Route Number,
BE COMPLETED BY PHYSICIAN: MEDICAL	If any, leading to immediate cause, Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	DUE TO (OR A DUE TO (OR A DUE TO (OR A I. B CONTributing to deat B CONTRIBUTION CHARGE OF INJU CHARGE O	Dutpetient 3 BY At hor provided ge, de ation and/or i	DUENCE OF DUENCE OF DUENCE OF DOAR 28b. Till IN me, farm, ath occur investigation of the country	F): 26. Pi The underlyin 26. Pi OTHER: 4 Nursing Hon ALOF 28c. IN. ALOF 28c. IN. ALOF WY M 1 III street, factory, office red at the time, data on, in my opinion, on	g cause LACE OF I THE S I REPORT THE SERVICE	given in DEATN (Cr lesidence NO e, and dus ared at the ENSE NU (F (Pari	Other (Specify) I. LOCATION (Street. City or Town, Stele) the cause(a) and main, data and place, and	NJURY OCC and Number as state d due to the	or Rural F	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO Route Number,



TO BE COMPLETED BY FUNERAL DIRECTOR

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

			ENTIF	CALE	OF D	EAIR	REG. NO	0.					
1. DECEDENT'S NAME (First, Middle, Lest)	han	Fores						DAY	YEAR	1. TIME OF DEATH			
Terry Thatc	ner s. sex	Fergus			a wear 1		Nov. 14,	1990	-	10:00 A			
	5. SEX	6. AGE (In yrs.		MONTHS		IF UNDER 24 HRS.	7. OATE OF BIRTH (Month, Day, Year)		BIRTHPLACE (State or Fore Country)				
304-00-3963		46	YRS.				AUG 18, 1			ornia			
9a. FACILITY NAME (If not institution, give stre			100	9b. CITY,	TOWN OR	LOCATION OF O	EATH	9c. COI	JNTY OF DEA	ATH			
13213 Dairymaid Dr	rive #20	1	17-5-1	Ge	rmant	own		Moi	ntgome	ery			
RESIDENCE OF DECEDENT			10c. CITY	/ TOWN O	R LOCATIO	N			1,	od. INSIDE CITY			
	- Om O WII								- 10	LIMITS?			
Maryland Monts	gomery		G	erman	ntown	IP COOE		100 CF		AT COUNTRY?			
	4 400	1								States			
13213 Dairymaid Dr			A D4450	1 40 14		20874							
Never Married 2 Married	12. WAS DECEDEN FORCES? 1.	AYES 2	NO	11	f yes, speci	ify Cuben, Maxico	NIC ORIGIN? (Specify Y in, Puarto Rican, atc.)	res or No-	Black,	– American Indian, White, etc.			
3 Wildowed 4 Divorced	Viet			1	YES 2	NO Specif	y:		Specify	White			
15. OECEOENT'S EOUC	ATION		DECEOENT'S	USUAL OC	CCUPATION		16b. KIND OF B	USINESS/IN	IDUSTRY				
(Specify only highest grade of			(Give kind of w life. Do NOT us	vork done d									
Elementary/Secondary (0-12)	College (1-4 or 5		nginee	r			Mitre (lorp.	Cont	racting			
7, FATHER'S NAME (First, Middle, Last)			820			16. MOTHER'S NA	ME (First, Middle, Maide		00				
Fred Ferguson							Holman	,					
9a. INFORMANT'S NAME (Type/Print)			195 MAILING	ADDRESS	S (Street and		Route Number, City or R	hum State 7	In Codel				
Cindy Ferguson				as		770111001 01 110101	Troub Training, only or I		4 0000,				
20a. METHOD QE DISPOSITION		200 51 44				tery, crematory or	1 000 1	CONTION	- City or Tow	- Chal			
1 🗆 Burial 2 🖒 Cremation 3 🗆 Remo	val from State	other	r place)										
1 Donation 5 Other (Specify)	Nitre	_ Meti	ropoli	Lan (OLGIIIS	ADDRESS OF E	voluty DeVol	Funo	ral U	rginia			
2	20			-	10 Ea	st Deer	r Park Dri	lve	lai IIC	nue			
XC. Ho	wh-						g, Marylar		877				
23. PART I. Enter the diseases, or co										Approximata			
shock, or heart fellure. L	ist only one cal	ae on each i	ine.							Onset and Deat			
disesse or condition	SE	PSIS								17 DAVS			
resulting in death)	DUE TO	(OR AS A CON	SEQUENCE OF	F):						1 - 1,74 1,3			
- 44	B	Upp	1 08	STA	NO	LIGI				2 mas			
Sequentially list conditions,	DUE TO	(OR AS A CON	SEQUENCE OF	F):									
If any, leeding to immediate cause. Enter UNDERLYING	GA	STRUC	OB	STIR	TI	cos				2 was			
CAUSE (Disease or injury that initiated events		(OR AS A CON	SEQUENCE OF	F):						2 was			
resulting in deeth) LAST	PAN	CLOR	TIC "	COAN	JCG	2				6 lune			
										1			
PART II. Other algnificent conditions	contributing to	death but no	ot resulting	in the un	nderlying	cause given in	PERF	AN AUTOPS'ORMED?		WERE AUTOPSY FINDING AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?			
										1 YES 2 NO			
25. WAS CASE REFERRED TO MEDICAL						CE OF DEATH (C	heck only one)						
1 YES 2 NO	HOSPITAL:	☐ ER/Outpatient	3 🗆 DOA	OTHER 4 - Nun		5 Residence	6 Other (Specify)						
	28e. DATE Of	F INJURY Day, Year)	28b. TIM	IE OF JURY	28c. INJUI WOR	RY AT	28d. DESCRIBE HOV	W INJURY O	CCUREO				
27. MANNER OF DEATH			1116	WITH I	WOH	751							
27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	(INCHAN, I			M	1 YE	S 2 NO							

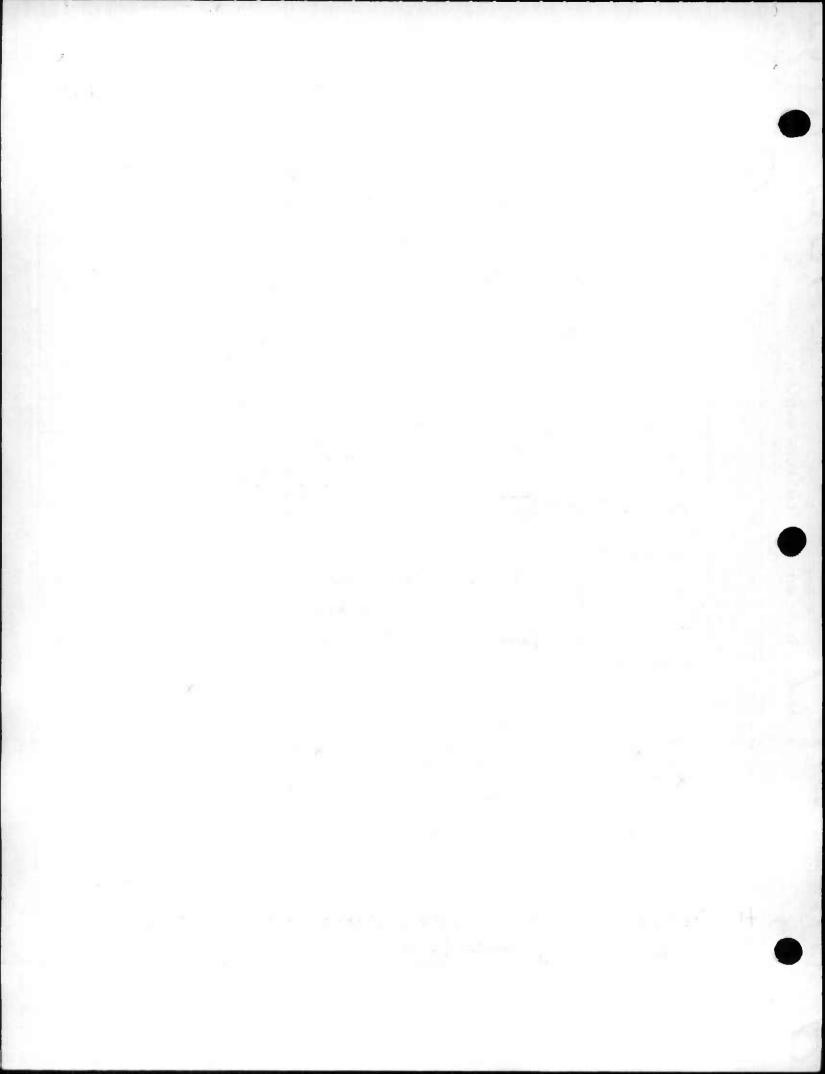
TER E PERRICCI MD 3301 NEW MEX AUE., N.W., WASH. D.C. 3000 7
TE FILED (Month, Day, Year)

12. REGISTRAP'S SIGNATURE

NOV 16 90 Julia Davidson Pendelle.

29c. LICENSE NUMBER

29d. DATE SIGNED (Month, Day, Year)



TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be exacuted within 24-rours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

15

31. DATE FILED (Month, Day, Year)
NOV 16 90

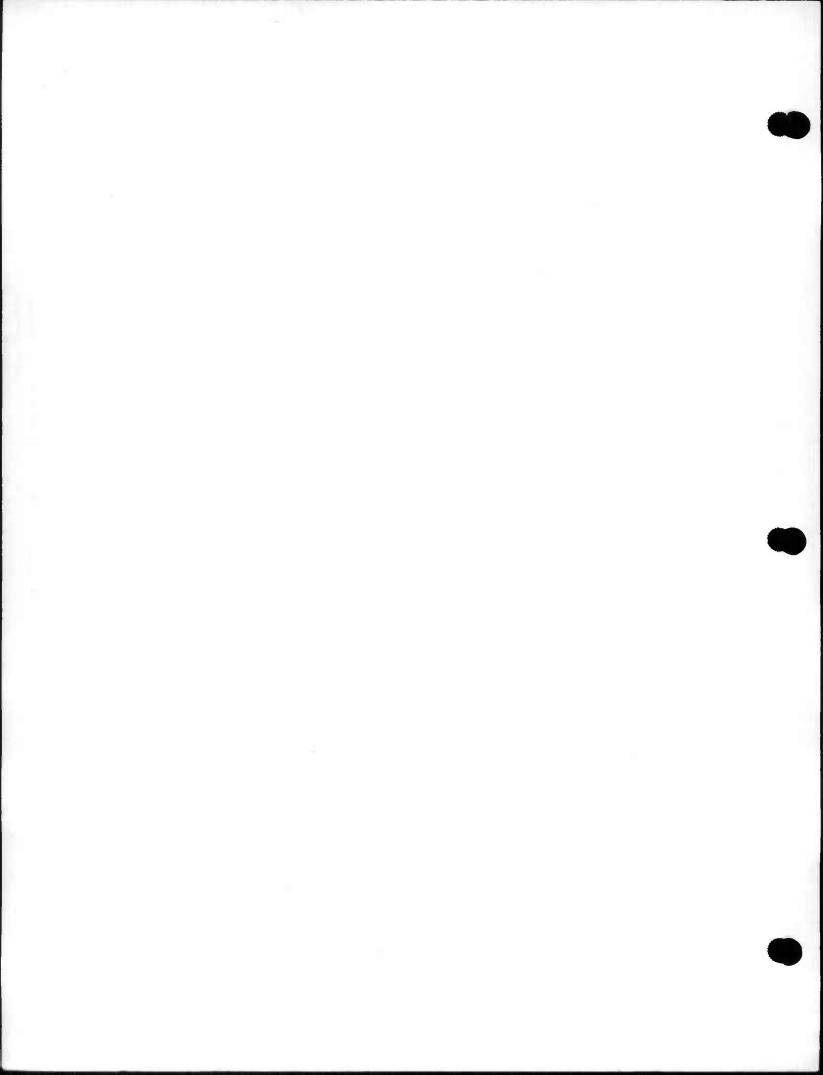
	FOR STATE REGISTRAR	STATE OF I	MARYLAND /		TMENT				MENT	AL HYGIENE REG. NO.		90	33171
	1. DECEDENT'S NAME (First, Middle, Last) Willia	m H	I. Fi	ische	er, J	r.			MON	TE OF DEATH DAY	4	YEAR 90	8:30 A. M
	4. SOCIAL SECURITY NUMBER 578-10-2448	5. SEX 1 📉 M 2 🗌 F	6. AGE (In yrs. las	t birthday) YRS.	IF UNDER	1 YEAR DAYS	IF UNDER	24 HRS. MIN.	(Mo	TE OF BIRTH onth, Day, Year)	1016	Country)	ACE (State or Foreign
-	e. FACILITY NAME (If not institution, give at	reet and number)			9b. CITY, TOWN OR LOCATION OF DEATH					VE IU,	1916 WASHINGTON, DC		
НО	1711 BLACK OAK	LANE				SI	LVER	SP	RIN	NG MONTGO			GOMERY
DIRECTOR	RESIDENCE OF DECEDENT AND STATE 10b. COUNTY			10c. CIT	Y, TOWN O	R LOCAT	ION					1	od. INSIDE CITY
듬	MARYLAND	MONTGOM	ERY		SILVER SPRING					1			LIMITS?
Z	10s. STREET AND NUMBER				10f. ZIP CODE					10g. CITIZEN OF WHAT COUNTRY?			
FUNERAL		OAK LAN			20910						USA		
	11. MARITAL STATUS 1 Never Married 2 Married	FORCES?	T EVER IN U.S. AR	MEO 10	13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Y If yea, specify Cuben, Maxican, Puerto Rican, atc.)				GIN? (Specify Yea to Rican, atc.)	or No—		- American Indian, Whita, atc.	
B	3 Widowed 4 Divorced	IF YES, GIVE	MAR OR DATES		1 ☐ YES 2 ☐NO Specify: Specify: WHIT						WHITE		
	15. DECEDENT'S EDUC (Specify only highest grade		16a. OE (G	CEDENT'S	USUAL OCCUPATION 16b. KIND OF BUSIN work done during most of working be retired.)					INESS/INC	DUSTRY		
,E	Elementary/Secondary (0-12)	College (1-4 or 5	+)		se retired.) RAPHE					ARMY TO	PO. (COMMAI	ďΝ
COMPLETED	17. FATHER'S NAME (First, Middle, Lest)	J1	DI	11100.	IVELL TIL	211	18. MOT	HER'S NA			MY TOPO. COMMAND		
C	WILLIAM H. FISCHER, SR. ADDIE								JENK	INS			
TO BE	19a. INFORMANT'S NAME (Type/Print) 19b. MAILING AODRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)												
-	MADGE M. FISCHER (WIFE) 1711 BLACK OAK LANE, SILVER SPRING, MARYLAND 20910 200. METHOD OF DISPOSITION (Name of commetter), crematory or 200. LOCATION — City or Town, State												
	20a. METHOD OF DISPOSITION 1 District 2 Cremation 3 Ram 4 Donation 5 Other (Specify)	oval from Stata	20b. PLACE other pl GATE	OF OISPO	SITION (Na HEAVE	me of cer EN C	netery, cre EMET	ERY					n, Stata G, MARYLAND
	21. SIGNATURE OF FUNERAL SERVICE LK	2 B	inlen		FF	RANC	IS J		LLI	NS FUNE			INC.
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or reapiretory arrest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) Approximate interval Between Onset and Death Onset and Death												
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST												
Ö	PART II. Other significant condition	na contributing t	o desth but not	resulting	in the un	nderivin	g cause	given in	Part I.	. 24a. WAS AN	AUTOPSY	24b. \	WERE AUTOPSY FINDINGS
PHYSICIAN: MEDICA	CeretroVe	scelar	- Sis	26A	L					PERFOR	-		MALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
N N	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHE		LACE OF	DEATH (Ch	heck only	y one)			
YSI	1 TES 2 NO	1 Inpatient 2	☐ ER/Outpatient	-	4 🗆 Nur	sing Hon		Rasidenca		ther (Spec/ly)			
ВУ РН	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	28a. DATE C (Month,	Day, Year)	28b. TI	ME OF IJURY M		URY AT ORK? YES 2	□ NO	28d. (OEŞCRIBE NOW I	NJURY OC	CURED	
G	3 Suicide a Could not be determined	28e. PLACE	OF INJURY — At h. J. etc. (Specify)	ome, ferm,	atreet, fact	tory, offic	:			OCATION (Street and City or Town, State)		er or Rurel Ro	ute Number,
COMPLET	29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINA		of my knowledge, d										and menner as stated.
TO BE C	29b. SIGNATURE AND TITLE OF CONTINUE	MIN	UTIL			Δ	29c. LI	CENSE NU	95		29d. DA	TE SIGNED	Adnth, Day, Yber)
-	30. NAME AND ADDRESS OF PERSON WI	O COMPLETED CA	OL PAL	M 27) (Type	Print)	COAL)	Ro	CK	rille N	00	2085	2

32. REGISTRAR'S SIGNATURE
Julia Davidon Rando 10.

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DHMH-16 Rev 1/89

_	HEGISTRAN			OLITTI	IOAI	_ 01	DEA			REG. NO.				-
1	1. DECEDENT'S NAME (First, Middle, Last)								2. DATE OF MONTH	DEATH	v	YEAR	3. TIME OF DEATH	
M	NORBERT	R.		FORT	IER				NOVEMBER 14.1990 11:35			11:35 AM	e L	
- //	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs.	. lest birthday)	IF UNDE	R 1 YEAR	IF UNDER	24 HRS.	7, DATE OF	BIRTH	-	8. BIRTI	HPLACE (State or Foreign	1
	4010 // 7007	1 🗔 M 2 🗆 F	0.0	YRS.	MONTHS	DAYS	HOURS	MIN.				Count		н
	213-44-7027	X	82		APRIL 24, 1908 LOUISIANA							-		
	9e. FACILITY NAME (If not institution, give st	reet and number)			9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH						DEATH	П		
0	12431 KEMP MILL RO	DAD			SILVER SPRING MONTGOMERY						ERY			
DIRECTOR	RESIDENCE OF DECEDENT			T										
뿞	10s. STATE 10b. COUNTY			10c. CIT	Y, TOWN	OR LOCA	ATION						10d. INSIDE CITY LIMITS?	1
⊼	MARYLAND MON	NTGOMERY		SI	LVER	SPE	RING						1 YES 2 NO	1
41	10e, STREET AND NUMBER					10	of. ZIP COD	E			10g. CIT	IZEN OF	WHAT COUNTRY?	7
FUNERAL	217 HILL TANCHING I	OD TITE			20001						***	CA		1
2	217 WILLIAMSBURG I	12. WAS DECEDEN	T EVED IN II O	ADMED	20901 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify					Sanaki Van		SA	No American Indian	4
5	1 Never Married 2 Married	FORCES? 1	YES 2	NO	13.	If yes, specify Cuban, Mexican, Puerto Rican, etc.)					es or No— 14. RACE — American Indian, Black, Whits, etc.			1
BY	3 ☑ Widowed 4 ☐ Divorced	IF YES, GIVE W	AR OR DATES	Λ	1	1 YE	S 2 XNO	Specif	y:			Spec		1
	Δ								1			WHI	TE	4
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade		16e.	Give kind of	work done	during m		ng	16b. K	IND OF BUS	INESS/IN	DUSTRY		1
ᄪᅵ	Elementary/Secondary (0-12)	College (1-4 or 5 +	•)	life. Do NOT u	se retired.)			-						1
릴	12			CIVIL	ENGI	NEE	2							
8	17. FATHER'S NAME (First, Middle, Last)						16. MOT	HER'S NA	ME (First, Mid	die, Malden	Sumame)			7
	ANDREW FORTIER				EDITH HUPPENBAUER									
8	19e. INFORMANT'S NAME (Type/Print)			10h MAH 104	NG AODRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)								4	
2	The second secon	/DAILOUMT			WILLIAMSBURG DRIVE SILVER SPRING, MARYLAN						D377 437D 2000	. 3		
											PKIN	G, MA	RYLAND 2090	4
	20e. METHOD OF DISPOSITION 1 □ Burlel 2 □ Cremation 3 □ Removal from State 20b. PLACE OF DISP					lame of co	emetery, crer	natory or		20c. LO	CATION -	City or T	ίοwπ, State	Н
						TAN CREMATORY ALEXANDRIA, VIRG							VIRGINIA	1
- 1	21. SIGNATURE OF FUNERAL SERVICE LICENSEE					22. NAME AND ADDRESS OF FACILITY FRANCIS J. COLLINS FUNERAL HOME, INC.							1	
	► ()X ₀ . /	F	RANG	CIS J	CO	LLINS	FUNE	RAL	HOME	E, INC.				
	Merci	les	MCX		5	00 t	JNIVE	RSII	Y BOU	LEVAR	D, W	EST	SIL.SPR.,MD	١.
	23. PART I. Enter the diseases, or complications that ceused the death. Do not enter the mode of dying, such as cerdiec or respiratory erreat, 2090 1 Approximete shock, or heart fellure. List only one cause on each line.													
	IMMEDIATE CAUSE (Finel													
	disease pr condition	0	tic	CT	01	4 a in \$2	2.0							П
	resulting in death)	e. DUF TO	(OR AS A COR	NSEQUENCE (IEI:	403	>1-2							\dashv
			(0		. ,.								j	
CERTIFICATION	Sequentielly list conditions,	b	(OR AS A CO	MOEOUENOE /	NEV.								<u> </u>	-
Ĕ	If any, leeding to immediate	002 10	(OR AS A COI	NSEQUENCE (<i>pr</i>):								i	-
5	cause. Enter UNDERLYING CAUSE (Disease or Injury	с.												4
는	thet initiated events	DUE TO	(OR AS A COR	NSEQUENCE (DF):								i	-
H	resulting in death) LAST	d												
	PART II. Other significent condition	a contribution to	death hut n	ot regulties	In the s			alius la	Don't la	4a. WAS AN	ALCTOROU	Las	b. WERE AUTOPSY FINDINGS	+
EDICAL	PART II. Other significent condition	a contributing to	death but h	lot reauting	III the u	moertyn	ng couse	given in	Part I. 2	PERFOR		24	AMILABLE PRIOR TO	П
8									1	YES 2	NO		COMPLETION OF CAUSE OF DEATH?	П
_									1				1 YES 2 NO	1
2									_					1
A	25. WAS CASE REFERRED TO MEDICAL					26 1	DI ACE OE I	DEATH //	heck only one)					\dashv
$\overline{\mathbf{c}}$	EXAMINER?	HOSPITAL:			OTHE		LACE OF I	ZEATTI (O	neck only only					1
YS	1 TES 2 OCHO	1 Inpatient 2	ER/Outpatier			ursing Ho	me 5 A	esidence	6 C Other (Specify)				_
PHYSICIAN:	27. MANNER OF BEATH	28a. DATE OF (Month, D	ay, Year)	28b. TI	ME OF	28c. IP	VURY AT		28d. DESC	RIBE HOW I	NJURY OC	CCURED		П
BY	1 Natural 5 Pending 2 Accident Investigation				М	1 🗆	YES 2 [NO.						1
	3 Suicide 6 Could not be	28e. PLACE C	F INJURY - A	At home, ferm,	street, fe	ctory, off	iice					or Rural	Route Number,	7
田	4 Homicide determined	bunding,	etc. (Specify)						City or	Town, State)				-
<u>u</u>	29a. CERTIFIER													\dashv
5	(Check only	ICIAN: To the best of												-1
COMPLETED	MEDICAL EXAMINE	R: On the basie of e	xamination and	d/or Investigat	lon, in my	opinion,	death occu	red at the	e time, date e	nd place, ar	d due to t	the ceuse	(e) and manner as stated.	_
	296 SIGNATURE AND TITLE OF CERTIFIE	R/			. \		29c. LIC	ENSE NU	IMBER		29d. DA	TE SIGNE	D (Month, Day, Year)	\dashv
BE	6. 9 60. 1	1 lesses	in)	1/4			IT	11) <	DXC)	•	11/	14/90	-
2	20 NAME AND ADDRESS OF BERE	to count area con	DE OF DEAL.	1000	1000			J-	000)		//	1110	\dashv
	30/NAME AND ADDRESS OF PERSON WH	CAU	A A	(ITEM 27) (Typ	e, Print)	7	0_	1	1	10	0.1	100	-Ca.	1
	trauk N. C	oravina	SHE	2,10	3/3	5 (260	1710	2 1-10	ic,	Dill	ULI	Dirwy,	U
	31. DATE FILED (Month, Day, Year)	32. REGISTRA	AR'S SIGNATUI	RE ⁷				U					1	
	NOV 16 '90	Gul	a David	Pan Pan	1.00								¥	
_		11		WESSEL STREET	OUT THE									



BALTIMORE, MARYLAND 21203-3146

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s marked, or item 23 shows any injury, or other traumatic event, the medical examines must be notified at once.	BY PHYSICIAN
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RTAN	E CO
IMPORTANT: If Item 28 is marked, or Item 2	BE CO

G-670 12/24													
FOR STATE REGISTRAR		STATE OF N	MARYLAN	ID / DEPAR					MENTAL	HYGIEN		30	33173
1. DECEDENT'S NAME (First	, Middle, Last)								2. DATE	OF DEATH	AY	YEAR 3	. TIME OF DEATH
JOHN					FI	TZGI	BBON		11		.7	90	10:10 A M
4. SOCIAL SECURITY NUME	BER	6. SEX	6. AGE (In)	rrs. lest birthday)	IF UNDER	DAYS	IF UNDER	24 HRS.		OF BIRTH , Day, Year)		6. BIRTHPL Country)	ACE (State or Foreign
595-76-1431		1 🔀 M 2 🗌 F	40	YRS.	MONTHS	DATE	HOURS	. Mirt,			1950		eland
9a. FACILITY NAME (If not in	nstitution, give st	reet and number)			9b. CITY	Y, TOWN C	R LOCATI	ON OF DE	EATH		9c. COUN	TY OF DEA	тн
8010 N∈	edwood	l Rd., Ar	ot. T-	-102			Derv	wood			M	ontg	omery
RESIDENCE OF DEC	10b. COUNTY			10c, CI	TY, TOWN	OR LOCAT	ION					1	0d. INSIDE CITY
Maryland	Mont	tgomery			Derw	hoor							LIMITS?
10e. STREET AND NUMBER		cdowery			DELW		. ZIP CODI	E			10g. CITIZ		AT COUNTRY?
8010 Need	wood Ro	oad. Apt	T-10	12			2085	5			Tı	elan	d
11. MARITAL STATUS		12. WAS DECEDEN	T EVER IN U	S. ARMED			ENDENT C	F HISPAN		7 (Specify Ye		14. RACE -	- American Indian.
1 Never Merried 2		FORCES? 1 IF YES, GIVE V					cify Cube 2 📉 NO		n, Puerto P	Ricen, etc.)		Specify:	White, etc.
3 Widowed 4 Dive	broad										J		White
	EDENT'S EDUC ly highest grade		10	Give kind of	work done	durina mo	ON st of workin	ng	16b.	KIND OF BU	SINESS/IND	JSTRY	
Elementary/Secondary (0-12)	College (1-4 or 5		senior	Comp	uter							
	And the America	4		Analyst	. & C	onsu					gica		
17. FATHER'S NAME (First, A							10,70,00			Middle, Maiden	Surname)		
Joe Fitzg.				T 10h MAII IN	O ADDRES	O /Ctmat a		-	Con:	nett	en Ctete 7in	Codel	
William Commercial Com				I DOS SEINIS									
Mike Fitzg			20h P	LACE OF DISPO					,	rk, II	CATION —		State
20a, METHOD OF DISPOSIT 1 A Buriel 2 Cremetic 4 Donation 8 Other		oval from State	0	ther place) unt Sai					ry		nerick		
21. SIGNATURE OF FUNERA				0381	22. R	ober	t_A.	ss of fa	courr	v Fune	eral F	Iome/	
Barbara	gome.	mullen	daw	rence	I B	ethe	sda- e, B	Chevethe	y Cha	ase, Mary	nc and	2587	Wisconsin 4-3501
23. PART I. Enter the d													Approximate
IMMEDIATE CAUSE (FI		List only ona car	use on mac	n IIna.									Interval Batween Onset and Death
disease or condition resulting in death)		BRONCH	AT. AS	THMA									
rooming in domin,	,			ONSEQUENCE (OF):								
Seguestially list condi-	lana C	b											
Sequentially list condi- it any, leading to imme	diate	DUE TO	(OR AS A C	ONSEQUENCE (OF):								
CAUSE (Disease or Inju		C	100 40 4 0	ONSEQUENCE (n.								1
that initiated events resulting in death) LAS	ST T	DOE TO	(On AS A C	ONSEGUENCE (orj.								j
		d											<u> </u>
PART II. Other algoritic	ant condition	a contributing to	death but	not reaulting	in the u	inderlyin	g causa	given in	Part I.	24a. WAS AI PERFO	NAUTOPSY RMED?		VERE AUTOPSY FINDINGS
									_	1 X YES			COMPLETION OF CAUSE OF DEATH?
									_ 1				YES 2 NO
25. WAS CASE REFERRED TEXAMINER?	TO MEDICAL	HOSPITAL:			Lozus		LACE OF E	DEATH (C/	heak only or	10)			
1 X YES 2 □ NO		1 Inpatient 2	☐ ER/Output	lent 3 🗆 DOA	4 Nu		1e 5 X R	esidence	a 🗆 Othe	r (Specify)			
27. MANNER OF DEATH	- Carl	28e. DATE Of (Month, I	FINJURY Day, Year)	28b. TI	JURY	28c. JN. WC	JURY AT		28d. DES	SCRIBE HOW	INJURY OCC	CURED	
1 Neturel 8 2 Accident	Pending Investigation				М		YES 2 [NO					
3 Suicide 8 Homicide	Could not be determined	28e. PLACE (building	OF INJURY — , etc. (Specif)	- At home, ferm	, street, fe	ctory, offic	00		28f. LOC City	ATION (Street or Town, State	end Number o)	or Rural Ro	ute Number,
29e. CERTIFIER 1 CER	TIFYING PHYS	CIAN: To the best o	f my knowled	ios, death occu	rned at the	time deta	end place	a and de-	to the car	use(e) and m	nner se stet	ed.	
one)													end manner se stated.
_ A	<u></u>	-	2	> 10. 1	THE CO.	arterior.	12.40(04.0)						THE SECOND STREET

29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) **OCME** 11-18-90 LETED CAUSE OF DEATH (ITEM 27) (Type, Print)

Dixon, Ann M. M.D., Deputy Chief 111 Penn Street, Baltimore,

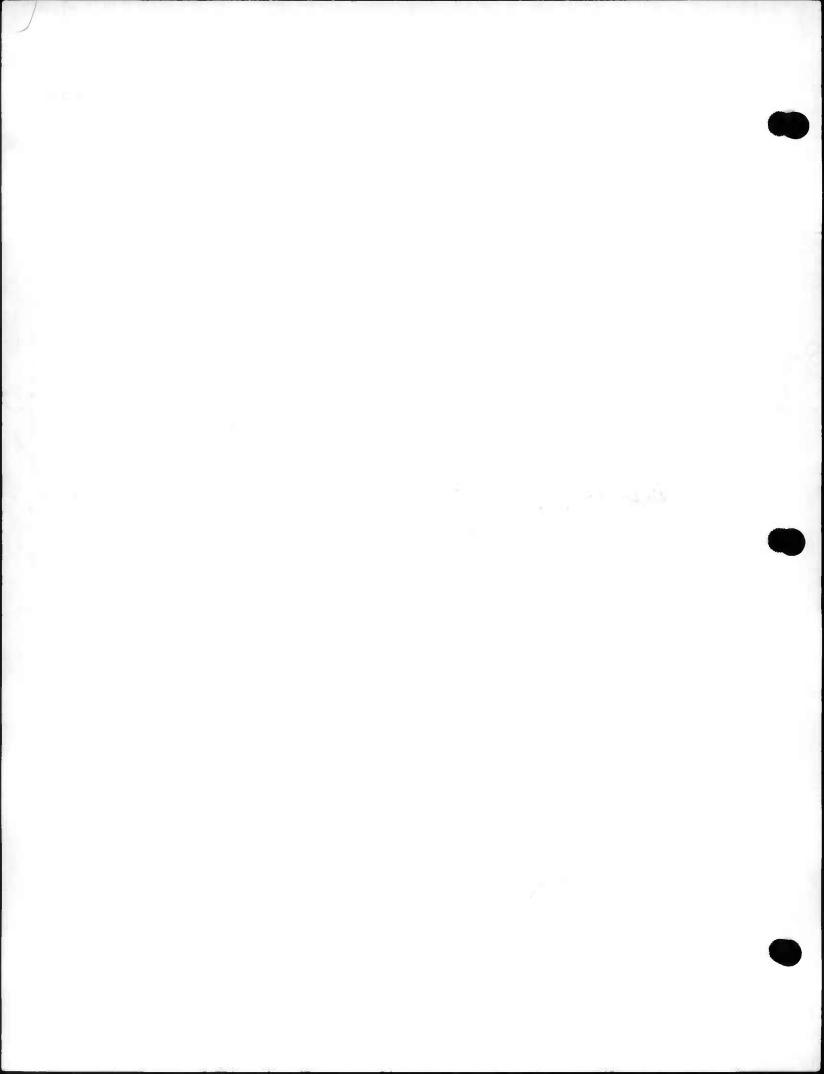
'90

31. DATE FILED (Month, Day, Year)

32. REGISTRAR'S SIGNATURE
Julia Davidson

12

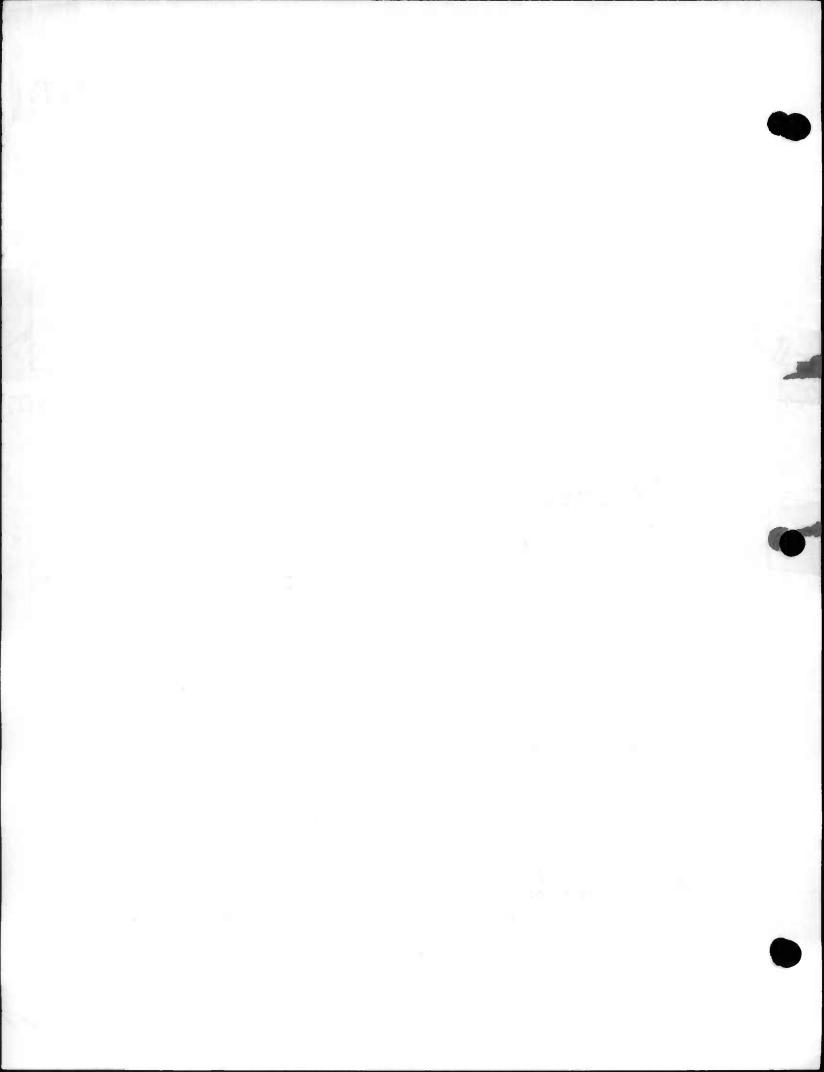
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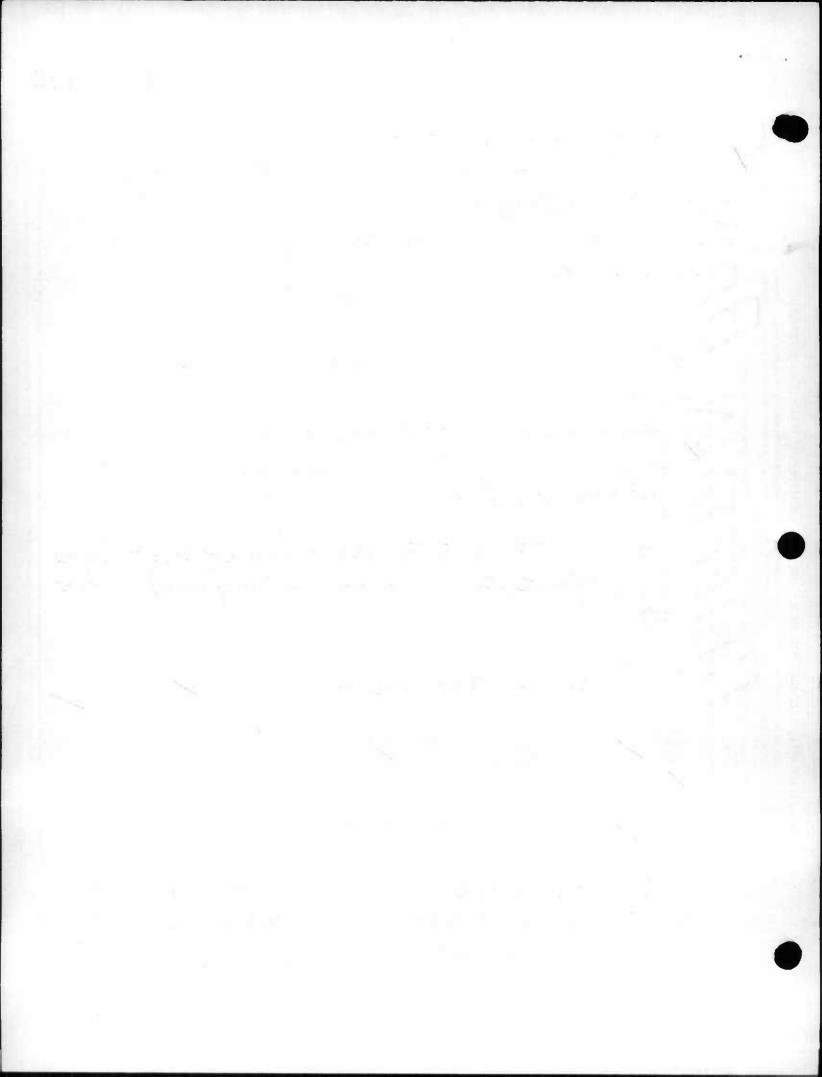
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BALIII	eath.	funer	
á	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Pr	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral	he filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.
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DIVISION OF VITAL RECORDS, P.O. BOX 13146,	SING	After	death
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	1 - FOR STATE REGISTRAR	STATE OF MARYL		TMENT OF H		MENTAL HYGIEN REG. NO.		90 3317		
	1. DECEDENT'S NAME (First, Middle, Last)	1. Fox				2. DATE OF DEATH DATE OF DATE OF DEATH DATE OF D	9	8:50 P		
	4. SOCIAL SECURITY NUMBER 577 10 6754A		(In yrs. last birthday) 81 vns.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Morith, Day, Year) Feb. 2, 1		BIRTHPLACE (State or Foreign Country) irginia		
OR	9a. FACILITY NAME (If not institution, give Suburban Hospita			·	on Location of DE hesda	EATH	Mont	of DEATH gomery		
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUN Maryland Mont	TY tgomery		y, town on Loca	TION			10d. INSIDE CITY LIMITS? 1 YES 2 X NO		
	10e. STREET AND NUMBER	-			1. ZIP CODE 20906			OF WHAT COUNTRY?		
BY FUNERAL	4200 Isbell Stre 11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER II FORCES? 1 _ YES IF YES, GIVE WAR OR D	2 X NO	If yes, sp	20906 United State 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No— If yee, specify Cuban, Maxican, Puerto Rican, etc.) 1 YES 2 No Specify: Whi					
ETED	15. DECEDENT'S ED (Specify only highest grad Elementary/Secondary (0-12)	College (1-4 or 5 +)	16a. DECEDENT'S (Give kind of ville. Do NOT us	USUAL OCCUPATI work done during me se retired.)	ON ost of working	16b. KIND OF BUS	SINESS/INDUST	RY		
COMPL	12 17. FATHER'S NAME (First, Middle, Lest)	-	Homem	aker	10	ME (First, Middle, Maiden	Own H	ome		
TO BE	19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)									
	James N. Fox 20a. METHOD OF DISPOSITION 1 & Burlal 2 Cremation 3 Rai	moval from Stata	b. PLACE OF DISPO	SITION (Name of ce	metery, crematory or	20c, LO	OCATION — City or Town, Stata			
CERTIFICATION	23. PART I what the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or reapiretory errest, interval B Onset and disease or condition resulting in death) 3. Acute Disease or condition our cause on each line. Approximation interval B Onset and 24 http://doi.org/10.0000/10.000000000000000000000000000									
MEDICAL	PART II. Other significant condition	ons contributing to death i	but not reaulting	in the underlying	ng cause given in		RMED?	24b. WERE AUTOPSY FINDR MALABLE PRIOR TO COMPLETION OF CAUS OF DEATH? 1 YES 2 NO		
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHER:	PLACE OF DEATH (Ch					
BY PHYS	1 VES 2 NO 27. MANNER OF DEATH 1 Noturel 5 Pending Investigation	1 ☑ Inpatient 2 ☐ ER/Out 28a. DATE OF INJURY (Month, Day, Year)	28b. TIA	NE OF 28c. IN	Me 5 Residenca IJURY AT ORK? YES 2 NO	S Other (Specify) 28d. OESCRIBE HOW	INJURY OCCUR	ED		
0	2 Accident investigator 3 Suicide S Could not b 4 Homicida datarminad	28e. PLACE OF INJUR		atreet, fectory, offi	ca	28f. LOCATION (Street City or Town, State,		Rural Route Number,		
COMPLETE	one)	SICIAN: To the best of my know NER: On the basis of examinate						euse(a) and menner as state		
TO BE C	296 SIGNATURE AND TITLE OF CERTIF	ord MO			D 233	192	> Nou	GNED (Moreth, Day, Year) PURILLE 15, 19		
	James E Wiss	M JR. MD	1125 Rock	ville Pi	Ke, Ste.	103. Rocku	ille, M	d. 20852		
	NOV 19 390	Sicha Dav	down-Rand	00						

12



	1 - FOR STATE REGISTRAR	STATE OF MARY		RTMENT OF		MENTAL HYGIEN		90 331				
	1. DECEDENT'S NAME (First, Middle, Las CAROLYN)	Sue	Ga	nf		2. DATE OF DEATH DO 11 09						
1	4. SOCIAL SECURITY NUMBER 232-52-1929	1 □ M 2XXF	E (In yrs. leat birthday) 57 YAS.	MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 08-29-33	W	HRTHPLACE (State or Foreign Country) EST VIRGINIA				
TOR	LONG VIEW NURSI		•	MANCHES	OR LOCATION OF I	DEATH	9c. COUNTY OF DEATH CARROLL					
DIRECTOR	TARREL DITTE	ROLL		TY, TOWN OR LOCA PSTEAD	ATION			10d. INSIDE CITY LIMITS? XX YES 2 \(\text{NO} \) NO				
FUNERAL	4203 S. HUNTER	Road		1	21074		10g. CITIZEN OF WHAT COUNTRY? UNITED STATES					
BY FUN	11. MARITAL STATUS 1 Never Merried 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YE IF YES, GIVE WAR OR	S 2 XNO	If yes, s	CENDENT OF HISP	ANIC ORIGIN? (Specify Year cen, Puerto Ricen, etc.)	n or No- 14.	RACE — American Indien, Black, Whita, atc. Specify: WHITE				
ETED.	15. DECEDENT'S EI (Specily only highest gra Elementary/Secondary (0-12)		16a. DECEDENT'S (Give kind of life. Do NOT	S USUAL OCCUPAT work done during n	ION lost of working	16b. KIND OF BU	SINESS/INDUST					
COMPL	12TH 17. FATHER'S NAME (First, Middle, Leat) EDWIN SAWYERS		SECRETA	RY / H		id BOARD IAME (First, Middle, Meiden FRY E	OF EDU(CATION				
TO BE	19a. INFORMANT'S NAME (Type/Print) STEWART GRAF				and Number or Rura	I Route Number, City or Tow						
	206. PLACE OF DISPOSITION (Name of cometery, cremetory or other place) 1 Burlel 2 Cremetion 3 Removal from State 206. PLACE OF DISPOSITION (Name of cometery, cremetory or other place) Manchester Lutheran 206. LOCATION — City or Town, State Manchester, Md											
ă	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF PACILITY Eline Funeral Home 934 S. Main Street, Hampstead, Md. 21074 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiec or respiratory arrest, Approximate											
CERTIFICATION	ehock, or heert feliure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in deeth) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):											
MEDICAL	PART II. Other significant condition			not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 1 U YES 2 MIG								
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 MO 27. MANNER OF DEATH 1 Netural 6 Pending	HOSPITAL: 1 Inpatient 2 ER/O 28a. DATE OF INJUR (Month, Day, Yea	Y 26b. TI	OTHER: 4 Nursing Ho ME OF 28c. If	PLACE OF DEATH (Come 5 Residence	Check only one) 6 Other (Specify) 28d, DESCRIBE HOW	INJURY OCCUR	Đ				
TED BY	2 Accident investigation 3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJU building, etc. (S	JRY — At home, farm, (pecify)			26f. LOCATION (Street City or Town, State)	end Number or R	tural Route Number,				
COMPLET	one) _	YSICIAN: To the best of my kn						use(e) end menner ee stat				
TO BE C	29b. SIGNATURE AND TITLE OF CERTIF	ward is	DEATH (ITEM 27) (See	na Print)		1386	11-	9- 1990				
	WHFOAM 31. DATE FILED (Month, Day, Year)	MD 32. REGISTRAR'S SI	23 Ma	23/1	Bay 50	Manch	uter 1	12/10				
	31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE Suita Davidson-Rondale.											

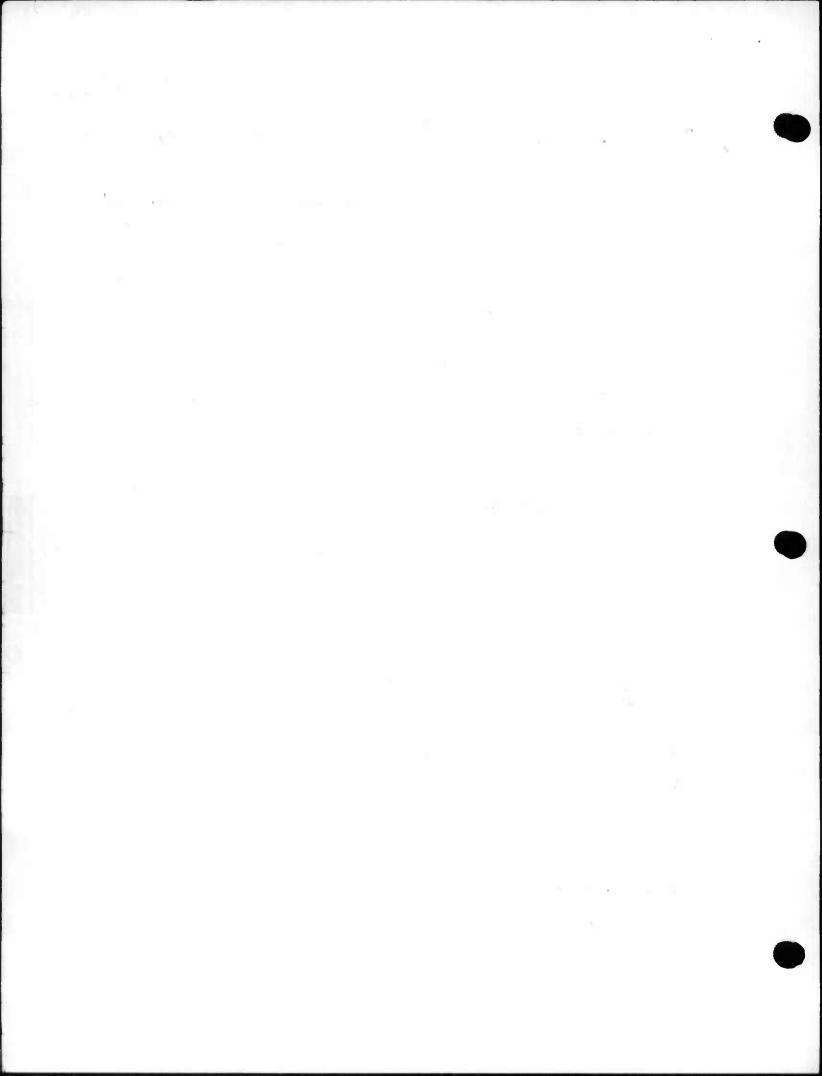


31. DATE FILED (NOT!), Day, Bary 90

		FOR 1 - STATE REGISTRAR	STATE OF I			TMENT ICATE				MENTAL HYGIEN REG. NO	-	0 3	3176
1		1. DECEDENT'S NAME (First, Middle, Last) (ANTHONY T. GRAM	SKY) AN'	THONY T	гном	AS GE	RAM	SKY		2. DATE OF DEATH DOWNTH DOWNTH DOWNTH	18 ,	VEAD	O734 M
H		4. SOCIAL SECURITY NUMBER 225-34-2328	5. SEX	6. AGE (In yrs. Ia		IF UNDER 1		IF UNDER	24 HRS.	7. DATE OF BIRTH (Month, Day, Year) 10-05-19			E (State or Foreign
		9a. FACILITY NAME (If not institution, give st				9b. CITY, 1					9c. COU	NTY OF DEATH	
ON PROPERTY.	стов	St. Mary's Hos	pitai			ьео	nar	dtow	mı		DU	. Mary	. 8
	DIRE	Maryland St.	Mary'	S		v, town on harlo			a11	-		2.5	. INSIDE CITY LIMITS?] YES 2 🔀 NO
	BAL	100. STREET AND NUMBER Route 2 Box 5					101.	ZIP COD	€ 2062	22		J. S.	
	BY FUNER	11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDED	NT EVER IN U.S. A 1 1 YES 2 D WAR OR DATES WAY II	RMED ND	it :	yes, spe	ENDENT (OF HISPAN	NIC ORIGIN? (Specify Year, Puerto Rican, etc.)		14, RACE — / Black, Wh Specify:	American Indian.
	0	15. DECEDENT'S EDUC (Specify only highest grade	ATION	16a. D	Give kind of	USUAL OCC	CUPATIC	M. at of worki	ng	16b. KIND OF BU	SINESS/INC		wiite
	PLET	Elementary/Secondary (0-12)	College (1-4 or 5	+)	e. Do NOT u	se retired.)				Dry Cl	ean	ino	
once.	COMPL	12 Prof. Dry Cleaner Dry Cleaning 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Malden Surname)											
75	ш	Anthony James Gramsky Nellie Frances Mc Donald											
notified	TO B	19a, INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)											
be n		Denise A. Abell 17814 B Eddlynch Rd. Baltimore Md. 21222 20a. METHOD QE DISPOSITION 20b. PLACE DF DISPOSITION (Name of commetery, cremetery or 20c. LOCATION — City or Town, State											
musi		1 Burial 2 X Cremation 3 Rame 4 Donation 5 Other (Specify)	oval from Stata	other p	vlace)_	e Cre				1			ryland
medical examiner must be		21. SIGNATURE OF FUNERAL SERVICE LIC	Ehrl	2		Ar	eha	art		cum eral Hom aryland			67
edical		23. PART I. Enter the diseases, Dr c ahock, or heart failure.											Approximate Interval Between
		Description of Description											
rent, 1		disease or condition o. MOCARDIAL ZWIARCION DUE TO (OR AS A CONSEQUENCE OF):											
lic ev	z	IMMEDIATE CAUSE (Finel disease or condition resulting in death) Out TO (OR AS A CONSEQUENCE OF): Due to (OR AS A CONSEQUENCE OF): Due to (OR AS A CONSEQUENCE OF): Due to (OR AS A CONSEQUENCE OF):											
or other traumatic event, the	AT 10	Sequentially list conditions, If any, leading to immediate cause, Enter UNDERLYING	DUE TO	OR AS A CONS	EQUENCE O	F):					·		
her tr	FIC	CAUSE (Disease or Injury	DUE TO	O (OR AS A CONSI	EDUENCE O	F):					-		
or ot	CERTIFICATION	resulting in death) LAST	d										
injury,	LC	PART II. Other significent condition	s contributing to	death but not	resulting	in the und	iertyin	g cause	given in				RE AUTOPSY FINDINGS
any	MEDICA	1 de olo	ele,	mee	Ce	ein				PERFO	3 6	CO	ILABLE PRIOR TO MPLETION DF CAUSE DEATH?
Shows		COPI)								/(1 [YES 2 ND
13 4	AN	25. WAS CASE REFERRED TO MEDICAL					26 PI	ACE OF I	DEATH (C)	neck only one)			
item !	SICI	EXAMINER?	HOSPITAL:	☐ ER/Outpatient	3 / DOA	OTHER:				6 Cher (Specify)			
ed, or	PHYSICIAN:	27. MANNER OF DEATH 1 Netural 5 Pending	26a. DATE D (Month,	F INJURY Day, Year)	28b. TH		28c. INJ	URY AT		28d. DESCRIBE HOW	INJURY OC	CURED	
s marked,	BY	2 Accident Investigation	28a, PLACE	DF INJURY — AI I	nome farm	etraet facto		YES 2	□ NO	28f. LOCATION (Street	and Numba	e ne Rumi Anute	Number
28 I	ETED	3 Suicide 6 Could not be 4 Homicide detarmined		, etc. (Specify)			,,,			City or Town, State			,
NT: # Item	COMPLE	(Critick Orlly								to the cause(s) and ma			d manner as stated.
MPORTANT:	ш	29b. SIGNATURE AND TITLE OF CERTIFIES		7.00		1	^	29c. LK	ENSE NU	MBER	29d, DAT	TE SIGNEO (Mo	orth, Day, Year)
MP B	TO B	William D. Boyd,		USE OF DEATH OF	hal	A-11A	ر	D	-17	dri	-/	1/18	190
		Toons and town Mar		and the second (se	- Just	· · · · · · · · · · · · · · · · · · ·							

32. REGISTRAR'S SIGNATURE

Julia Day doon-Randell



THE PERSON AND THE PERSON AND THE PERSON OF THE PERSON AND THE PER	usa, use deann ceithreas de executed within 24 hours are deann. Tage o may be retained by the hospital of alterning by	10 THE HUSHIAL DATICUMS PITISIUMS PRISIDEN. The law requires use use destructions when £4 mous area become required to the HUSHIAL DIRECTOR. Refer this cardificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages ½ 2 be field within ₹2 hours after death with the State Debt. of Health and Mental Hygher prior to brinkil cemation, or removal.
--	--	---

	REGISTRAR		LILITE	CALE	I DEATH		REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF	DEATH			3. TIME OF DEATH
	Matilda Bot	hner	Gump	man		MONTH	DAY		YEAR	- 00 - 001
, I						Oct.		199		15:30 A.M.
M	4. SOCIAL SECURITY NUMBER 5. SEX	B. AGE (In yrs. le		IF UNDER 1 YEA		7. DATE OF (Month, E			6. BIRTI	HPLACE (State or Foreign
1	283-10-0874 ¹□M²\\f	89	YRS.	WONTHS DAY	S HOURS MIN.		04/0	1		w Orleans
"	9a. FACILITY NAME (If not institution, give street and number)			Oh CITY TON	VN OR LOCATION OF D		0 1 / 0		NTY OF D	
. 1										
5.4	Meridian Nursing Cntr, Co	orsica H	lills	Ce	ntrevill	e		Oue	en	Anne's
5.1	RESIDENCE OF DECEDENT									
100	10e. STATE 10b. COUNTY		10c. CITY,	TOWN OR LO	CATION					10d. INSIDE CITY LIMITS?
3	Maryland Queen Anne	1 6		Stor	ensville					1 YES 2 NO
	10e. STREET AND NUMBER	5		DCEV	101. ZIP CODE			40- 007	TEN OF	WHAT COUNTRY?
5	106. STREET AND NUMBER				101. ZIP CODE		- 1	iog. Citi	ZEN OF	WHAT COUNTRY?
i l	Rt. 3 Box 230 L	ove Po	int		2166	6		U	.S.	Α.
	11. MARITAL STATUS 12. WAS DECEDENT			13. WAS	DECENDENT OF HISPA		Specify Yea		14. RAC	E — American Indian,
		YES 2 🔀	NO		, specify Cuban, Maxico		nn, atc.)			ck, White, atc.
-	3 XWIdowed 4 Divorced	AR OR DATES		1 1	YES 2 X NO Specif	y:			Spec	white
										willice
9	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	16a. D	ECEDENT'S U	SUAL OCCUP	PATION 7 most of working	16b. K	ND OF BUS	INESS/INI	DUSTRY	
į į	Elementary/Secondary (0-12) College (1-4 or 5+	·) in	e. Do NOT use	retired.)						
	8		Wai	tres	S		Re	sta	ura	nt
Ę	17. FATHER'S NAME (First, Middle, Last)				16. MOTHER'S NA	ME /Cime Adde			uz u	
3					A3557 135615-					
4	Charles Bothner				Car	rie A	A. Sn	nith		
	19a. INFORMANT'S NAME (Type/Print)	.1	9b. MAILING	ADDRESS (Str	eet and Number or Rural	Route Number,	City or Town	State, Zi	Code)	
- 1	Kenneth R. Mills		201	Divo	rview RD	C+	277070	**** 1	10	MD 21666
	20a, METHOD OF DISPOSITION	200 2010			f cemetery, crematory or		_			own, State
	↑ Deuriel 2 Cremetion 3 Removat from State	other t	(lece)						-	
ч	4 Donation 5 Other (Specify)	Lor	raine	e Par	k Cemete	ry	[Ba]	Ltim	ore	Co., MD
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE			22. NAM	E AND ADDRESS OF F	CILITY		7		7.3
	MI				Helfenb					
	Momos K. Hellenhein	n		106	Shamroc	k RD	, Che	este	r,	MD 21619
	23. PART I. Enter the diseases, or complications the			ot enter the	mode of dying, aud	ch as cerdie	c or respir	atory ar	rest,	Approximate
	ahock, or heert fellure/List only one ceu	ise on each lin	ie.							Interval Between
	IMMEDIATE CAUSE (Finel disease or condition				8CU1	1				Onset and Deeth
	reaulting in death)			a	3001	ν		_		5 ms t
	OUE TO	(OR AS A CONS	EGRENCE OF	= 4	11					11/
2		/	Yen		Sportfr	_	,			I m
201	Sequentially list conditione, DUE TO	(OR AS A CONS	EQUENCE OF): (11					
	if any, leading to immediate ceuse. Enter UNDERLYING									
7										
5	CAUSE (Disease or Injury C.	IOB AS A CONS	EQUENCE OF	١.						
3	CAUSE (Disease or injury thet initiated events	(OR AS A CONS	EOUENCE OF):						
	CAUSE (Disease or Injury C.	(OR AS A CONS	EOUENCE OF):						
CENTIFICA	CAUSE (Disease or injury thet initiated events resulting in deeth) LAST					- 1				
	CAUSE (Disease or injury thet initiated events				lying ceuee given in	Part I. 2	4a. WAS AN		24	b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO
	CAUSE (Disease or injury thet initiated events resulting in deeth) LAST				lying ceuee given in		PERFOR	MED?	24	AVAILABLE PRIOR TO COMPLETION OF CAUSE
בטוכאב כבתוויו	CAUSE (Disease or injury thet initiated events resulting in deeth) LAST				fying ceuee given in			MED?	24	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
MEDICAL CERTIFIC	CAUSE (Disease or injury thet initiated events resulting in deeth) LAST				fying ceuee given in		PERFOR	MED?	24	AVAILABLE PRIOR TO COMPLETION OF CAUSE
MEDICAL CERTIFIC	CAUSE (Disease or injury thet initiated events resulting in deeth) LAST				fying ceuee given in		PERFOR	MED?	24	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
MEDICAL CERTIFIC	CAUSE (Disease or injury that initiated events resulting in deeth) LAST PART II. Other eignificent conditions contributing to 25. WAS CASE REFERRED TO MEDICAL			the under	fying ceuee given in	_	PERFOR	MED?	24	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
MEDICAL CERTIFIC	CAUSE (Disease or injury that initiated events recuiting in deeth) LAST PART II. Other eignificent conditions contributing to	death but not	resulting la	the under	6. PLACE OF OEATH (C	heck only one)	PERFOR	MED?	24	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
MEDICAL CERTIFIC	CAUSE (Disease or injury that initiated events reculting in deeth) LAST DUE TO d	death but not	resulting is	or the under	6. PLACE OF OEATH (C	heck only one) 6 □ Other (PERFOR YES 2 Specify)	MED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
PHISICIAIN: MEDICAL CENTIFIC	CAUSE (Disease or injury that initiated events resulting in deeth) LAST PART II. Other eignificent conditions contributing to 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 1 Inpetiant 2 27. MANNER OF DEATH 28. DATE OF	death but not	resulting la	OT MER: 4 ANursing OF 28c	6. PLACE OF OEATH (C Home 5 - Residence INJURY AT	heck only one) 6 □ Other (PERFOR	MED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
PHISICIAIN: MEDICAL CENTIFIC	CAUSE (Disease or injury that initiated events resulting in deeth) LAST PART II. Other eignificent conditions contributing to 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 1 Inpariant 2 CONTRIBUTION CO	death but not	3 DOA 28b. TIME	OT UER: 4 Avursing EOF 28c	6. PLACE OF OEATH (C Home 5	heck only one) 6 □ Other (PERFOR YES 2 Specify)	MED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
by Phisicials, Medical Centuric	CAUSE (Disease or injury that initiated events resulting in deeth) LAST PART II. Other eignificent conditions contributing to 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 1 No No Service Servic	ER/Outpatient INJURY INJURY — At I	3 DOA 28b. TIME	OT UER: 4 Avursing EOF 28c	6. PLACE OF OEATH (C Home 5	heck only one) 6 Other (control of the control of	PERFOR YES 2 Specify) RIBE HOW IN	MED?	CCUREO	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
by Phisicials, Medical Centuric	CAUSE (Disease or injury that initiated events reculting in deeth) LAST PART II. Other eignificent conditions contributing to 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 1 Inputant 2 27. MANNER OF DEATH 1 Netural 5 Pending (Month, D) 2 Accident westigation 2 Suightly 100 266. PLACE OF	death but not	3 DOA 28b. TIME	OT UER: 4 Avursing EOF 28c	6. PLACE OF OEATH (C Home 5	heck only one) 6 Other (control of the control of	PERFOR VES 2 Specify) NIBE HOW IN	MED?	CCUREO	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
by Phisicials, Medical Centuric	CAUSE (Disease or injury that initiated events reculting in deeth) LAST PART II. Other eignificent conditions contributing to 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	death but not ER/Outpetient INJURY Inj. Year) FINJURY — At atc. (Specify)	3 DOA 28b. TIME NULL	2 OT MER: 4 Nursing OF 28c/JRY M 1 treet, fectory,	6. PLACE OF OEATH (C Home 5 Residence: INJURY AT WORK? YES 2 NO	6 Other (26d. DESCI	PERFOR YES 2 Specify) RIBE HOW IN TOWN, Street a Town, State)	MED? NO NJURY OC	CCUREO or Or Rural	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
by Phisicials, Medical Centuric	CAUSE (Disease or Injury that Initiated events reculting in deeth) LAST PART II. Other eignificent conditions contributing to 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	death but not ER/Outpatient INJURY all, Vear) FINJURY — At I atc. (Specify)	3 DOA 28b. TIME NULL NORME, farm, at	2 OT LER: 4 (A Nursing OF 28c) RY M 1 treet, fectory,	6. PLACE OF OEATH (C Home 5	6 Other (26d, DESCI	PERFOR YES 2 Specify) RIBE HOW II ON (Street a fown, State)	MED? NO NJURY OC	ccureo or or Rural	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO Route Number,
by Phisicials, Medical Centuric	CAUSE (Disease or injury that initiated events resulting in deeth) LAST PART II. Other eignificent conditions contributing to 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 1 Inputant 2 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 6 Could not be detarmined 29a. CERTIFIER 1 CERTIFYING PRASSICIAN; To the heat of	death but not ER/Outpatient INJURY all, Vear) FINJURY — At I atc. (Specify)	3 DOA 28b. TIME NULL NORME, farm, at	2 OT LER: 4 (A Nursing OF 28c) RY M 1 treet, fectory,	6. PLACE OF OEATH (C Home 5	6 Other (26d, DESCI	PERFOR YES 2 Specify) RIBE HOW II ON (Street a fown, State)	MED? NO NJURY OC	ccureo or or Rural	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO Route Number,
COMPLETED BY PRINCIPAL MEDICAL CERTIFIC	CAUSE (Disease or Injury that Initiated events reculting in deeth) LAST PART II. Other eignificent conditions contributing to 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	death but not ER/Outpatient INJURY all, Vear) FINJURY — At I atc. (Specify)	3 DOA 28b. TIME NULL NORME, farm, at	2 OT LER: 4 (A Nursing OF 28c) RY M 1 treet, fectory,	6. PLACE OF OEATH (C Home 5	6 Other (called a time, data as	PERFOR YES 2 Specify) RIBE HOW II ON (Street a fown, State)	NJURY OC	or or Rural	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO Route Number, (a) and manner as stated.
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BE COMPLETED BY PRISICIAIN: MEDICAL CERTIFIC	CAUSE (Disease or Injury that Initiated events reculting in deeth) LAST PART II. Other eignificent conditions contributing to 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 1 Inpetiant 2 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 6 Could not be detarmined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the basia of a	death but not ER/Outpatient FINJURY Jay, Year) FINJURY — At atc. (Specify) If my knowledge, examination and/o	Tesuiting is 3 DOA 28b. TIME BUILDING Geeth occurre r investigation	2 OTHER: 4 Nursing OF 28c M 1 Intrest, fectory, d at the time, n, in my opinion	6. PLACE OF OEATH (C Home 5 Residence INJURY AT WORK? YES 2 NO office deta and place, and du on, death occurred at th	6 Other (called a time, data as	PERFOR YES 2 Specify) RIBE HOW II ON (Street a fown, State)	NJURY OC	or or Rural	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO Route Number, (a) and manner as stated.
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PHISICIAIN: MEDICAL CENTIFIC	CAUSE (Disease or Injury that Initiated events reculting in deeth) LAST PART II. Other eignificent conditions contributing to 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	death but not ER/Outpatient INJURY lay, Year) FINJURY — At I atc. (Specify) my knowledge, of xamination and/o	3 DOA 28b. TIME 19 Seath occurre or investigation	2 OT HER: 4 Mursing OF 28c/RY M 1 treet, fectory, d at the time, n, in my opinic	6. PLACE OF OEATH (C Home 5 Residence INJURY AT WORK? YES 2 NO office deta and place, and du on, death occurred at th	6 Other (26d. DESCI	PERFOR YES 2 Specify) NIBE HOW III ON (Street a fown, State) (a) and mend place, and	NO NO NO NO NO NO NO NO NO NO NO NO NO N	or or Rurel sted. the cause TE SIGNE	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 VES 2 NO Route Number, (a) and manner as stated.

er death. Page 6 may be retained by the hosp	the funeral director, page 5 should be detached val.	i examiner must be notified at once.	
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hosp	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	
TO THE HOSPITAL OR ATTENDING PHYSICIA	TO THE FUNERAL DIRECTOR: After this certil be filed within 72 hours after death with the	IMPORTANT: If Item 28 Is marked, or	

31. DATE FILED (MONT), Day, Year) 1990

12 REGISTRAP'S SIGNATURE SUMA DEMONSTRATE SENTINGER

	500						_ 9	0 33178		
	FOR STATE REGISTRAR	STATE OF MARY			OF HEALTH AND OF DEATH	MENTAL HYGIEN REG. NO				
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH MONTH DA	AY	YEAR 3. TIME OF DEATH		
	NORMAN WILLTAM 4. SOCIAL SECURITY NUMBER		E (In yrs. last birthday)	IF UNDER 1 Y	YEAR IF UNDER 24 HRS.	11-15-9		8. BIRTHPLACE (State or Foreign		
					DAYS HOURS MIN.	(Month, Day, Year)		Country)		
	578-18-8185 9e. FACILITY NAME (If not institution, give st		8 YRS.	9b. CITY, T	OWN OR LOCATION OF D	11-22-11 EATH	1 VIRGINIA 9c. COUNTY OF DEATH			
E I	487 COLONIAL R	TOGE LANE		ΔΕ	RNOLD		ANNE ARUNDEL			
DIRECTOR	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY			Y, TOWN OR				10d. INSIDE CITY		
					LOCATION			LIMITS?		
	MD ANNE 10e. STREET AND NUMBER	ARUNDEL	I AR	NOLD	10f. ZIP CODE 2	1012	10g. CITIZ	EN OF WHAT COUNTRY?		
FUNERAL	487 COLONIAL R	IDGE LANE	2		ARNOLD	1012	USA			
5	11. MARITAL STATUS	12. WAS DECEDENT EVE FORCES? 1 XYE			S DECENDENT OF HISPA			14. RACE — American Indian, Black, White, etc.		
BY	1 Never Merried 2 X Merried 3 Wildowed 4 Divorced	IF YES, GIVE WAR OF	DATES		YES NO Speci					
	15. DECEDENT'S EDUC	CATION	16a. DECEDENT'S	USUAL OCC	UPATION	16b, KIND OF BU	SINESS/INDU	JSTRY		
	(Specify only highest grade Elementery/Secondary (0-12)	Coffege (1-4 or 5+)	NAVAL		ring most of working	116				
COMPLETED	12	5+	NAVAL	OFFIC		US NAVY				
	17. FATHER'S NAME (First, Middle, Lest)	CTIT			100000000000000000000000000000000000000	MOTHER'S NAME (First, Middle, Meiden Surneme)				
BE	NORMAN WILLIAM GILL MARY ELLA MC BRIDE 190. INFORMANT'S NAME (Type/Print) 190. MAILING ADDRESS (Street end Number or Rural Route Number, City or Town, State, Zip Code)									
2	MARY ANN GILL 487 COLONIAL RIDGE LANE, ARNOLD, MD 21012									
	20e. METHOD OF DISPOSITION 1 X Burlel 2 Cremetion 3 Removal from State 20b. PLACE OF DISPOSITION (Name of cemetery, cremetory or other place) 20c. LOCATION — City or Town, State									
	4 Donation 5 Other (Specify)	P			CIONAL CE		ARLIN	IGTON, VA		
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE			RDESTY FU		ME. P) . A .		
	/ Komes 19	archety		12	RIDGELY	AVENUE, A	ANNAP	OLIS, MD		
	23. PART I. Enter the diseases, or o shock, or heart fellure.			not enter th	ne mode of dylng, su	ch as cardiac or reap	lretory srre	est, Approximate Interval Betwe		
	IMMEDIATE CAUSE (Final disease or condition	Donas	artia	(Onset and Dea		
	resulting in deeth)	DUE TO (OR A	S A CONSEQUENCE O	f):	ancer			1 Hear		
z		b								
일	Sequentially list conditions, if any, leading to immediate	DUE TO (OR A	S A CONSEQUENCE O	F):						
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	DUE TO (OR A	S A CONSEQUENCE C	f):						
E	resulting in death) LAST	d.								
뜅	PART II. Other significant condition	s contributing to deat	h but not regulting	in the und	ariulas ceuse alves ir	Part I 24a WASAA	AITTOBEV	24b. WERE AUTOPSY FINDING		
8	TART W. Other significant conduction	- Continuouning to descr	r but not resulting	m the uno	errying couse given in	PERFO	RMED?	AMAILABLE PRIOR TO COMPLETION OF CAUSE		
PHYSICIAN: MEDICAL						1 725	NO	OF DEATH?		
≥ ::										
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHER:	26. PLACE OF DEATH (C	heck only one)				
YSI	1 TES 2 NO	1 Inpetient 2 ER/C			ng Home 5 🗆 Residence					
	27. MANNER OF DEATH 1 Natural 5 Pending	28e. DATE OF INJUI (Month, Day, Yes		JURY M	8c. INJURY AT WORK? 1 YES 2 NO	28d. DEŞCRIBE HOW	INJURY OCC	URED		
В	2 Accident Investigation 3 Suicide 8 Could not be	28e. PLACE OF INJU	JRY — At home, ferm,	street, factor		28f. LOCATION (Street	and Number	or Rural Route Number,		
	4 Homicide 8 Could not be determined	building, etc. (S	Specify)			City or Town, State)			
COMPLETED	290. CERTIFIER (Check only	CIAN: To the best of my kr	nowledge, death occur	red at the tim	e, date end place, end du	e to the cause(e) end me	nner as atate	id.		
∑ O		R: On the besie of examine	ntion end/or investigati	on, in my opi	nion, death occured at th	e time, date end place, e	nd due to the	e couse(e) end manner ee stated		
BEC	296. SIGNATURE AND TITLE OF CERTIFIE		1	-	29c. LICENSE NU	MBER	29d. DATE	SIGNED (Month, Day, Year)		
	_	1 - 0	A A.	0	V314.	150 001	1 1 10	1000		
TO B	30. NAME AND ADDRESS OF PERSON WH	T willie	wh M	· D -	356	-48-3NH 1	19	1 Nov 1990		

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2-mours after death, Page 6 may be retained by the hospital	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for he flud within 72 hours after death with the State Debt, of Health and Mental Hybiene orior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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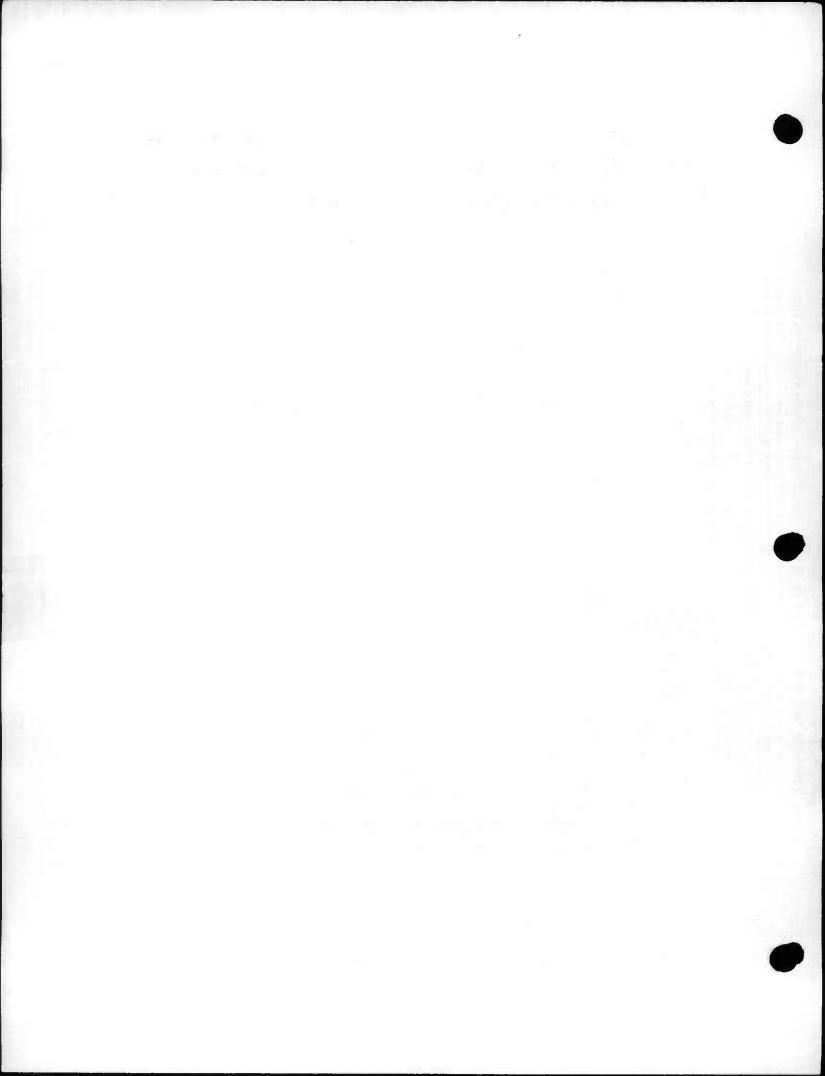
STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENT	AL HYGIENE
CERTIFICATE OF DEATH	REG. NO.

- 1	FOR STATE REGISTRAR		SIAIE OF MAK		ARTMENT OF		IENTAL HYGIEN REG. NO.	E	
. ,	1. DECEDENT'S NAME (First, Min	GRA	Etz				2. DATE OF OEATH MONTH DA		3. TIME OF OEATH
1	4. SOCIAL SECURITY NUMBER 235-51-430 90. FACILITY NAME (If not institut	06 1	SEX 6. AC	SE (In yrs. lest birtho	S. MONTHS DAY		7. DATE OF BIRTH (Month, Day, Year)	6. BIRT Cour	THPLACE (State or Foreign http: 110
	LORIEN RE	hab. Co				mb/A, N	_ 1	How	4
DINEC	10a. STATE 10	Howa	ırd	10c.	Columbi				10d. INSIDE CITY LIMITS? X YES 2 NO
FUNERAL DIRECTOR	6105 Cedar	rwood	Dr.			21044		16g. CITIZEN OF USA	WHAT COUNTRY?
BY FUN	11. MARITAL STATUS 1 Never Merried 2 Me 2 Wildowed 4 Divorce	TAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECEDENT EVER IN U.S. ARMED 14. WAS DECEDENT EVER IN U.S. ARMED 15. WAS DECEDENT EVER IN U.S. ARMED 16. WAS DECEDENT EVER IN U.S. ARMED 17. WAS DECEDENT EVER IN U.S. ARMED 18. WAS DECEDENT EVER IN U.S. ARMED 19. WAS DECEDENT EVER IN U.S. ARMED				NDENT OF HISPANIC ORIGIN? (Specify Yea or No—city Cuban, Maxican, Puerto Rican, etc.) 14. RACE — American Indian, Black, White, etc. Specify: (1) 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
COMPLETED	(Specify only his Elamentary/Secondary (0-12)		on opleted) office (1-4 or 5+) office (1-4 or 5+)	(Give kind	of work done during of use retired.)	most of working	Libby	LANGERIA	Ford Corp.
BE COM	17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S			16. MOTHER'S NAM	ine Geph	Surname)	X.		
	19a. INFORMANT'S NAME (Type Suzanne Deu	atschn	nann	610	5 Cedar	wood Dr.	Columbi	a, Md 2	
	20a. METHOD OF DISPOSITION 1 Granding a Gra								
N	ahock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):								
		te					()	(0)	
EHILLAIK	if any, leading to immedia	ote 3	DUE TO (OR A		DE OF):			- (10)	
	if any, leading to immedia cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	c	DUE TO (OR A	AS A CONSEQUENC	DE OF):			AUTOPSY 2 MED? 2	4b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
	If any, leading to immedia cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificant 5 p	conditions c	DUE TO (OR A	AS A CONSEQUENCE	DE OF): Ing in the underly 26 OTHER: DA OTHER:	PLACE OF DEATH (Che	Part I. 24e. WAS AN PERFOR 1 VES 2	AUTOPSY 2 MED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
BY PHYSICIAN: MEDICAL	If any, leading to immediacause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant S 25. WAS CASE REFERRED TO A EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pe 2 Accident 3 Suicide 6 Co	conditions c	DUE TO (OR A DUE TO (OR A Ontributing to deal OSPITAL: Inpetient 2 = ENA 26a. DATE OF INJU (Month, Day, Ye)	AS A CONSEQUENCE The but not result Outpatient 3 00 RY 286 URY — At home, fa	DA OTHER: TIME OF LTIME OF LINUTRY 28c. LINUTRY 28c.	PLACE OF DEATH (Che lome 5 G Residence INJURY AT WORK? YES 2 NO	Part I. 24e. WAS AN PERFOR	AUTOPSY 2 MED? NO NJURY OCCUREO	AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
BY PHYSICIAN: MEDICAL	If any, leading to immedia cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificant 25. WAS CASE REFERRED TO A EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Per Inv Accident 3 Suicide 6 Co det 29s. CERTIFIER (Check only)	conditions of the state of the	DUE TO (OR A DUE TO (OR A Ontributing to deal OSPITAL: Inpetient 2 ERA 26a. DATE OF INJU (Month, Day, Ye) 28a. PLACE OF INJ building, stc. (AS A CONSEQUENCE The but not result Coutpatient 3 0 Outpatient 3 0 URY At home, fa	26 DA OTHER: DA Urraing H THE OF INJURY M 1 [1 rm, street, factory, o	PLACE OF DEATH (Che tome 5 GResidence INJURY AT WORK? YES 2 NO	Part I. 24e. WAS AN PERFOR 1 VES 2 Other (Specify) 28d. OESCRIBE HOW I City or Town, State) to the cause(e) and ma	AUTOPSY 1MED? INJURY OCCUREO and Number or Rura	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION	If any, leading to immedia cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificant 25. WAS CASE REFERRED TO A EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Per Inv Accident 3 Suicide 6 Co det 29s. CERTIFIER (Check only)	conditions c C A MEDICAL H 1 Inding restigation res	DUE TO (OR A DU	Outpetient 3 Oo Outpetient 3 Oo RY 26b Outpetient and/or investi	DA OTHER: DA OTHER: DA INJURY 1 1 arm, street, factory, or digetion, in my opinion	PLACE OF DEATH (Che tome 5 GResidence INJURY AT WORK? YES 2 NO	Part I. 24e. WAS AN PERFOR 1 VES 2 1 VES 2 6 Other (Specify) 28d. OESCRIBE HOW I City or Town. State) to the cause(a) and matime, data and place, and IBER	AUTOPSY 2 IMED? INJURY OCCUREO and Number or Rura nner as stated. Indidua to the cause.	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO NO Reference Number,

- 11

	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached be filed within 72 hours after death with the State Dept, of Heath and Mental Hyglene prior to burial, cremation, or removal.	IMPORTANT: It Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	
	be executed with	cian and complete or to burial, crem-	aumatic event,	
	eath certificate	attending physic rtal Hygiene pri-	y, or other tr	
,	uires that the de	signed by the Health and Mer	ws any injur	
	IN: The law requ	ficate has been State Dept. of	Item 23 sho	
	IDING PHYSICIA	death with the	is marked, or	
2	ITAL DR ATTEN	RAL DIRECTOR: 72 hours after	: If Item 28	
	TO THE HOSP	TO THE FUNE be filed within	IMPORTANT	

	1 - FOR STATE REGISTRAR	STATE OF MARYLAND /		T OF HEALTH AND E OF DEATH	MENTAL HYGIEN		0 33100	
	1. DECEDENT'S NAME (First, Middle, Last) Patrick	J. GRIFFIN			2. DATE OF DEATH MONTH	3 - 91	3. TIME OF DEATH	
TO BE COMPLETED BY FUNERAL DIRECTOR	4. SOCIAL SECURITY NUMBER 215260342	5. SEX 6. AGE (In yrs. las	YRS. MONTHS	R 1 YEAR IF UNDER 24 HRS DAYS HOURS MIN.	(Month, Day, Year) 5 - 10-	O7 PE	IRTNPLACE (State or Foreign ountry) NNSYLVANIA	
				V, TOWN OR LOCATION OF	OR LOCATION OF DEATH 9c. COUNTY OF DEATH PAGE			
	MARYLAND PRI	10e. STATE 10b. COUNTY 10c. CITY, TO					10d. INSIDE CITY LIMITS? 1 YES 2 NO	
	10e. STREET AND NUMBER 7807 TEMPLE STREET			10f. ZIP CODE	20783	10g. CITIZEN OF WHAT COUNTRY? USA		
	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	rried 2 Merried FORCES? 1 TYPES 2 NO			PANIC ORIGIN? (Specify Yelican, Puerto Rican, etc.) city:	or No- 14. RACE — American Indian, Black, White, etc. Specify: WHITE		
	16. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 12 16. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) BARBER					16b. KIND OF BUSINESS/INDUSTRY BARBER SHOP		
	17. FATHER'S NAME (First, Middle, Last)	17. FATHER'S NAME (First, Middle, Last) 16. MOTNER'S NAME				E (First, Middle, Melden Surneme) GNES		
	JOSEPHINE B. GRI			SS (Street and Number or Aur PLE STREET,				
7	20a, METHOD OF DISPOSITION 1 \(\overline{\Omega} \) Burlai 2 \(\overline{\Omega} \) Cremation 3 \(\overline{\Omega} \) Ren 4 \(\overline{\Omega} \) Donation 6 \(\overline{\Omega} \) Other (Specify)	other of	OF DISPOSITION (F	leme of cornetery, cremetory of METERY		RFIELD	or Town, State PENNSYLVANIA	
100	21. SIGNATURE OF FUNERAL SERVICE LI		FI FI	ANCIS J. CO	FACILITY LLINS FUNER	RAL HOM		
PHYSICIAN: MEDICAL CERTIFICATION	23. PART I. Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such as cardiec or respiratory erreat, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):							
	PART II. Other aignificant condition	Arrhythmia Dementin		inderlying cause given	In Part I. 24a, WAS AN PERFO	RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
ICIAN	26. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) OTHER:							
BY	1 Neturet 6 Pending (Month, Day, Year) INJURY WORK? 2 Accident Investigation					INJURY OCCURE	ural Route Number,	
COMPLETED	29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occurred at the time, date end place, end due to the causs(e) and manner as stated.							
TO BE C	296. SIGNATURE AND TITLE OF CERTIFIER 290. LICENSE NUMBER D 23 8 11 - 19 - 90							
	30. NAME AND ADDRESS OF PERSON WNO COMPLETED CAUSE OF DEATH (ITEM 27) (Typo, Print) 704 GORMAN AVE, T-1, LAUREL, MD 20707.							
	31. DATE FILED (Month, Dey, Year) NOV 20 '90	32. REGISTRAR'S SIGNATURE	andale.					



THOMAS C. MILITANO,

31. DATE FILED (Month, Day, Year)

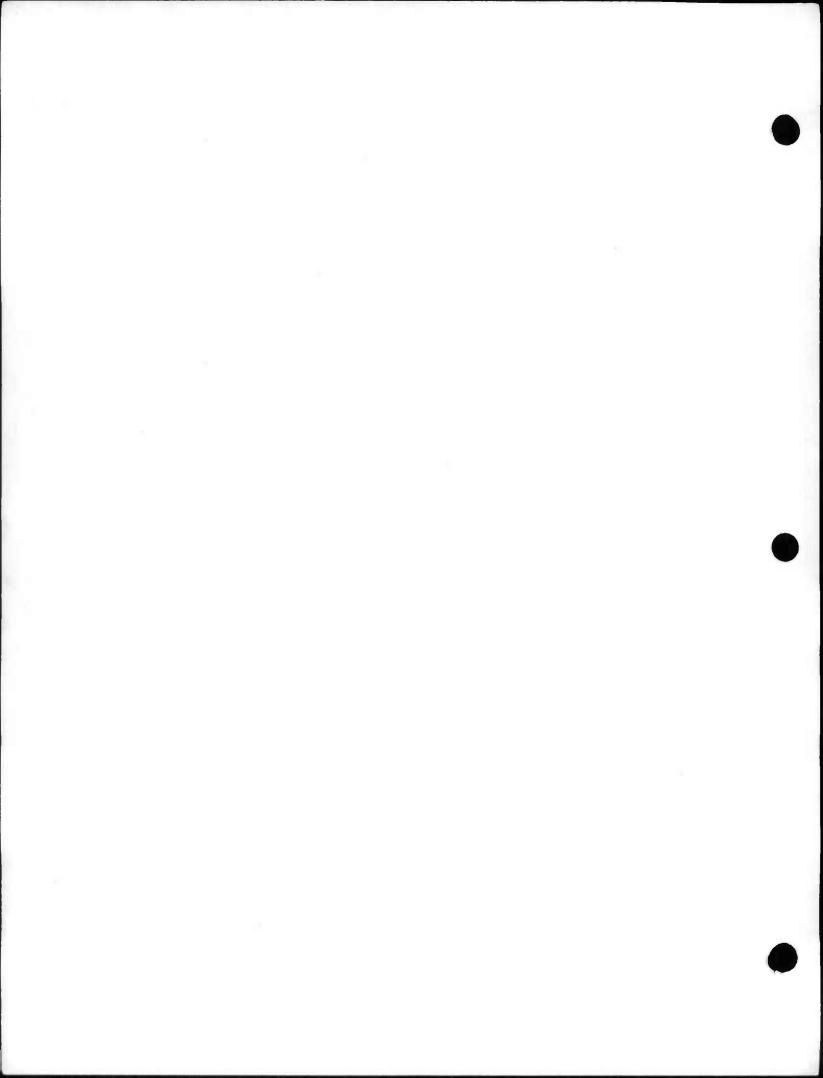
M.D.

32, REGISTRAR'S SIGNATURE
Julia Davidson Randelle

	FOR STATE REGISTRAR		STATE OF MARY					EALTH AND N DEATH	MEN	REG. NO.	E	91	33181
	1. DECEDENT'S NAME (First, ROSARIO 4. SOCIAL SECURITY NUMBER	O BER		(in yrs. last	,	IF UNDER 1 Y	EAR	IF UNDER 24 HRS.	7. D	OATE OF DEATH ONTH DA 1 16 NATE OF BIRTH Month, Day, Year)	× - 1/	Count	
OR	WAShing	. FACILITY NAME (If not institution, give street and number)									9c. COUNTY OF DEATH MONTGOMERY		
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY LANCAC LOUNGON				16c. CITY, TOWN OR LOCATION							10d. INSIDE CITY LIMITS?	
1	KANSAS JOHNSON 100. STREET AND NUMBER			SHA	AWNEE	101	. ZIP CODE	16a, CITIZEN OF			1 YES 2 NO WHAT COUNTRY?		
ER/	7126 CAENEN	N AVENU	JE					66216			US.	A	
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 3 Widowed 4 Divo	711	12. WAS DECEDENT EVER FORCES? 1 YES IF YES, GIVE WAR OR	2 N	MED	If yo	18, spi	ENDENT OF HISPAN acity Cuban, Maxica 2X NO Specify	n, Pu		or No	14. RAC Blac Spec WHI	E — American Indian, kk, Whita, etc. c/fy: TE
COMPLETED		EDENT'S EDUC y highest grade 0-12)	completed) College (1-4 or 5+)	(Gi	tve kind of Do NOT u		ng mo	st of working		16b. KIND OF BUS	SINESS/IN	DUSTRY	
MP	17. FATHER'S NAME (First, M	liciciia I net)	5+	HOM	EMAK)	ER/DEN	TI		ME /	irst, Middle, Maiden	Cumpma)		
	MELCHOR	ONGJO	0					ENRIQUE'					
TO BE	19a. INFORMANT'S NAME (198	. MAILING	ADDRESS (S	treet a	nd Number or Rural F	_		n, State, Zi	p Code)	
F	CELESTE CAP		(DAUGHTER)			CAENEN			HAI	WNEE, KA			216
	20e METHOD OF DISPOSIT 1 Burial 2 Crematic 4 Donation 5 Other	on 3 🗆 Remo	oval from State	other pla	909)			NAL CEME	TE				own, State KANSAS
	21. SIGNATURE OF FUNERA	L SERVICE LIC	5 Kinel			FRA	NC:	IS J. CONTINUERSITY	LL:	INS FUNE	RAL SIL	HOME .SPR	, INC.
	shock, or h	eart failure.	compilcations that cause List only ona cause on			not anter th	a mo	da of dying, suc	h ss	cardiac or respi	ratory a	rest,	Approximate Interval Between Onset and Death
	immediate cause (Fine) disease or condition recuiting in death) a. CARDIOGE Due to (or as a conse			GEN A CONSE	NIC SHOCK DAY						DAYS		
Carred Americans							00		YEARS WEEKS				
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST										WEEKS		
	PART II. Other significa	ent condition	e contributing to deeth	but not r	eeuiting	in the unde	rlyln	g ceuse given in	Part			24	b. WERE AUTOPSY FINDINGS
MEDICAL	MULT	IRE	SYSTE	ms	FA	LURE				YES 2			AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
		706E		RHO	218					l			1 YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED T EXAMINER?		HOSPITAL:			OTHER:		ACE OF DEATH (Ch					
HYS	1 YES 2 NO		1 Inpetient 2 ER/Ou 28s. DATE OF INJURY	,	28b. TIR	E OF 28	Ic. INJ	URY AT		Other (Specify) I. DESCRIBE HOW I	NJURY O	CCURED	
ВУ Р		1 Netural 5 Pending (Month, Day, Year)				JURY M		YES 2 NO	and Deponing from House occurred			_	
	2 Devlotes -	Could not be datarmined	28e. PLACE OF INJUI building, atc. (Sp	RY — At ho	ome, farm, street, factory, offica 281. LOCATION (Street as City or Town, State)					or or Rural	Route Number,		
COMPLETED	CONGCK ONLY		CIAN: To the best of my kno										(s) and manner as stated
	29b. SIGNATURE AND TITLE					,,,,		29c. LICENSE NUI					D (Month, Day, Year)
BE C	Tam		Meler	-				D 36207			•		16-90
٩	30. NAME AND AGORESS O		O COMPLETED CAUSE OF	EATH (ITE	M 27) (Typ	s, Print)							

7610 CARROLL AVENUE #400

TAKOMA PARK, MARYLAND 20912



90

Caulk

HELFRICH

BALTIMORE, MARYLAND 21203-3146

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

TO BE COMPLETED BY FUNERAL DIRECTOR

221-18-0	28	1 🗆 M 2 💢 F	61	"	NTHS DA		MIN.	(Month)	Day Year	29	DEL	
9a. FACILITY NAME (If not in		Hospice		96	-	WN OR LOCA	TION OF DE			9c. COU	NTY OF DE	
RESIDENCE OF DEC		TOSPICE	_		10	owson				Ba	ltim	ore
10a. STATE	10b. COUNTY	r		10c. CITY, TO	OWN OR L	OCATION						10d. INSIDE CITY
MD	Ca	rroll			We	estmi	nste	r				1 YES 2 NO
10s. STREET AND NUMBER						10f. ZIP CO	DE			10g. CITI	ZEN OF WH	IAT COUNTRY?
11 Kempe	r Ave	nue				2	1157			U	J.S.	100
11. MARITAL STATUS 1 Never Merried 2 3 Widowed 4 Divo		12. WAS DECEDENT EVE FORCES? 1 _ Y IF YES, GIVE WAR OF	ES 2 X		If ye	DECENDENT e, specify Cu YES 2 N	ban, Mexicai	n, Puerto R	? (Specify Yes tican, etc.)	or No-		- American Indian, White, etc.
	EDENT'S EDU y highest grade 0-12)		(6	CEDENT'S USI live kind of work L Do NOT use re	done durin	PATION og most of wor	lding	16b.				
			cl	erk					book	stor	re	
17. FATHER'S NAME (First, M	fiddle, Last)					18. MC	THER'S NA	ME (First, A	fiddle, Maiden	Surname)		
Charles	Lloyd	Caulk	1				Fred	a He	eyl			
19a, INFORMANT'S NAME (7	Type/Print)		19	b. MAILING AD	DRESS (St	reet and Numi	per or Rural F	Route Numb	oer, City or Tow	n, State, Zip	Code)	21093
David B.	Helf	rich		2147	Cha	oel V	alle	y La	ane.	Timo	niun	n. MD
20a METHOD OF DISPOSIT	TON on 3 - Rem	ovel from State	20b. PLACE other pi	OF DISPOSITIO	ON (Name	of cometery, ci	metory or		20c. LO	CATION —	City or Tow	rn, State
4 Donation 5 Other	r (Specify)		Mea	dow B		h Ce			We	stmi	inste	er. MD
									al Ho	me &	Cha	pel
23. PART I. Enter the d		Pritts, S										Approximate
IMMEDIATE CAUSE (Fit disease or condition resulting in desth) Sequentially list condit if any, leading to imme cause. Enter UNDERLY CAUSE (Disease or injutant initiated events resulting in death) LAS	tions, idiate ling	a. ACUTE DUE TO (OR A DUE TO (OR A DUE TO (OR A	AS A CONSE	QUENCE OF):	ENG	DUS	LEL) KE	MIA			Onset end Death
PART II. Other significe	ent condition	ne contributing to deat	th but not	resulting in t	the unde	rlying caus	e given in	Part I.	24s. WAS AN PERFOI 1 YES 2	RMED?		WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED T EXAMINER?	TO MEDICAL	HOSPITAL:		10	THER:	26. PLACE OF	DEATH (Ch	eck only on	10)			
EXAMINER?		1 Inpatient 2 ER/		DOA 4	☐ Nursing		Residence		r (Specify)			
27. MANNER OF DEATH 1 Natural 5 2 Accident	Pending Investigation	28a. DATE OF INJU (Month, Day, Ye.		26b. TIME O	Υ	c. INJURY AT WORK?	no 🗆	28d. DES	SCRIBE HOW	INJURY OC	CURED	
a D subda	Could not be determined	28e. PLACE OF INJ building, etc. (IURY — At h 'Specify)	ome, farm, stre	et, factory,	, office		26f. LOC City	ATION (Street or Town, State)	and Numbe	or Aural Au	oute Number,
coel		ER: On the basis of axamin										end manner as stated.
29b. SIGNATURE AND TITLE	E OF CERTIFIE	I alex	an	der	ro	29c. L	D 27			29d. DAT	re signed	(Month, Day, Year) -90
carla S. Al	F PERSON WI Lexande	er, M.D	Stell	a Mari	s Ho	spice	-Dula	ney V	Valley	Rd.	-Tows	on 21204
31. DATE FILED (Month, Day,	'90	32. REGISTRAR'S		Pandell								

Carlos . So

TO BE COMPLETED BY FUNERAL DIRECTOR

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2 mounts after death. Page 6 may be retained by the	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be d	e filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bunal, cremation, or removal.	MPORTANT: If hem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at o
F	F	file	PC
0	2	9	Z

	1 - STATE REGISTRAR	E OF MARYLA		RTMENT OF ICATE OF		MENTAL HYGIENE REG. NO.	E			
	1. DECEDENT'S NAME (First, Middle, Last)	Г	looveon	U/	500	2. DATE OF DEATH MONTH 11-16-9	χ YE	3. TIME OF OEATN		
)	James 4. SOCIAL SECURITY NUMBER 6. SEX		Pearson In yrs. lest birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	6,1	1:50AM M BIRTINPLACE (State or Foreign		
1	218-86-9437 XX			MONTHS DAYS	HOURS MIN.	09/24/62	2 1	Maryland		
	9a FACILITY NAME (If not institution, give street and nu				OR LOCATION OF DE	ATH	9c. COUNTY			
OR	St. Rt. 257			To	ompkinsvi]	Charle	arles County			
DIRECTOR	10e. STATE 10b. COUNTY			TY, TOWN OR LOC	ATION		10d. INSIDE CITY			
뜸	Maryland Charle	Nε	Newburg				1 TES 2 NO			
	10e. STREET AND NUMBER				Of. ZIP CODE			OF WHAT COUNTRY?		
FUNERAL	Route #1,Box 14 C				20664			S. A.		
	1X News Married 2 Married FORC	DECEDENT EVER IN CES? 1 TYPES	2 XNO	If yes, s	pecify Cuben, Mexica		or No- 14.	RACE — American Indian, Black, White, atc.		
B	3 Wildowed 4 Divorced	ES, GIVE WAR OR DA	TES	1 U TE	S 2 NO Specify			Specify: White		
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	0	(Give kind of t	Work done during n		16b. KIND OF BUS	INESS/INDUST	TRY		
in in	Elementery/Secondery (0-12) College	(1-4 or 5+)	life. Do NOT us	iso rotirod.) L Manag		Plant 1	Farm	Tno		
MO	17. FATNER'S NAME (First, Middle, Last)		Relicar	l Plana	4	ME (First, Middle, Maiden		THE.		
BE C	James Pearson Ho	ood ,Sr	•			Kae Thom		}		
TO B	19e. INFORMANT'S NAME (Type/Print)		19b. MAILING			Poute Number, City or Town				
	Judith Kae Jones, M					ryans Ro				
	20a. METHOD OF DISPOSITION 1X Buriel 2 Cremation 3 Removal from 4 Donation 5 Other (Specify)	State	other place)		emetery, crematory or	Is.		or Town, State arvland		
	21. SIGNATURE OF FUNERAL BERVICE OCCURSES		I CIY CI			eral Hom				
	· MC Coll	V)	N			eral Hom 7,La Pla				
	23. PART I. Enter the diseases, or complice							, Approximate		
	shock, or heert fellure. List only							Interval Between Onset end Death		
	disease pr condition Mul	ltiple in	ijuries							
			A CONSEQUENCE O	DF):						
ON	Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF):									
CAT	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury									
THE	that initiated events resulting in deeth) LAST	DUE TO (OR AS A	A CONSEQUENCE O	OF):						
CERTIFICATION	d			3						
CAL	PART ii. Other algnificent conditions contrib	buting to death b	ut not reauiting	in the underly	ing ceuse given in	PERFOR	MED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO		
						YES 2	□ NO	OF DEATH?		
ME						_		XX YES 2 NO		
PHYSICIAN: MEDI	25. WAS CASE REFERRED TO MEDICAL			26.	PLACE OF OEATN (Ch	eck only one)				
SIC	EXAMINER? HOSP	PITAL:	patient 3 DOA	OTHER:	ome 5 🗆 Reeldence		Scene	٥		
¥.	27. MANNER OF DEATN 266	e. OATE OF INJURY (Month, Day, Year)	28b. Til	ME OF 28c. I	NJURY AT WORK?	28d. DESCRIBE HOW I	NJURY OCCUP	REO		
ВУ	2 3 Accident investigation	OUND: 1	11-16-90	12446AC	YES 2 XMO			k/fixed object		
	3 Suicide 6 Could not be 4 Homicide determined	e. PLACE OF INJURY building, atc. (Spec	— At home, farm, city)		nad	City or Town Steles	PS7.TO	mpkinsville,		
E	29a. CERTIFIER (Check only	At a branch of marketing	to does double account					_		
COMPLETED	(Check only one) 2 MEDICAL EXAMINER: On the									
	296. SIGNATURE AND TITLE OF CERTIFIER	10			29c. LICENSE NU	MBER		IGNED (Month, Day, Year)		
38 6	Nowate the	Krein			OCME	<u></u>	▶ 1.	1-16-90		
2	30. NAME AND ADDRESS OF PERSON WHO COMPL		EATN (ITEM 27) (Typ		D OL.	1 5-114	1.0	- 04004		
	MARGARITA A. KORELI	., MD . registrar's sign	NAMES OF THE PARTY	11.	. Penn Sti	ceet,Baltin	nore,M	D 21201 V		
	31. DATE FILED (Month, Day, Year) 32.		NATURE	nine.						

DNMN-16 Rev 1/89

y Whisok

	1 - STATE REGISTRAR	STATE OF MARYLA		ENT OF HEALTH AND	MENTAL HYGIENE REG. NO.	90 33184			
-n	1. DECEDENT'S NAME (First, Middle, Last) Bertha	Marie	HIGNUTT	mutt	2. DATE OF DEATH] / T	10/90 3. TIME OF DEATH 45A 90 5:45 AM			
	4. SOCIAL SECURITY NUMBER 214 - 60 - 7861	1 🗆 M 2 💢 F 8	7 YRS. MONT		7. DATE OF BIRTH May 19, 1903	z omioj z vanza			
DR	The Wesleyan Hea	1th Care Cent	er 96.	Denton	DEATH 9c.	Caroline			
DIFECTOR	RESIDENCE OF DECEDENT 100. STATE 10b. COUNTY Maryland Quee	n Anne's		WN OR LOCATION		10d. INSIDE CITY LIMITS?			
	10. STREET AND NUMBER MD Rt. 213	ii Aitile 5	Centri	10f. ZIP CODE 21617	100	1 □ YES 2 🖔 NO 2. CITIZEN OF WHAT COUNTRY? United States			
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 X NO		ANIC ORIGIN? (Specify Yes or Nean, Puerto Rican, atc.)				
	3 Wildowed 4 Divorced 15. DECEDENT'S EDU (Specify only highest grade	CATION completed)	16a. DECEDENT'S USU/	**	16b. KIND OF BUSINES	White			
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)	Wife. Do NOT use retir		He	ome			
BE CO	17. FATHER'S NAME (First, Middle, Last) Thomas Edward	Lane		18. MOTHER'S N	AME (First, Middle, Melden Surna 21en –	Hawkins			
TO B	190. INFORMANT'S NAME (Type/Print) Frank S. Hignutt	Son		aubee Road, L		ne, Zip Code) Michigan 48849			
	20e. METHOD OF DISPOSITION 1 XBuriel 2 Cremetion 3 Rem 4 Donation 6 Other (Specify)	77/13/90	Chesterfie	(Name of cometery, cremetory or eld Cemetery		on - City or Town, State eville, Maryland			
	21. SIGNATURE OF FUNERAL SERVICE LIN	Barton,	Jr.		Funeral Home	ille, MD 21617			
CERTIFICATION	23. PART I. Enter the dieeeses, or shock, or heart fellure. IMMEDIATE CAUSE (Final diseese or condition reaulting in death) Sequentielly list conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or Injury	a. ON A DUE TO (OPT & D.)	sch line.	heart		interval Between Onset and Death			
ERTIFI	that initiated events resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE OF):						
MEDICAL	PART II. Other significent condition SED SI Organi	s braw		a undariying cause given i	OPSY 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO				
ICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		25. PLACE OF DEATH (C		<u> </u>			
PHYSICIAN:	27. MANNER OF DEATH	1 Inpatient 2 ER/Outp 28a. DATE OF INJURY (Month, Day, Year)	26b. TIME OF	Nursing Home 6 Residence 25c. INJURY AT WORK?	8 ☐ Other (Specify) 28d. DESCRIBE HOW INJUR	TY OCCURED			
ED BY	Netural 6 Pending Investigation 2 Accident Investigation 3 Suicide 6 Could not be building, stc. (Specify) 25s. PLACE OF INJURY — At home, farm, street, factory, office building, stc. (Specify) 25s. PLACE OF INJURY — At home, farm, street, factory, office City or Form, State)								
COMPLETED	4 Homicide determined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the basis of axamination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated.								
TO BE CO	295. SIGNATURE AND TITLE OF CERTIFIE	elen n	75	29c. LICENSE NUMBER 29d. DATE SIGNED (Mornith, Day, Year, 11-16-92					
	30. NAME AND ADDRESS OF PERSON WIT	Silver	POR	James Sides OX 660	Deuton	ton, Maryland			
	31. DATE FILED (Month, Day, Year) NOV 1 7 90	32. REGISTRAR'S SIGN	ATURE Andelle	•					

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TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2-mours after death. Page 6 may be retained by the hos	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached and the funeral director, page 5 should be detached and the funeral function of removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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GEORGE

	1 - STATE REGISTRAR	STATE OF MARYLA		MENT OF HEALTH AND ATE OF DEATH	MENTAL HYGIEN REG. NO		0 33185	
	1. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF DEATH	AY YE.	3. TIME OF DEATH	
	MARY RONE	ITA HENRY -	- MAIDEN	NAME THOMAS	NOVEMBER	14,199	0 5:20pm M	
	4. SOCIAL SECURITY NUMBER	The second secon	MC	UNDER 1 YEAR IF UNDER 24 HRS. NTHS DAYS HOURS MIN.	7. DATE OF BIRTH	6. E	SIRTHPLACE (State or Foreign Country)	
	216-22-3264	1 □ M 2300€ 63	YRS.				MD	
	9e. FACILITY NAME (If not institution, give et	reet end number)	91	. CITY, TOWN OR LOCATION OF I	DEATH	9c. COUNTY	OF DEATH	
2	DOCTORS COMMIN	ITY HOSPITAL	OF P.G.	LANHAM-SE	ABROOK	PRINC	E GEORGE'S CO.	
입	10a. STATE 10b. COUNTY	1	10c. CITY, T	OWN OR LOCATION			10d. INSIDE CITY	
DIRECTOR	MD A質素素	英英華 P.GEORGI	E B	OWIE - RURAL			1 YES 2 ANO	
	10e. STREET AND NUMBER			101. ZIP COOE			OF WHAT COUNTRY?	
FUNERAL	P.O.BOX214 WEST S	TATION		20719			U.S.A.	
5	11. MARITAL STATUS	12. WAS DECEDENT EVER IN FORCES? 1 YES	U.S. ARMED	13. WAS DECENDENT OF HISP If yes, specify Cuben, Mexic		s or No- 14.	RACE — American Indian, Black, White, etc.	
BY F	1 Never Merried 2 Married 3 Widowed 4 Divorced	IF YES, GIVE WAR OR DAT	TES XX	1 TYES 2 TO Spec			Specify: BLK	
		OATION T	44 - 05050505050	LIVE COCUMENTON	40. 100 05 00	- I		
	15. DECEDENT'S EDUC (Specify only highest grade	completed)	(Give kind of work life. Do NOT use of	done during most of working	18b. KIND OF BU	SINESS/INDUST	HT	
7	Elementary/Secondery (0-12)	College (1-4 or 5+)		U.S.GOV. WORK	ER ****	****		
COMPLETED	17, FATHER'S NAME (First, Middle, Last)		_	18. MOTHER'S N	IAME (First, Middle, Malden	Surname)		
	RICHARD THOMAS			HATTIE	RANDALL			
) BE	19e. INFORMANT'S NAME (Type/Print)		19b. MAILING AL	ODRESS (Street end Number or Rura	I Route Number, City or Tox	vn, State, Zip Coo	fe)	
5	THOMAS A. HENRY		SAME	AS 10 E - F				
	20s, METHOD OF DISPOSITION 1	20b.		ON (Name of cemetery, cremetory or		CATION — City		
	4 Donation 5 Other (Specify)	I L	AKEMONT M	EMORIAL PARK	DA	VIDSON	TILLE, MD.	
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENGEE //	41/11/	22. NAME AND ADDRESS OF		74-14-14	21491	
	► CHARLES E. HI	CKS 111	MEX	HICKS FUNERAL	HOME-1922	FOREST	r DR. ANNA.MD	
	23. PART i. Enter the diseases, or o			anter the mode of dying, at	ich sa cerdlec or resp	eiretory srrest	Approximete Interval Between	
	IMMEDIATE CAUSE (Final	List Dnly one cause on as	ich iina.				Onset and Death	
	disesse or condition resulting in death)	RESPIR	ATORY	ARREST	7		HINUTES	
		DUE TO (OR AS A	CONSEQUENCE OF):	COMP (
N	Sequentially list conditions,	" METAST	ATTC	COLUPY (LANCER		49WEAR	
ATI	if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A	CONSEQUENCE OF):					
CERTIFICATION	CAUSE (Disesse or Injury	cDUE TO (OR AS A	CONSEQUENCE OF):					
E	that initiated events resulting in death) LAST							
CE		d						
CAL	PART II. Other significent condition				PERFO	RMED?	24b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO	
Dic	INTERST				1 _ YES	2 NO	OF DEATH?	
MEDI	ESSENT	AC HY	5 Et 1 E	205101		•	1 TYES 2 NO	
ä								
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. PLACE OF DEATH (OTHER:	Check only one)			
IYS	1 VES 2 NO	1 Inpatient 2 ER/Outp		Nursing Home 5 Residence		IN III DV OCCUID	ED.	
	27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Dey. Year) 28b. TIME OF INJURY AT WORK? 1 VES 2 NO 28d. OESCRIBE HOW INJURY OCCURED							
BY	2 Accident Investigation 3 Suicide 8 Could not be	28e. PLACE OF INJURY	— At home, farm, str		28f. LOCATION (Street	end Number or i	Rural Route Number,	
TED	3 Suicide a Could not be 4 Homicide determined	building, atc. (Spec	elfy)		City or Town, State	9)		
E	29a. CERTIFIER CERTIFYING PHYS.	ICIAN: To the best of my know	ledge, death occurred	at the time, date and place, end d	ue to the cause(e) and mu	enner es stated.		
COMPLET	(Crieck Only			In my opinion, death occured at t			euse(s) and manner ee stated.	
	295, SIGNATURE AND JUTLE OF CERTIFIE	R	With Heaville	29c, LICENSE N	IUMBER	29d. DATE SI	IGNED (Month, Day, Year)	
BE	1/1/1/	20		>		•		
5	30, NAME AND ADDRESS OF PERSON WI	O COMPLETED CAUSE OF DE	ATH (ITEM 27) /Time (I	rint)				

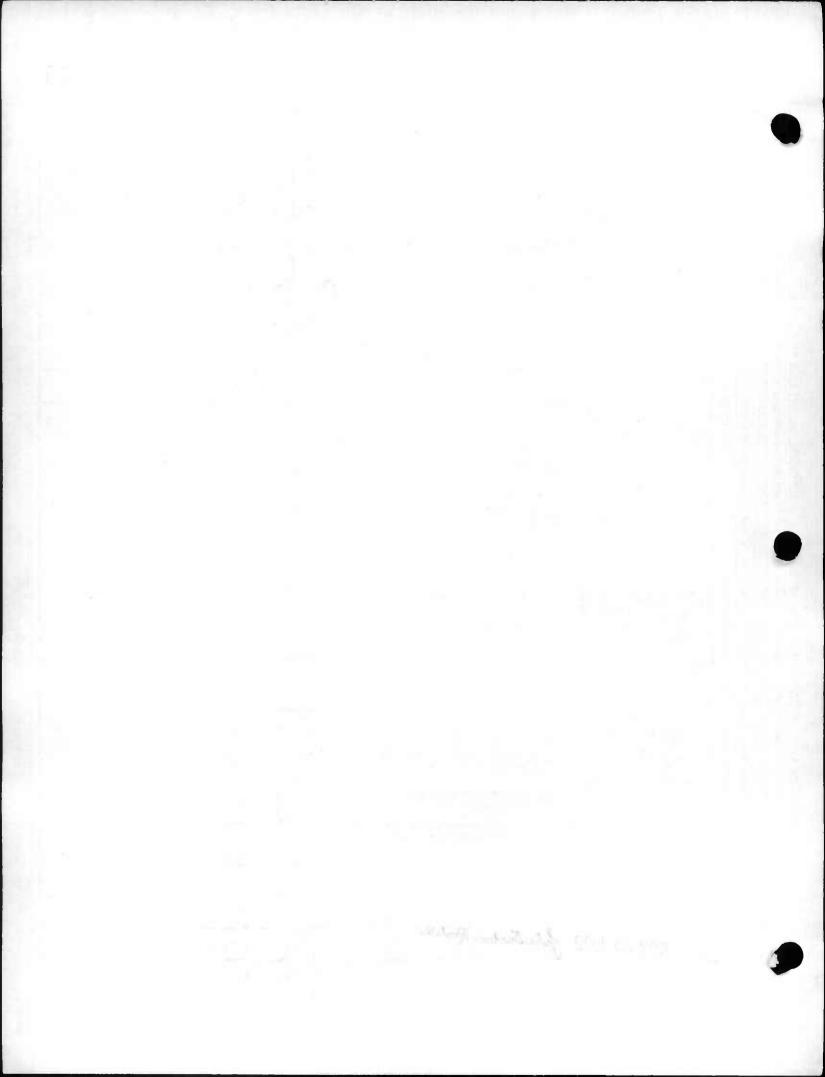
- DOCTORS HOSP. LANHAM, MARYLAND

7 1--11 7

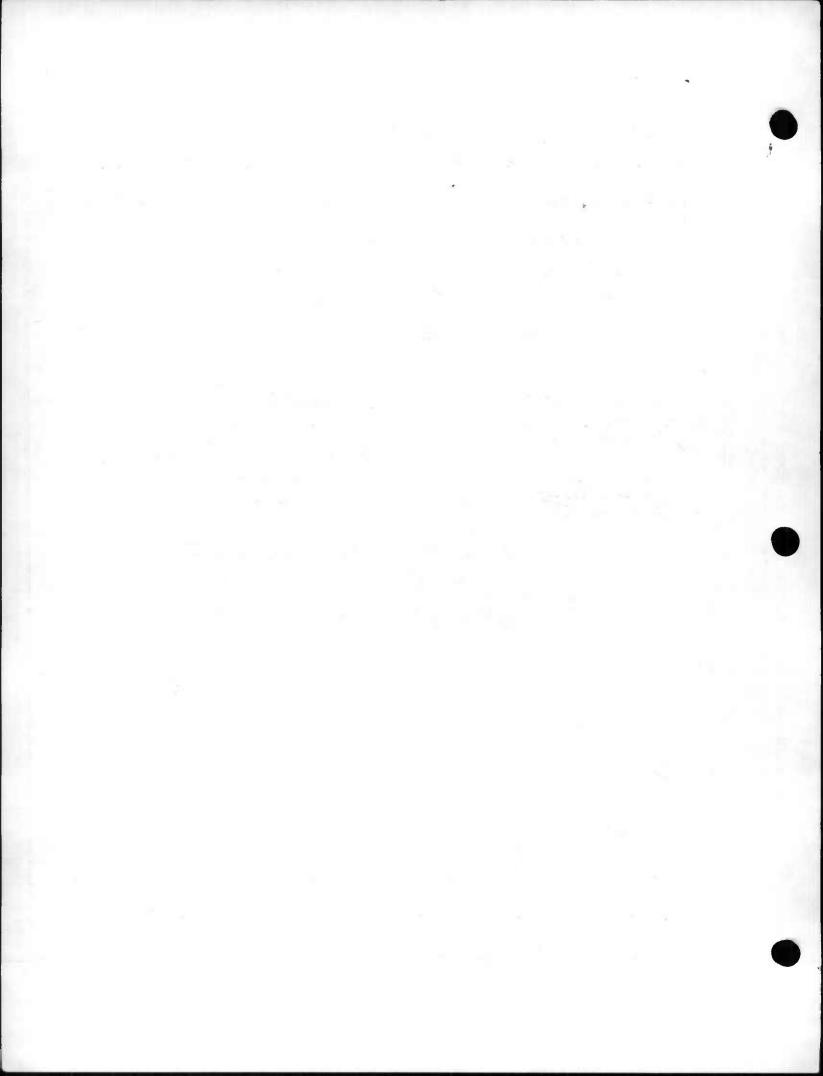
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MOO BE OF	MOLFACINITIES INVISION OF CITETY OF CITETY OF CITETY OF CITETY OF CITETY OF CITETY OF CITETY OF CITETY OF CITETY OF CITETY OF C
dical examiner must be notified at once	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
by the funeral director, page 5 should be detact emoval.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
s after death. Page 6 may be retained by the ho	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with

9a. FACILITY NAME (II not Inatilution, give alreet home — 4900 Sixes RESIDENCE OF DECEDENT 10b. COUNTY Maryland Calver 10c. STREET AND NUMBER 4900 Sixes Road 11. MARITAL STATUS 1 Never Merried 2 Merried 3 Wildowed 4 Divorced	SEX 6. AG 87. and number)	E (in yrs. last l	YRS.	IF UNDER 1 YE	AYS	IF UNDER 24 HRS.	NOV	of peath ember of sirth of sirth of Day, Year)	21 1º	8. BIRTH Countr		PM	
4. SOCIAL SECURITY NUMBER 5.77 48 3726 9a. FACILITY NAME (If not Inatifution, give alreet home - 4900 Sixes RESIDENCE OF DECEDENT 10b. COUNTY Maryland Calver 10c. STREET AND NUMBER 4900 Sixes Road 11. MARITAL STATUS 1 Never Merried 2 Merried 3 Wildowed 4 Divorced	SEX 6. AG 87. and number)	E (in yrs. last l	YRS.	IF UNDER 1 YE	AYS		7. DATE (Month	OF BIRTH		8. BIRTH Countr	IPLACE (State or For	,	
9a. FACILITY NAME (If not Inatifution, give atreet home - 4900 Sixes RESIDENCE OF DECEDENT 10b. COUNTY Maryland Calver 10c. STREET AND NUMBER 4900 Sixes Road 11. MARITAL STATUS 1 Never Merried 2 Merried 3 Wildowed 4 Divorced	M 2 KF 82 and number)		YRS.	9b. CITY, TO	AYS		(Month	Day, Year)	08	Countr	y)	reign	
home - 4900 Sixes RESIDENCE OF DECEDENT 100. STATE 100. COUNTY Maryland Calver 100. STREET AND NUMBER 4900 Sixes Road 11. MARITAL STATUS 12 1 Never Merried 2 Merried 3 Wildowed 4 Divorced	Road				NO NW				_	_	yland		
10e. STATE 10b. COUNTY Maryland Calver 10e. STREET AND NUMBER 4900 Sixes Road 11. MARITAL STATUS 12 1 Never Merried 2 Merried 3 Wildowed 4 Divorced	t		10c. CITY,	TTTI		rederic				9c. COUNTY OF DEATH Calvert			
10e. STREET AND NUMBER 4900 Sixes Road 11. MARITAL STATUS 1 Never Merried 2 Merried 3 Wildowed 4 Divorced 15. DECEDENT'S EDUCATI	t		10b. COUNTY 10c. CITY, TOWN OR LOCATION							10d. INSIDE CITY LIMITS?			
4900 Sixes Road 11. MARITAL STATUS 1			Pr	ince :	_				_	1 YES 2	NO		
1 Never Merried 2 Merried 3 Widowed 4 Divorced 15. DECEDENT'S EDUCATI	4900 Sixes Road				101. ZIP COOE 20678				USA			OF WHAT COUNTRY?	
15, DECEDENT'S EDUCATI	FORCES? 1 YES	S 2 NO		If yo	s, spec	NDENT OF HISPAN Ify Cuben, Mexice NO Specify	n, Puerto I		s or No—	Black	E — American India k, White, atc. "Y": White	n,	
(Specify only highest grade corr	ON npleted) College (1-4 or 5+)	(Give					16b	kind of Bu		DUSTRY			
17. FATHER'S NAME (First, Middle, Lest) John Bitting Smith	Norton					18. MOTHER'S NA Jennie				ter			
190. INFORMANT'S NAME (Type/Print)	3.02.30.1	19b.	MAILING A	ADDRESS (St		1 Number or Rural I						_	
Mary Ellen Gibson				as #1	11/2			, , 101	,				
20e. METHOD OF DISPOSITION 1 S Burlei 2 Crematton 3 Removal 4 Donetion 5 Other (Specify)	I from State	other place ASh	F DISPOSIT	Cemet	of come	tery, crematory or			nce		own, State erick ma	rv1	
21, SIGNATURE OF FUNERAL SERVICE LICENS	SEE	1101	Jary			AODRESS OF FA	CILITY			-	1. Home	<u> </u>	
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	DUE TO (OT AUD OT BUD OT BUD OT BUD OT BUD	S A CONSEON	UENCE OF)	. U	+	Live							
PART II. Other algoriticant conditions of	1	but not re		the unde	rlying	ceuse given in	Part I.	24a. WAS A PERFO	N AUTOPSY	246	AMILABLE PRIOR COMPLETION OF C	TO	
2) Recal	failub nutit							1 TYES	2 NO		OF DEATH?		
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	IOSPITAL:		- 1	OTHER:	26. PL/	CE OF DEATH (Ch	eck only o	ne)					
27. MANNER OF DEATH	28e. DATE OF INJUI (Month, Day, Yes	W I	28b. TIME	OF 28	g Home Sc. INJU WOR		_	F (Specify)	INJURY O	CCURED			
2 Accident S Pending Investigation 3 Suicide 8 Could not be	28e. PLACE OF tNJI building, etc. (3		ne, ferm, st			2 NO		CATION (Street or Town, State		er or Rural	Route Number,		
4 Homicide determined 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER:	N: To the best of my ki	nowledge, des					to the ce	use(e) end m	enner as st		a) and manner ea s	itated.	
29b. SIGNATURE AND TITLE OF CERTIFIED)					29c. LICENSE NUI	MBER 312	3	29d, DA	//- 7	(Month, Day, Year)		
30. NAME AND ADDRESS OF PERSON WHO	1	3.1	1 27) (Type,	Print)		2 3	310		1	, , ,			
Jonathan 1	32 REGISTRATES S	enth	101	1-1	1								



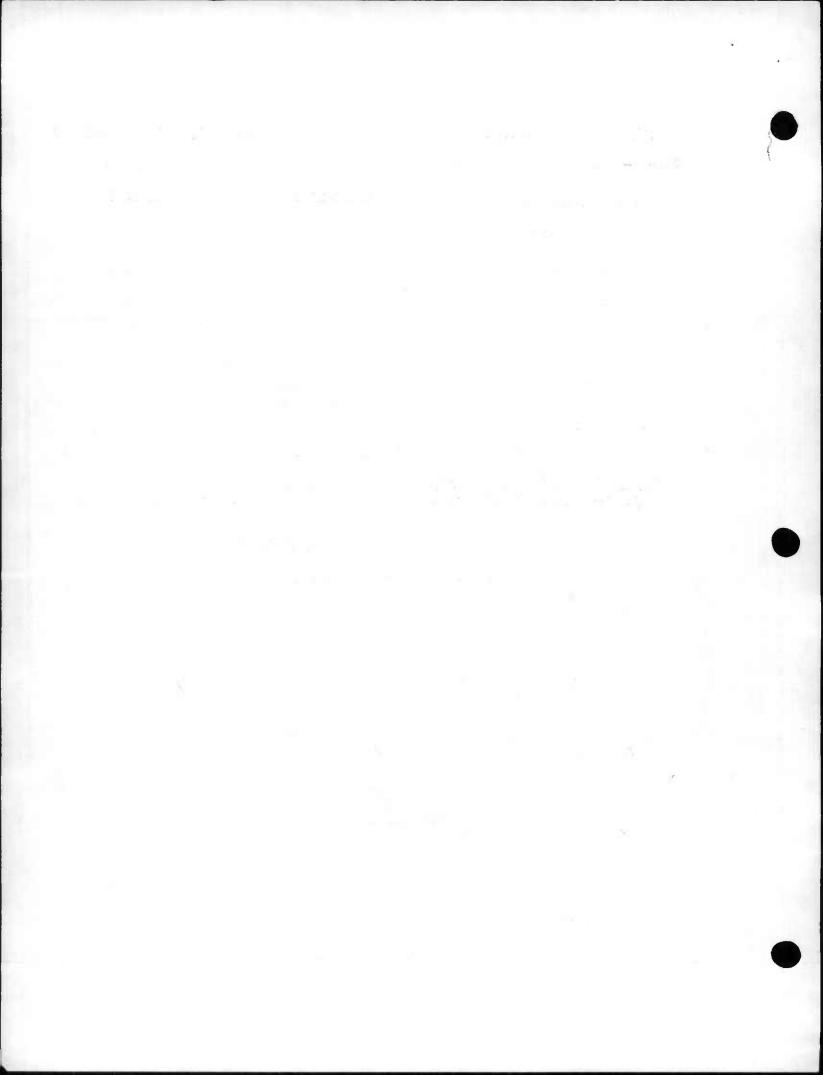
FOR 1 - STATE REGISTRAR	STATE OF MARY		MENT OF HEALTH		MENTAL HYGIENE REG. NO.		
1. DECEDENT'S NAME (First, Middle, Las PAULINE	S	HAMILTON			2. DATE OF DEATH MONTH DAY November 2	2, 199	3. TIME OF DEATH 0 2:00 P M
4. SOCIAL SECURITY NUMBER 212-38-5788 Se. FACILITY NAME (# not institution, give	1 □ M 2 🔀 F	31 YRS.	UNDER 1 YEAR IF UNDER	MIN. I	7. DATE OF BIRTH (Month, Day, Year) eb. 20, 190	8. BIRT	W.V.
Memorial Hospit	al	,	Cumberland	ION OF DE		Allega	
TOe. STATE 10b. COUN			own or Location				10d. INSIDE CITY LIMITS? 1 YES 2 \(\square\) NO
100. STREET AND NUMBER 61 ½ E. Main	St.		101. ZIP COD	1539	10	USA	WHAT COUNTRY?
11. MARITAL STATUS 1 Never Merried 2 Merried 3 Nidowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES	2 NO		ın, Mexico	IIC ORIGIN? (Specify Yes or n, Puerto Rican, etc.)	Bla	CE — American Indian, ck, White, atc.
15. DECEDENT'S EI (Specify only highest gra Elamentary/Secondery (0-12)		16a. DECEDENT'S US (Give kind of work life. Do NOT use n	UAL OCCUPATION done during most of worklettred.)	ng	16b. KIND OF BUSINE	ESS/INDUSTRY	
12 17. FATHER'S NAME (First, Middle, Last)	4	Teacher	18. MOT	HER'S NA	Physical ME (First, Middle, Melden Sun	Education	ion
Fverett 190. INFORMANT'S NAME (Type/Print) Mr. Robert W. H	1 0			r or Rural F	e Harr Poute Number, City or Town, S Vale.Md. 2	itate, Zip Code)	
20a METHOD OF DISPOSITION 1 Burlel 2 Cremation 3 Re 4 Donation 5 Other (Specify)	emoval from State	Db. PLACE OF DISPOSITI	ON (Name of cometery, cree Hill Cemet	matory or ery	20c. LOCAT	Coning	,Md.
21. SIGNATURE OF FUNERAL SERVICE	LICENSEE		22. NAME AND ADDREE Eichhorn Lonaconi		enzie Funera d. 21539	al Hom	e
23. PAPA I. Enter the diseases, a shock, or heart feliur iMMEDIATE CAUSE (Final disease or condition resulting in death)	e. List only one cause on		ratory	ring, suci	Area t	ory arrest,	Approximate Interval Between Onset and Death
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS	A CONSEQUENCE OF):	iferas	tw	e disee	de	
PART ii. Other algnificant conditi	ione contributing to death	but not resulting in	the underlying cause	given in	Part i. 24a. WAS AN AU PERFORME 1 YES 2 (X)	D?	4b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF OEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. PLACE OF I				
27. MANNER OF DEATH 1 Antural 5 Pending	28a. DATE OF INJUR (Month, Day, Year	7 26b. TIME (OF 28c, INJURY AT		28d. DESCRIBE HOW INJU	JRY OCCURED	
2 Accident Investigation 3 Suicide 6 Could not I 4 Homicide determined	28e. PLACE OF INJU building, etc. (S)	RY — At home, farm, stropecify)	et, factory, office		201. LOCATION (Street and City or Town, State)	Number or Run	al Route Number,
(Critick Orny	YSICIAN: To the best of my kn						e(s) and manner as stated.
296. SIGNATURE AND TATLE OF CERTIF	tun 1	<u> </u>	- D1	CENSE NUI		ed. DATE SIGN	ED (Month, Day, Mar)
Dr. Williams Me	morial Hospi	tal Medica		Cumb	erland, MD.	2150	2
NOV 27 1990) gicha Javidson	MATURE dall					



TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Law rouns after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3	be filed within 72 hours after death with the State Dept. of Health and Mentfal Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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TO BE COMPLETED BY FUNERAL DIRECTOR

I. DECEDENT'S NAME (First	t, Middle, Last)							TH		REG. NO.			3. TIME OF DEATH
WILLIAM	EUGEN	E HILTOI	N						MONT	25		YEAR	1620 P
. SOCIAL SECURITY NUM	BER	5. SEX	6. AGE (In yrs. last	birthday)	IF UNDER			R 24 HRS.	7. DATE	OF BIRTH			HPLACE (State or Foreign
212-24-008	86	1 💢 M 2 🗌 F	82	YRS.	MONTHS	DAYS	HOURS	Mire.		27 19	808		YLAND
De. FACILITY NAME (If not in	nstitution, give a	treet and number)			9b. CITY,	TOWN C	OR LOCAT	ION OF D	EATH		9c. COL	JNTY OF	DEATH
ALLEGANY	CO. NI	RSTNG HO	ME		CU	JMBE	RLAN	1D			AL	LEGA	MY
RESIDENCE OF DEC	10b. COUNT	Y		10c. CIT	TY, TOWN OI	R LOCAT	TION						10d. INSIDE CITY
MARYLAND	ALLEC	ANY		CUM	BERLA	AND							LIMITS?
IO. STREET AND NUMBER		7.7				101	, ZIP COC	DE			10g. CI	TIZEN OF	WHAT COUNTRY?
723 SHRIVE	R AVENU	JE				1 2	2150	2			1	JU.S.	.A.
11. MARITAL STATUS	780.	12. WAS DECEDEN	T EVER IN U.S. AR	MED						N? (Specify Yea Rican, etc.)	or No-	14. RAC Blac	E — American Indian, k, White, etc.
Never Married 2 🔯			MAR OR DATES				2 XNO					Spec	
15. DEC	CEDENT'S EDU	CATION	16a, DE	CEDENT'S	USUAL OC	CUPATIO	ON		168	b. KINO OF BUS	SINESS/IN	IDUSTRY	WHITE
(Specify on Elementary/Secondary	ly highest grade	completed) College [1-4 or 5	(Gi	ve kind of	work done d ree retired.)	luring mo	at of work	dng					
_ionormal proportions y		4		OT.	TEACH	ER			9	SCHOOL	TEA	CHER	
17. FATHER'S NAME (First, A			11.11.11				16. MO	THER'S NA		Middle Maiden ABETH			-
GEORGE H	TLION						SA	KAH		ADEIH I	UEKK.	TOK	
19a. INFORMANT'S NAME (hber, City or Tow			21502
RUTH E. BLON						-			BERLA	AND, MAI			21502
20a, METHOD OF DISPOSIT	TION on 3 □ Rem	oval from State	20b. PLACE	OF DISPO	SITION (Nar	ne of cer	Metery, cre	ematory or	א ארודים	20c. LO	CATION -	ANTO	own, State
			181.11	JK H.	SLITT	$\Pi \Gamma_i \Gamma_i$	ATA I'	L'AIL' I	EKY	I GUM	DELT	ו עווא	TATATATA TATATA
21. SIGNATURE OF FUNERA 23. PART I. Enter the C	AL SERVICE LI	CENSEE M	erritt et caused the de	ath. Do	SI 40	LCO2	ND ADDR X-ME ECAT	ESS OF FA RRIT UR S	T FUI	NERAL I T CUMBI	HOVIE ERLA	ND, 1	MARYLAIND Approximate
21. SIGNATURE OF FUNERA	AL SERVICE LI	complications the	erritt at caused the de use on each line ARDIO	ath. Do	SI 40 not enter	LCO2	ND ADDR	RRIT UR S	T FUI	NERAL I	HOVIE ERLA	ND, 1	MARYLAND
23. PART I. Enter that ahock, or h IMMEDIATE CAUSE (Fi	AL SERVICE LI	complications the List only one calls. DUE TO	erritt et caused the de	DUENCE C	22. F SI 40 not enter	LCO2	ND ADDR	RRIT UR S	TREE	NERAL I	HOVIE ERLA	ND, 1	MARYLAND Approximate interval Betw
23. PART I. Enter the candidate or condition resulting in death) Sequentially list condition resulting in death) Sequentially list condition resulting in death) Cause. Enter UNDERLY CAUSE (Disease or injuit that initiated events	AL SERVICE LI	complications the List only one ca	errito et caused the de use on each line FRO I O D IOR AS A CONSEC O (OR AS A CONSEC O (OR AS A CONSEC	DUENCE C	SI 40 not enter CS PF):	NAME AN LCOX	ND ADDRIVE NO ADDRIVE	ESS OF FARRITUR S UR S ying, su	T FUI TREE	NERAL IT CUMBI	HOME ERLA Instory a	ND, I	MARYLAND Approximate interval Betwoonset and D
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23. PART I. Enter the cahock, or himmediatre Cause (Fi disease or condition resulting in death) Sequentially list condition resulting in death) Sequentially list condition resulting in death) Sequentially list condition resulting in death) LASSE (Disease or Injuited International Internation	AL SERVICE LIVE OF THE PROPERTY OF THE PROPERT	DUE TO DUE TO	errito at caused the de use on each line ADJO O IOR AS A CONSEC O (OR AS A CONSEC O (OR AS A CONSEC O (OR AS A CONSEC O (OR AS A CONSEC O (OR AS A CONSEC O (OR AS A CONSEC O (OR AS A CONSEC O (OR AS A CONSEC	DUENCE CO	SZ2.F SI 40 not enter CS OF) In the un- In	NAME AIL LCOZ LA LOCAL LA LOCAL LA LOCAL LA LA LA LA LA LA LA LA LA LA LA LA L	ND ADDRI X-ME. ECAT Dede of dedeler of dedeler of dedeler LACE OF	ESS OF FARITY RRITY UR S ying, such	TREE ch es car	24a. WAS AN PERFOR	FRLA ratory a ratory a No.	Y 24	Approximate interval Betwoonset and Donset a
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23. PART I. Enter the cahock, or himmediate Cause (Fi disease or condition reauting in death) Sequentially list condition reauting in death) Sequentially list condition reauting in death) Sequentially list condition reauting in death) CAUSE (Disease or injust in initiated events reauting in death) PART II. Other algnific 25. WAS CASE REFERRED EXAMINER? 1 VES 2 NO 27. MANNER OF DEATH 1 Netural 6	AL SERVICE LI diseases, or heart failure. inel titions, ediata //NG ury ST TO MEDICAL Pending investigation Could not be determined	CENSEE Complications the List only one catalogue to the List only one catalogue to the List only one catalogue to the List only one catalogue to the List only one catalogue to the List only one catalogue to the List on th	errubent caused the deuse on each line of the properties of the pr	DUENCE COUENCE	22. F SI 40 not enter CS Print	NAME AIL LOOZ THE METERS AND AND AND AND AND AND AND AND AND AND	ND ADDRIX ND ADDRIX ECAT Idea of de A l A l A l A l A l A l A l A	ESS OF F/RRITT UR S ying, such given in DEATH (C) Residence	TREE ch es car TREE ch es car	24a. WAS AN PERFORM 1 YES 2	AUTOPS' RMEO? AUTOPS' RMEO? AND RMO RMO RMO RMO RMO RMO RMO RMO RMO RMO	Y 24	ARYLAND Approximate Interval Betw Onset and Donest and
23. PART I. Enter the cahock, or himmediate Cause (Fi disease or condition reauting in death) Sequentially list condition reauting in death) Sequentially list condition reauting in death) Sequentially list condition reauting in death) CAUSE (Disease or injust in initiated events reauting in death) PART II. Other algnific 25. WAS CASE REFERRED EXAMINER? 1 VES 2 NO 27. MANNER OF DEATH 1 Netural 6	AL SERVICE LI AL SERVICE LI Diseases, or neart failure. Interest of the service Lines TO MEDICAL Pending Investigation Could not be determined ATTIFYING PHYS DICAL EXAMA	complications the List only one call. a. OUE TO DU	errubent caused the deuse on each line of the properties of the pr	DUENCE COUENCE	22. F SI 40 not enter CS Print	NAME AIL LOOZ THE METERS AND AND AND AND AND AND AND AND AND AND	ND ADDRI X – ME. X – ME. ECAT Dele of dy All All All All All All All All All Al	ESS OF F/RRITT UR S ying, such given in DEATH (C) Residence	TREE ch ee car TREE ch ee ch	24a. WAS AN PERFORM 1 YES 2	I AUTOPS' RMEO? I NO INJURY O	rreat, Y 24 CCUREO oer or Rural tated.	MARYLAND Approximate interval Betwood Onset and Double



BALTIMORE, MARYLAND 21203-3146

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

	REGISTRAR		CE	RITH	CALE	F DE	AIH	R	EG. NO.			
	1. OECEDENT'S NAME (First, Middle, Last)							2. OATE OF D	DEATH	Y	YEAR	3. TIME OF DEATH
	Eric E. R.	Herrmann						Nov.	15		90	0530 M
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. last		IF UNDER 1 YEA		DER 24 HRS.	7. DATE OF B (Month, De	HRTH v. Ybar)		6. BIRTH Countr	PLACE (State or Foreign
	146 01 3529	1X M 2 □ F	82	YRS.	DATE DATE	S NOON	S WIII.	June 2		80	Wis	consin
á	9a. FACILITY NAME (If not institution, give st	reet and number)			9b. CITY, TOW	N OR LOC	ATION OF DI	EATH		9c. COU	NTY OF D	EATH
OR	Union Hospital o	f Cecil	County			E1ktc	n			0	ecil	
6	RESIDENCE OF DECEDENT 10a, STATE 10b, COUNTY			40- 0174	TOWN OR LO	0.171011						10d, INSIDE CITY
FUNERAL DIRECTOR	Maryland	Cecil		10c. C111,		kton						LIMITS?
2	10e. STREET AND NUMBER				T	10f. ZtP C	ODE			10n CIT	IZEN OE V	1 ☐ YES 2 K☐ NO WHAT COUNTRY?
RA	520 Ricketts	Mill Roa	ď			21921						
뿔	11, MARITAL STATUS		T EVER IN U.S. AR	MED	_			NIC ORIGIN? (S	nacify Yes		S.A.	— American Indian,
	1 Never Merried 2 Merried		YES 2 N		If yes	specify C		n, Puerto Rican		01 110	Speci	c, White, etc.
B	3 X Widowed 4 Divorced	IF TES, GIVE T	IAN ON DATES		1	E2 5 M	Specii	у:				White
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade				SUAL OCCUP		-tda-a	16b. KIN	D OF BUS	INESS/IN	OUSTRY	
ᄪ	Elementary/Secondary (0-12)	College (1-4 or 5	life	Do NOT use	retired.)	most or we	n Kiriy					
G N	11		P1	ant M	ianage:	r		Mfg	l Me	arin	g Ap	parel
8	17. FATHER'S NAME (First, Middle, Last)							ME (First, Middle		Sumame)		
BE	C. E. Rudol	ph Her	rmann				.sa	Schmid				
2	19a. INFORMANT'S NAME (Type/Print) Rudolph H.	TT	1 1					Route Number, C	,			
	-	Herrmann			onton			onton,	_		0700	
	20er METHOD OF DISPOSITION 1 Surial 2 Cremetion 3 Remo	ovat from State	20b. PLACE	DF DISPOSI	nor M	cometery,	eremetory or	rk			City or To	wn, State ryland
	4 Oonation 6 Other (Specify)	THOSE 1	- 0110	III FIG							, Pla	Tyland
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE			Hic	KS HC	me fo	or Fune on Stre	rals	3		
	Donald.	S. De	Jasi		Elk	ton,	Mary	land 2	1921			
	23. PART I. Enter the diseases, or of shock, or heart fellure.				ot anter the	mode of	dying, suc	h as cardiac	or respi	ratory ar	reat,	Approximate Interval Between
	IMMEDIATE CAUSE (Final	List Offiny Offia Cat	ise on each line	•								Onset and Death
		SEP OUE TO	r c cemi	17								
	Tooling in agony	OUE TO	(OR AS A CONSEC	DUENCE OF)	:							
Z	Sequentially list conditions,	b. PILE DUE TO	umone	A								
Ĕ	If any, leading to immediate	DUE TO	(OR AS A CONSEC	DUENCE OF)	DDAS		6.1	11-20		7.0-		
5	CAUSE (Disease or injury	c. CANS DUE TO	IOB AS A CONSE) (-	11005	INIC	الماسي	M~B	put-1	Mal	HILL	
	that initiated events resulting in death) LAST	ANCOS	Ma scuip	1) A 77/	CA	MA	VACU	01.40	Dus	FAS	6	
B		d	-10-006	100 100		- CO	7,50	77/10	0 0	011 0	200	+
EDICAL CERTIFICATION	PART II. Other eignificent condition	e contributing to	desth but not r	esulting in	the underl	ying csu	se given in	Part i. 24	PERFOR	AUTOPSY	24b	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO
50								1(YES 2	NO		COMPLETION OF CAUSE OF DEATH?
WE												1 - YES 2 - NO
S	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:				B. PLACE O	F DEATH (C	neck only one)				
Si	1 TES 2 NO		ER/Outpatient 3		OTHER: 4 - Nursing	Home 5	Residence	6 Other (Sp	pecify)			
PHYSICIAN:	27. MANNER OF DEATH	28a. OATE OF (Month, E		28b, TIME INJU	OF 28c.	INJURY A' WORK?	г	28d. OEŞCRI	BE HOW I	NJURY OC	CURED	
BY	1 Netural 6 Pending 2 Accident Investigation				M 1	YES	2 NO					
	3 Suicide 6 Could not be	28e. PLACE (building,	OF INJURY — At ho , atc. (Specify)	me, farm, st	reet, factory,	office			N (Street a		or or Rural i	Route Number,
	4 Homicide determined											
집	29e. CERTIFIER 1 CERTIFYING PHYSI	CIAN: To the best or	f my knowledge, de	ath occurred	d at the time,	data and p	lace, and du	s to the cause(s	and me	nner as ste	nted.	
COMPLETED	one) 2 MEDICAL EXAMINE	R: On the basis of a	xamination and/or	Investigation	, in my opinio	in, death o	ccured at the	time, date and	l place, ar	d due to t	the cause(e) and menner as stated.
BE C	29b. SIGNATURE AND TITLE OF CERTIFIE	, r				29c.	LICENSE NU	MBER M	۵٠	29d. DA	TE SIGNE	(Month, Day, Year)
		mon	C.			Do	74	63			11-	16-90
5	30. NAME AND AODRESS OF PERSON WH	Na ioxa	SE OF DEATH (ITE	M 27) (Type,	Print)	in C+	rest	Elkto	m 1	ו זייע בו	and	21921
	br. Rolando A.	wajera,	n. D. 1	OJ Ed	ist rid.	111 20	Teer,	EIRCC	/11 , P	агуі	.anu	2172I
	31. DATE FILED (Month, Day, Year)	0	AR'S SIGNATURE									
- 1	NOV 1 6 '90	Julia Da	ridson-Rang	tall								
_												DHMH-16 Rev 1/89

DIRECTOR

FUNERAL

BY

COMPLETED

BE 2

BALTIMORE, MARYLAND 21203-3146

shows any injury, or other traumatic event, the medical examiner must be notified at once. item 23 s IMPORTANT: It item 28 is marked, or

PHYSICIAN: MEDICAL CERTIFICATION

BY

COMPLETED

BE

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FOR STATE REGISTRAR		STATE OF N	MARYL					EALTH AND I	MENTA	AL HYGIEI	IE .) (, 0		
DECEDENT'S NAME (First,	Middle, Last)		_			O/II E	<u> </u>	DEATH		E OF DEATH			3. TIM	E OF DEATH	1
MAR	K	WAYN	E		HOL	MAN.	Sr		MON'		8	90	3	15. A M	ı
SOCIAL SECURITY NUMB		6. SEX		'In yrs. lest	t birthday)	IF UNDER 1	YEAR	IF UNDER 24 HRS.		E OF BIRTH		8. BIRTH		(State or Foreign	1
215-74-58	316	1 🔀 M 2 🗆 F	29		YRS.	MONTHS	DAYS	HOURS MIN.		nth, Day, Year) R 6 1	961	Country PENN		TVANTA	ı
a. FACILITY NAME (If not in		treet end number)				9b. CITY, 1	OWN	R LOCATION OF DE	EATH			TY OF D			1
Union Ho		of Ceci	1 Cc	unty	7]	Elkton				Ceci	1_		4
De. STATE	10b. COUNTY	r			10c. CITY	TOWN OR	LOCAT	rion						NSIDE CITY	1
MARYLAND	CEC	CIL			NC	RTH	EA	ST	15			- 1		YES AND NO	ł
0e. STREET AND NUMBER							101	. ZIP CODE			10g. CITI	ZEN OF W	VHAT C	OUNTRY?	1
· PULASKI	HIGHW	<i>I</i> AY						21901				U	ISA		ı
1. MARITAL STATUS		12. WAS DECEDEN	T EVER II	U.S. ARI	MED			ENDENT OF HISPAN			e or No-	14, RACE	- Am	ericen Indien, e, etc.	-
Never Married 2 ☐ Widowed 4 📆 Divo	UNIVERSITY OF THE PROPERTY OF	FORCES? 1 IF YES, GIVE V	MAR OR D	ATES	Ü			ecify Cuben, Mexice 2 NO Specifi		Hican, etc.)	- 1	Speck	Mv.	, 010.	ı
						1						WHI	TE		4
15. DEC (Specify only	EDENT'S EDUC y highest grade	completed)		18e. DE	CEDENT'S L	JSUAL OCC	ring mo	ON ost of working	16	b. KIND OF B	JSINESS/IND	DUSTRY			ı
Elementery/Secondary (0	⊢12)	College (1-4 or 5	+)		OCK					CO	NSTRI	TOTT	TAO		١
10 7. FATHER'S NAME (First, M	Material Asset			ЪΤ	OCK	LAII	'IK	16. MOTHER'S NA	ARE CEION			JCII	.ON		4
RICHARD	Talle The	T M 7\ NT						JUL 49 STATE STATE OF		EY CA		Г.Т.			ı
90. INFORMANT'S NAME (1		LIMAN		101	MAILING	ADDRESS	Ctenat	and Number or Rural							
RICHARD		LMAN				3.5		IERON RI					1D	21911	
00. METHOD OF DISPOSIT			201	. PLACE	OF DISPOS	ITION (Nam	e of ce	metery, cremetory or		20c. L	OCATION —	City or To	wn, Str	Ite	-
Buriel 2 ☐ Cremetic		oval from State	-	CON	ÖWIN	IGO I	3AF	TIST CI	EM	C	ONOW:	INGC), [MD	
1. SIGNATURE OF FUNERA	L SERVICE LIC	CENSEE		1		22. N		ND ADDRESS OF FA							7
1	>	1	1				R.	T. FOAI	RD I	FUNER	AL HO	OME			
23. PART I. Enter the d	leases of	complications the	2 001100	d the de	eth Do n	ot apter t	be me	RISING			pleston, es	root		Approximate	_
		List only one can				or sinoi (na inc	oue or dying, suc	A1 88 C0	iloisc or ios	piratory ar	out,	- 1	Interval Between	
IMMEDIATE CAUSE (Floodisease or condition	nel												- '	Onset and Death	
resulting in death)	\rightarrow	e. Head											\rightarrow		_
		DOE TO	(OH AS	A CONSEC	OUENCE OF):							į		
Sequentially list condit if sny, leading to imme cause. Enter UNDERLY	diete	DUE TO	(OR AS	A CONSEC	QUENCE OF):									1
CAUSE (Disease or Injuthet Initiated events		C. DUE TO	(OR AS	A CONSE	QUENCE OF):							+		-
resulting in deeth) LAS	at L	d											-		
PART II. Other significa	ent condition	ns contribution to	death !	out not :	meulting !	n the unc	lerivis	or cause given in	Part I	24n WAS 4	N AUTOPSY	246	WEDE	AUTOPSY FINDINGS	-
PATE III OTHER BIGHTICE	condition	continuoning to	- Godini I	Jac HOLF	esuring I	we und	est (yill)	A conse Alsail III	ruft f.	PERF	ORMED?	2-40	AVAIL	ABLE PRIOR TO	
										1X YES	2 NO	1	OF DE		ı

1 X YES 2 | NO 25. WAS CASE REFERRED TO MEDICAL EXAMINER?
1

↑ YES 2

NO 26. PLACE OF DEATH (Check only one) HOSPITAL:
1 □ Inpatient 2 X ER/Outpatient 3 □ DOA OTHER: Ing Home 5 ☐ Residence 6 ☐ Other (Specify) 27. MANNER OF DEATH 26e. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 28b. TIME OF INJURY 28d. DESCRIBE HOW INJURY OCCURED Passenger in auto/fixed objects impact

281. Location (Street and Number or Bural Route Number, City or Town, Steele) Rt. 7 & Mechanics 1 Natural 5 Pending 11-18-90 1 YES 2XXNO 2:30 AM Investigation 28e. PLACE OF INJURY — At home, farm, street, fectory, office building, etc. (Specify) 3 Sulcide 6 Could not be determined 4 Homicide roadway Valley Rd. Cecil County,

29e. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data end place, and due to the cause(a) end menner ee stated.

296. SIGNATURE AND TITLE OF CERTIFIE 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year)

OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

J. Peretti, M.D., Assistant

32 REGISTRAR'S SIGNATURE 31. DATE FILED (Month, Day, Year)

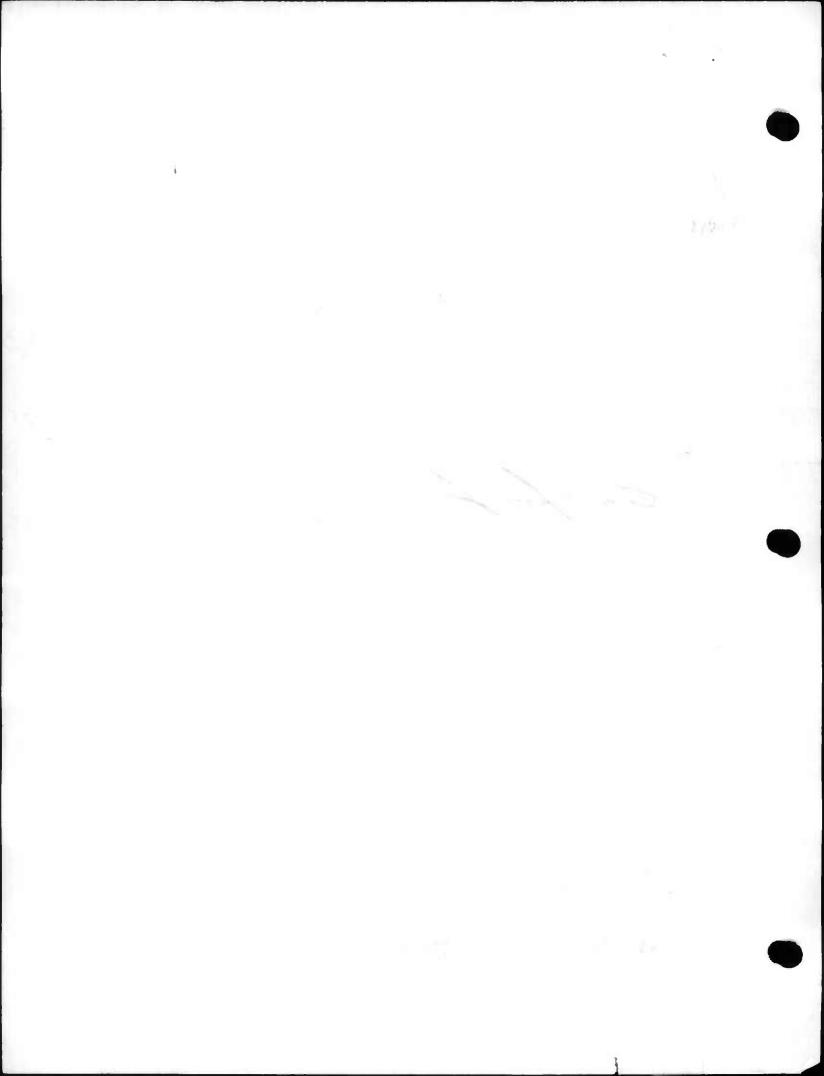
111 Penn Street, Baltimore, MD 21201

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11-18-90



STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 - STATE REGISTRAR		CATE OF		REG. NO		
	1. DECEDENT'S NAME (First, Middle, Last)	7			2. DATE OF DEATH		3. TIME OF OEATH
	JOSEPHINE		Harre	11	November		90 0135 M
	4. SOCIAL SECURITY NUMBER 5. SEX 8. AGE (In yrs.	last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH		BIRTHPLACE (State or Foreign
)	216-14-9978 10M2DF C		MONTHS DAYS	HOURS MIN.	(Month, Day, Year) 03-20-1	901	Country) Maryland
		/OL	9b. CITY. TOWN O	R LOCATION OF DE			
œ	9e. FACILITY NAME (If not institution, give street end number) PENINSULA GENERAL HOSPITAL		SALISBI	R LOCATION OF DE JRY		°C COUNT	MICO
2	RESIDENCE OF DECEDENT					1	
E	10s. STATE 10b. COUNTY	10c. CITY	TOWN OR LOCAT	ION			10d. INSIDE CITY LIMITS?
DIRECTOR	Delaware Sussex		De1	mar			1 YES 2 NO
A	10e. STREET AND NUMBER		101.	ZIP CODE		10g. CITIZEI	N DF WHAT COUNTRY?
FUNERAL	Rt. 2 Box 476			19940		1	U.S.A.
5	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. FDRCES? 1 YES 2 ()				IC ORIGIN? (Specify Yen, Puerto Rican, etc.)	s or No- 14	I. RACE — American Indien, Black, White, atc.
BYF	1 Never Merried 2 Merried IF YES, GIVE WAR OR DATES 3 V Widowed 4 Divorced	MIND		2 NO Specify			Specify: White
	15. DECEDENT'S EDUCATION 18e. (Specify only highest grade completed)	Give kind of w	USUAL OCCUPATIO rork done during most retired.)	N at al working	16b. KIND OF BU	SINESS/INDUS	STRY
ا ۲	Elementary/Secondary (6-12) College (1-4 or 5+)		maker		0.00	TT	
COMPLETED	17. FATHER'S NAME (First, Middle, Last)	nome	maker	40 MOTHERNO NA	ME (First, Middle, Maider	Home	
	Elijah Chathan				an milesan inch		A la a co
BE			ADDREDE (Charles		lena Route Number, City or To		tham
2	Madeline Jones		5-00 -119102.1		elmar, D		
			TION (Name of cen				re 19970
	1 Duriel 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify)	place) He:	nlopen	Cremato	orv F		ord, Del.
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	0		D ADDRESS OF FA			
	Sugar Brung	X	Donn	de Terre	1		E. Main St.
	surace of orance				eral Hom	Jal	isbury, MD
	- 23. PART I. Enter the diseases, or complications that caused the shock, or heart fellure. List only one cause on each it		ot enter the mo	de of dying, suc	n as cardiac or resp	Hratory arres	Interval Batween
	IMMEDIATE CAUSE (Fine) disease or condition	1+	Mire	01	N.		Onset and Death
	IMMEDIATE CAUSE (Finel disease or condition resulting in death) DUE TO (DR AS A CONSTITUTION OF THE CONST	107	W2 (1 - 0 0 0 0	V-1-1	May OF		
_	DUE TO (DR AS A CONS	SEDUENCE OF).				
CERTIFICATION	Sequentially list conditions, DUE TO (DR AS A CONS	SEQUENCE OF	7):				
¥	if sny, lasding to immediata cause. Enter UNDERLYING						
IFIC	CAUSE (Disease or injury that initiated events DUE TO (DR AS A CONS	SEDUENCE OF	7):				
F	resulting in death) LAST						
Ö	PART II. Other significant conditions contributing to death but no	et requities l	n the realisability	r course observe le	Part I. 24a. WAS A	ALITTOREY.	24b. WERE AUTOPSY FINDINGS
DICAL	PART II. Other significant conditions contributing to death but no	resulting i	ii dia Underlying	cause given in		RMED?	AMILABLE PRIOR TO COMPLETION OF CAUSE
EDI	12 10 C C STANCE WA				1 _ YE\$	2.0 NO	OF DEATH?
Σ					—		1 TES 2 ND
AN	25. WAS CASE REFERRED TO MEDICAL		96 PK	ACE OF DEATH (CI)	est not sent		
PHYSICIAN:	EXAMINER? 1 VEB 2 NO. 1 Uspatient 2 D ENOutpetient		OTHER:				
448	27. MANNER OF OEATH 25a, DATE OF INJUNY	286. TIM			6 ☐ Other (Specify) 36d, DESCRIBE HOW	INJURY OCCU	RED
	Netural 5 Pending (Moorn, Day, Year)			RIC?			
ВУ	2 Accident Investigation 3 Suicide 6 Could not be 28e. PLACE OF INJURY — At	home, farm, s	street, factory, offic		28f, LOCATION (Street		r Rural Route Number,
TED	3 Surcios 6 Could not be building, etc. (Specify) 4 Homicide determined				City or Town, State	9)	
COMPLET	290. CERTIFIER (Check pale) CERTIFYING PHYSICIAN: To the best of my knowledge,	death occurr	ed at the time date	and place, and due	to the cause(s) and m	enner ee steled	
MP	(Check only one) 2 MEDICAL EXAMINER: On the basic of examination end/						
	29b. SIGNATURE AND TITLE OF CENTURES			29c. LICENSE NUI			SIENED (Month, Day, Year)
BE	51/1//////			1 4 ()	97	290. DATE:	SIBNED (Marin, Day, Your)
2	30. NAME AND ADDRESS OF FERSON WHO COMPLETED CAUSE OF GEATH (I	TEM 27) (%-	Print):	X) (-1	10	1, 67	1111
	Eddie Herravez MA.	SAL	spury	Mede	extex, (A	Linku	xy, Md
	31. DATE FILED (Month, Day, 16str) 32. REGISTRAR'S SIGNATUR		~ p ~ r ~ /	2 41 - 4	1 - 1 - 1	1-0 0-	
7	NOV 15'90 Signature To						
	The Contract of	and a CO.					DHMH-16 Rev 1/89

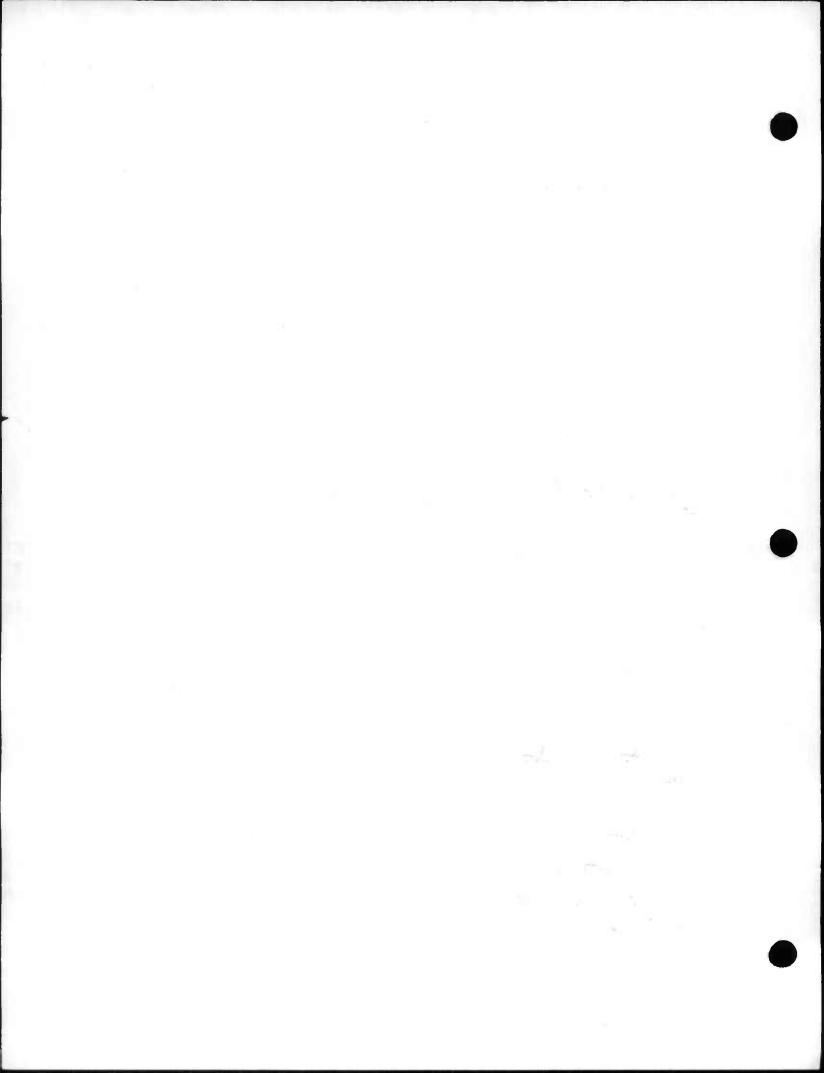
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 fours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21203-3146 DIVISION OF VITAL RECORDS, P.O. BOX 13146,

FOR

TO BE COMPLETED BY FUNERAL DIRECTOR



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TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be refla	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 st has end within 70 hours after death with the State hear of Health and Mental Horiene prior to burial, cremation, or removal.	IMPORTANT: It Item 28 Is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be not
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	1 - STATE REGISTRAR		CERTIF	ICATE OF	DEATH	REG. NO.	9	U	10176
	1. DECEDENT'S NAME (First, Middle, Last)		,			2. DATE OF DEATH		(EAR 3. TI	ME OF DEATH
	VIRGINIA	FLORENCE	HUBE	ERT		MONTH D	6 199		:05 PM M
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE	E (in yrs. lest birthdey)		IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	8	BIRTHPLACE Country)	E (State or Foreign
	213-14-6050	1 □ M 2 💢 F	71 YRS.	MONTHS: DAYS	HOURS MIN.	JAN. 25,1	919 1		ND
.il	9e. FACILITY NAME (If not institution, give s	treet and number)		9b. CITY, TOWN	OR LOCATION OF DE			Y OF DEATH	
*5	Deer's Head Cente	or		Salis	bury		Wic	omico	
DIRECTOR	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY	v	10c. Cr	TY, TOWN DR LOCA	TION			104	INSIDE CITY
E		OMICO	1000	SALISBU					LIMITS? YES 2 NO
	10e. STREET AND NUMBER	OHICO			M. ZIP CODE	·	10a, CITIZE	N DE WHAT	
N.	411A WOODVIEW	SOUARE			21801		2.715	JSA	
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT EVER		13. WAS OE		IIC DRIGIN? (Specify Yes		. RACE — A	mericen Indian,
	1 Never Married 2 Merried	FORCES? 1 YE			pecify Cuban, Mexica S 2 X NO Specify	n, Puerto Rican, etc.)		Black, White Specify:	te, etc.
BY	3 X Widowed 4 Divorced				All ·				WHITE
ETED	15. DECEDENT'S EDU- (Specify only highest grade		(Give kind of	Work done during m		16b. KIND OF BUS	SINESS/INDUS	STRY	2100
	Elementary/Secondary (0-12)	College (1-4 or 5+)	ilfa. Do NOT a					_	
COMPL	11 YEARS	NO	SECR	ETARY			AURAN'	ľ.	
	17. FATHER'S NAME (First, Middle, Last)	DELLUD	DIGHAR	001		ME (First, Middle, Malden			
BE	WILLIE A 190. INFORMANT'S NAME (Type/Print)	RTHUR	DISHAR		MARY	ETTA Route Number, City or Tow	CANTWI		
2	PHYLLIS TOWNSEND	_ DAUCUTED		OCCUPATION NAMED IN					
			20b. PLACE OF DISPO			SALISBUR	CATION — CI		
	20e. METHOD OF OISPOSITION]] 1	oval from State	SALISBURY				ISBURY		
	21. SIGNATURE OF FUNERAL SERVICE LIC			22. NAME /	AND ADDRESS OF FA	CILITY		, 110	
	> Juton 1	100/4, m	1			RAL HOME, P			
	23. ART I. Enter the disesses, or	complications that cause	ed the deeth. Do	not enter the m	ONOW HILL	RD SALIS	BURY	MD 2	1801 Approximate
	ahock, or heart fallure.	List only one couse on	esch line.	not unter the m	ous of dying, suc	ii sa coidiac di 10ap	natory street	,	Interval Between Onset and Death
	IMMEDIATE CAUSE (Final disease or condition							i	Oliset and Death
	resulting in deeth)	Bue 10 (OR A	S A CONSEQUENCE	ure				- i	
z		Advanc	ed COPD	and Com	pulmomale			!	
2	Sequentially list conditions, If eny, leeding to immediate		S A CONSEDUENCE					1	
S	cause. Enter UNDERLYING CAUSE (Disease or Injury	a Aspir	ation						
F	thet initiated events	DUE TO (OR AS	S A CONSEQUENCE	OF):					
CERTIFICATION		d						ĺ	
0 1	DART II Other simplificant condition								
	PART II. Other aignificant condition	na contributing to death	but not resulting	In the underlyi	ng cause given in				E AUTOPSY FINDINGS
	Severe osteopox					PERFO	RMED?	AWAII	E AUTOPSY FINDINGS LABLE PRIOR TO PLETION DF CAUSE PEATH?
	Severe osteopox					PERFO	RMED?	COM DF D	LABLE PRIOR TO PLETION OF CAUSE
MEDICAL	Severe osteopox					PERFO	RMED?	COM DF D	LABLE PRIOR TO PLETION OF CAUSE DEATH?
MEDICAL	Severe osteopox disease	cosis due st		generat		PERFOI	RMED?	COM DF D	LABLE PRIOR TO PLETION OF CAUSE DEATH?
MEDICAL	Severe osteopox disease 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	NOSPITAL:	eroids De	26. OTHER:	PLACE OF DEATH (C)	PERFOI 1 YES :	RMED?	AWAII COM DF D	LABLE PRIOR TO PLETION OF CAUSE DEATH?
	Severe osteopox disease 25. was case referred to medical examiner? 1	MOSPITAL:	octoolds Da	26. OTHER: 4 Nursing Ho	PLACE OF DEATH (C)	PERFOI 1 YES :	RMED?	AWAII COM DF D	LABLE PRIOR TO PLETION OF CAUSE DEATH?
BY PHYSICIAN: MEDICAL	Severe osteopox diseage 25. was case referred to Medical EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	MOSPITAL: YE Inpatient 2 ER/O 26a. DATE OF INJUR (Month, Day, Year	outpetient 3 DOA	26. Muraing Mc OF IJURY M 1	PLACE OF DEATH (CF	PERFOI 1 YES : Peck only one) 6 Other (Specify) 28d. DESCRIBE HOW	RMED?	AVAII COM DF D	LABLE PRIOR TO PLETION OF CAUSE REATH? YES 2 \(\text{NO} \) NO
BY PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER? To Pending Investigation and Suicide 6 Could not be	MOSPITAL: *E Inpatient 2 ER/O 28a. DATE OF INJUR (Month, Day, Yea	butpetient 3 DOA	26. Muraing Mc OF IJURY M 1	PLACE OF DEATH (CF	PERFOI 1 YES :	RMED? NO NJURY OCCU	AVAII COM DF D	LABLE PRIOR TO PLETION OF CAUSE REATH? YES 2 \(\text{NO} \) NO
ETED BY PHYSICIAN: MEDICAL	Severe osteodox disease 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 2 Accident 3 Suicide 6 Could not be determined	NOSPITAL: TE Inpatient 2 = ER/O 28a. DATE OF INJUR (Month, Day, Veal 28e. PLACE OF INJUR building, stc. (S	Purpetient 3 DOA	OTHER: 4 Nursing He ME OF JURY M 1 street, factory, off	PLACE OF DEATH (C) PLACE OF DEATH (C) WIND 5 Residence LUURY AT ORK? YES 2 NO	PERFOI 1 YES : 1 YES : 2 Other (Specify) 28d. DESCRIBE HOW 28f. LOCATION (Street City or Town, State)	RMED? NO NUMBER O	ARAM DF D 1 1 IRED	LABLE PRIOR TO PLETION OF CAUSE REATH? YES 2 \(\text{NO} \) NO
ETED BY PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 2 Accident Investigation 3 Suicide 6 Could not be determined 29e. CERTIFIER (Check only) 1 CERTIFYING PHYS	NOSPITAL: † Inpatient 2 = ER/O 28a. DATE OF INJUR (Month, Day, Year 28c. PLACE OF INJUR building, stc. (S	butpetient 3 DOA RY 26b. Ti III RY — At home, ferm	OTHER: 4 Nursing Ho ME OF 28c. II JURY M 1 street, factory, off	PLACE OF DEATH (C) PLACE OF DEATH (C) INDEX AT ORK? YES 2 NO Ice Ite and place, and due	PERFOI 1 YES : 1 YES : Octoor (Specify) 28d. DESCRIBE HDW 28f. LOCATION (Street City or Town, Stele	INJURY OCCU	ARED RED Real Route	LABLE PRIOR TO PLETION OF CAUSE MATH? VES 2 NO
BY PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 3 Suicide 6 Could not be determined 29. CERTIFIER (Check only one) 2 MEDICAL EXAMIN	MOSPITAL: **E Inpatient 2 = ER/O 26a. DATE OF INJUR (Month, Day, Year 28a. PLACE OF INJUR building, stc. (S)	butpetient 3 DOA RY 26b. Ti III RY — At home, ferm	OTHER: 4 Nursing Ho ME OF 28c. II JURY M 1 street, factory, off	PLACE OF DEATH (CA	PERFOI 1 YES: 9 Other (Specify) 28d. DESCRIBE HDW 28f. LOCATION (Street City or Town, State) 1 to the cause(s) and ma	INJURY OCCU	AMAII COM DF D 1 1 1 1 1 1 1 1 1 1 1 1 1	LABLE PRIOR TO PLETION OF CAUSE PLEATH? YES 2 \(\sum \) NO Number, menner ee stated.
ETED BY PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 2 Accident Investigation 3 Suicide 6 Could not be determined 29e. CERTIFIER (Check only) 1 CERTIFYING PHYS	MOSPITAL: **E Inpatient 2 = ER/O 26a. DATE OF INJUR (Month, Day, Year 28a. PLACE OF INJUR building, stc. (S)	butpetient 3 DOA RY 26b. Ti III RY — At home, ferm	OTHER: 4 Nursing Ho ME OF 28c. II JURY M 1 street, factory, off	PLACE OF DEATH (C/	PERFOI 1 YES: 900ck only one) 8 Other (Specify) 28d. DESCRIBE HDW 28f. LOCATION (Street City or Town, State) 8 to the cause(s) and main of time, date and place, as MBER	INJURY OCCU	ARED RED Real Route	LABLE PRIOR TO PLETION OF CAUSE PLEATH? YES 2 \(\sum \) NO Number, menner ee stated.
BE COMPLETED BY PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 3 Suicide 6 Could not be determined 290. CERTIFIER (Check only One) 2 MEDICAL EXAMINITY ONE) 2 MEDICAL EXAMIN	NOSPITAL: TE Inpatient 2 ER/O 26a. DATE OF INJUR (Month, Day, Year 28c. PLACE OF INJUR building, stc. (S)	hutpetient 3 DOA RY 28b. Ti If IRY — At home, ferm pocify) owledge, death occu otion end/or investigat	26. OTHER: 4 Nursing He ME OF JURY M 1 , street, factory, off	PLACE OF DEATH (CA	PERFOI 1 YES: 900ck only one) 8 Other (Specify) 28d. DESCRIBE HDW 28f. LOCATION (Street City or Town, State) 8 to the cause(s) and main of time, date and place, as MBER	INJURY OCCU	AMAII COM DF D 1 1 1 1 1 1 1 1 1 1 1 1 1	LABLE PRIOR TO PLETION OF CAUSE PLEATH? YES 2 \(\sum \) NO Number, menner ee stated.
E COMPLETED BY PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	MOSPITAL: **E Inpatient 2 = ER/O 26a. DATE OF INJUR (Month, Dey. Year 28c. PLACE OF INJUR building, stc. (S) SICIAN: To the best of my kn ER: On the best of examine	hutpetient 3 DOA TY 26b. Ti If JRY — At home, ferm pocify) DEATH (ITEM 27) (7)	OTHER: 4 Nursing He ME OF AJURY M 1 street, factory, off	PLACE OF DEATH (C/	PERFOI 1 YES: 900ck only one) 8 Other (Specify) 28d. DESCRIBE HDW 28f. LOCATION (Street City or Town, State) 8 to the cause(s) and main of time, date and place, as MBER	INJURY OCCU	AMAII COM DF D 1 1 1 1 1 1 1 1 1 1 1 1 1	LABLE PRIOR TO PLETION OF CAUSE LEATH? YES 2 NO Number,
BE COMPLETED BY PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 3 Suicide 6 Could not be determined 290. CERTIFIER (Check only One) 2 MEDICAL EXAMINITY ONE) 2 MEDICAL EXAMIN	MOSPITAL: **E Inpatient 2 = ER/O 26a. DATE OF INJUR (Month, Dey. Year 28c. PLACE OF INJUR building, stc. (S) SICIAN: To the best of my kn ER: On the best of examine	butpetient 3 DOA NY 26b. Till NRY — At home, ferm pocify) DEATH (ITEM 27) (7/2 SDEATH (ITEM 27) (7/2	OTHER: 4 Nursing He ME OF AJURY M 1 street, factory, off	PLACE OF DEATH (C/	PERFOI 1 YES: 900ck only one) 8 Other (Specify) 28d. DESCRIBE HDW 28f. LOCATION (Street City or Town, State) 8 to the cause(s) and main of time, date and place, as MBER	INJURY OCCU	AMAII COM DF D 1 1 1 1 1 1 1 1 1 1 1 1 1	LABLE PRIOR TO PLETION OF CAUSE LEATH? YES 2 NO Number,

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BALTIMORE, MARYLAND 21203-3146

TO THE HOSPITAL, OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 fleurs after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 miles filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

1 -	FOR STATE REGISTRAR	STATE	0F	MARYL	AND.
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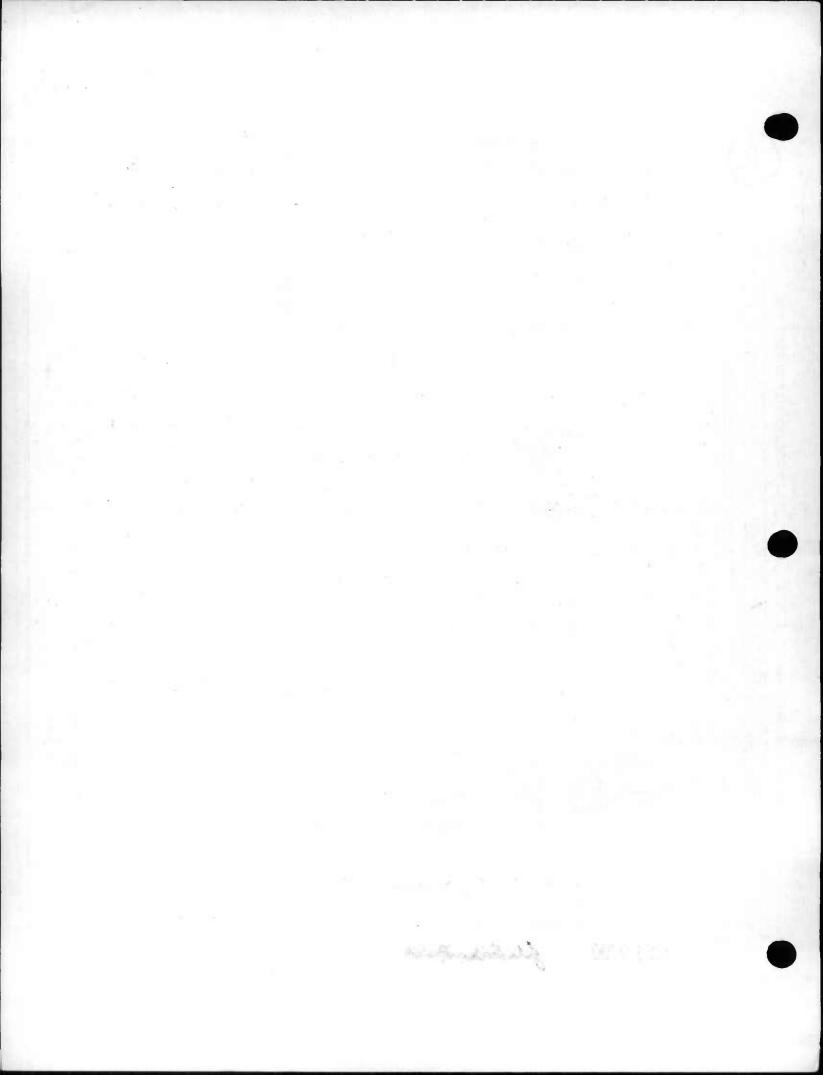
STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL	HYGIENE
CERTIFICATE OF DEATH	REG. NO.

	1. DECEDENT'S NAME (First, Middle, Lest)								2. OATE OF OE	ATM			3. TIME OF DEATH
	1. DECEDERT 3 NAME (First, MICOIS, LIST)								MONTH	DA	,	YEAR	
. 1		LENA	HALL				_				6		9:30 A M
١.	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs.	last birthday)		ER 1 YEAR			7. OATE OF BIF	RTH Wast		8. BIRTH Countr	IPLACE (State or Foreign
) [220-46-1634	1 🗌 M 2 🖾 F	87	YRS.	MONTHS	DAYS	HOURS	MIN.	2-16-	1903	-		AWARE
/	9a. FACILITY NAME (If not institution, give at	met and number)			9h, CI	TY. TOWN	OR LOCATI	ON OF DE	ATH		9c. COUI	NTY OF D	
æ										- 1	WICC		
0	SALISBURY NURSING	HOME			SA	TISE	BURY,	PID.			MICC	MITCC	
5-1	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY	,		100 CIT	V TOWN	OR LOC	ATION						10d. INSIDE CITY
2	IOE. STATE			100, 011	t, IUWN	ON LOC	ATION						LIMITS?
0	MD. WIC	OMICO			SALI	SBUE	RY						1 K YES 2 NO
A	10e. STREET AND NUMBER					1	IOI. ZIP COD	E			10g. CITI	ZEN OF V	WNAT COUNTRY?
E	TONY TANK LANE					- 1	218	20.1		- 1	11	.S.A	
FUNERAL DIRECTOR	11. MARITAL STATUS	12. WAS DECEDEN	T EVER IN U.S.	ARMEO	11	3. WAS D			IIC ORIGIN? (Spe	ocify Yea		14. RACI	E — American Indian.
	1 Never Married 2 Married		YES 2	∑ NO		If yes,	specify Cube	n, Mexica	n, Puerto Ricen,		11100771		k, White, etc.
B	3 XWidowed 4 Otvorced	IF YES, GIVE V	MR OR DATES			1 Y	ES 2 X NO	Specify	r:			Spec WH I	
	15, OECEOENT'S EOU	CATION	444	DECEDENT'S	LIGHAL	OCCUPA	TION		den KIND	OF BUILD	INESS/INC		
쁘	(Specify only highest grade	completed)		(Give kind of life. Do NOT u	work don	ne during i	most of worki	ing	TOU. KIND	01 803	11463371146	7031H1	
<u>" </u>	Elementary/Secondary (0-12)	College (1-4 or 5											
용		Two Year	S	HOUSEV	VIFE				NO	NE			
COMPLETED	17. FATHER'S NAME (First, Middle, Last)						18. MOT	HER'S NA	ME (First, Middle,	Maiden 3	Surname)		
	ASHEL R. DODD						MAT	RTHA	DAYTON				
BE	19a. INFORMANT'S NAME (Type/Print)			19b. MAILING	ADDRE	SS (Stree	9 (10.00	A COL PAGE	Route Number, Cit		State, Zip	Code)	
2	BARBARA PHILLIPS(DAHCHTED	TNITAL	7) /	. 25	DIME	DILLA	er pr).,SALI	CDIID	V M	m a	1901
				CE OF OISPO									
	20a. METHOD OF DISPOSITION 1 Burlal 2 Cremation 3 Rem	oval from Stata	200. PLA	r place)	SITION	(Name of (cemetery, cre	matory or					own, Stata
	4 Donation 5 Other (Specify)		- WI	COMIC) ME	MOR]	[AL PA	ARK		SA	LISE	URY.	MD.
	21. SIGNATURE OF FUNERAL SERVICE LIC				2	2. NAME	ANO ADDRE	SS OF FA	Hollo	wav.	Fun	'.1 H	me '2 1801
	I Alon. How	Olher ra.	1			501	SNOW	HILL	_ RU.,	SALI	SROK	XY, N	10.721801
-			1										
	23. PAPT I. Enter the diseases, or of ehock, or heart feiture.				not ent	er the n	node or dy	ring, suc	n aa cardiec c	or reapi	ratory an	reat,	Approximate interval Between
- 1	IMMEDIATE CAUSE (Fine)		4	1)		1						Onset and Death
- 1	disease or condition resulting in death)	. (lat	inten	\ H	N	12	- Andrew	0					
	resulting in death)	DUE TO	(OR AS A CON	SEQUENCE C	PF):	V	7.0						
_		0											
CERTIFICATION	Sequentieily list conditions,	bDUE TO	(OR AS A CON	SEQUENCE (OF):								
A	if any, leading to immediate cause. Enter UNDERLYING												
은	CAUSE (Disease or injury	C. OUE TO	(OR AS A CON	SEQUENCE ()F)·								
Ē	that initiated events resulting in death) LAST	002 10	(011 710 71 0011		,.								1 1
띱		d											
	PART ii. Other aignificant condition	ne contributing to	death but no	ot resulting	in the	underly	ing cause	given in	Part I. 24s.	WAS AN	AUTOPSY	24	b. WERE AUTOPSY FINDINGS
¥	D. 1.0 -1		1	try	n	A de l	1	To	1 617 11	PERFOR		1	AMAILABLE PRIOR TO
8	Jen y Orman	, com	my cm	my	Jus	سر	jam	1000	1 🗆	YES _2	E NO		COMPLETION OF CAUSE OF DEATH?
MEDICAL	Menors		0	9							•		1 - YES 2 - NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL					26.	PLACE OF	DEATH (C)	neck only one)				
S	EXAMINER?	HOSPITAL:	EB/0	2 🗆 🗆	атн	IER:				- M 1			
75	27. MANNER OF CEATH			28b. Til	1-	/-		Raaldence	8 Other (Spe		N SIEN OF	CHRED	
급	Natural 5 Pending	28a. DATE O (Month,	Day, Year)		JURY	1.5	INJURY AT WORK?	_	28d. DESCRIB	E HOW I	NJUNT OC	CONED	
ВХ	2 Accident Investigation				M	1 1	YES 2	□ NO					
	3 Suicide 8 Could not be		OF INJURY — A , atc. (Specify)	t home, farm,	street, f	factory, o	ffice		28f. LOCATION City or Tox			r or Runal	Route Number,
핃	4 Homicide determined		essential lies.										
"	29a. CERTIFIER	ICIAN: To the best of	d my knowledge	don'th none	erad at th	a dima d	lete and plac	o and du	to the source(s)	and mar		ted	
COMPLETED	(Check only												(a) and menner as stated.
Ö	2 MEGICAL EXAMINE	EN: On the besit of	EXMITMENDED BENC	vor investigat	eon, in m	ту ориног	i, deinn occi	ured at the	I WITHO, CHIEB BING	piace, an	10 and 10 t	LIG CRUSE	(a) and memor as sured.
E	29b. SIGNATURE AND TITLE OF CERTIFIE	B	^				29c. Life	CENSE NU	MBER		29d. DA	TE SIGNE	O (Mghth, Day, Year)
8	9 (/// 0	MI					1 /	1940	0/90		1	1/11	190
2	30. NAME AND ADDRESS OF PERSON WI	O OPPLETEO CAL	JSE OF DEATH	(ITEM 27) (Tur	e, Print)				1		0.1	1. 1	
	014, 91	1	A	()	()	1-/	11 70 11	10	dout	P	2.1	12.6	LAN ME
	canic viv	429N17	1		N/	MA	02/	NIX	ACCOL	0-1	\X	INDI	, , y
(,	31. DATE FILED (Month, Day, Year)	32 REGISTR	AR'S SIGNATUR	E									/
Q	NOV 1 9 '90	Gullerin	DIAM AND										

Sucht M.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - STATE REGISTRAR	OINIE OI		RTIF	ICATE	OF	DEA	ГН					
	DECEDENT'S NAME (First, Middle, Last) F.c.								MONTH			YEAR	3. TIME OF DEATH
				to Enth of an it	1						5	-	
	220-32-0950	1XXM 2 □ F	8.5	YRS.	MONTHS	DAYS	HOURS	MIN.	(Month, D	ley, Year)	1905	Country	V)
	9s. FACILITY NAME (If not institution, give s	treet and number)			9b. CITY	, TOWN	OR LOCATI	ON OF DE	ATH		9c. COU	INTY OF D	EATH
5	Wicomico Nursi	ng Home				Sal	isbu	ry				Wico	mico
100		Y		10c. CI	TY, TOWN C	OR LOCAT	TION						10d. INSIDE CITY
	MARYLAND WI	COMICO			SALI	SBUE	RY						1 YES 2 NO
AL	10a. STREET AND NUMBER					10	. ZIP COD	E			10g. CIT	IZEN OF W	HAT COUNTRY?
Ä		RD					21	801				US.	A
BY FU	11. MARITAL STATUS 1 Never Merried 2 Married XX Wildowed 4 Divorced	FORCES?	YES 2 N			If yes, sp	acity Cuba	n, Mexica	n, Puerto Rice	Specify Ye an, etc.)	s or No—	Black	r, White, etc. fy:
ED.			16a, DEC	EDENT'S	S USUAL O	CCUPATION	ON		16b. KI	NO OF BU	ISINESS/IN	DUSTRY	0011
<u> </u>	Elementary/Secondary (0-12)		+) (Giv	Do NOT u	work done	during mo	ost of workii	ng					
7	7 YEARS	NO	FAR	MER,	BUS	CONT	_		2.77	-		IOOL	BUS
							-			dle, Maider	Surname)	DATE	D
מ		AMES			C ADDRESS	P /Ptop et a				Oh T-			K
2		AV-SON				-							801
			20b. PLACE C	OF DISPO	SITION (No	me of cea	metery, crer	natory or	_				
	1X Burial 2 Cremation 3 Rem 4 Donation 5 Other (Specify)	oval from State	_ WICOMI	CO 1	IEMOR	IAL	PARK			SA	LISBU	JRY,	MD
	21. SIGNATURE OF TIMERAL SERVICE LI	CENSEE	1.1										
	* Che long	-0 H	Morre	11								, \m	0.100.1
	23. PART J. Enter the diseases, or	complications th	at caused the dea	th. Do	not anter	tha mo	da of dy	ing, suc	h sa cardia	C Dr resp	olratory a	rest,	Approximate
	IMMEDIATE CAUSE (Finel			- /									Interval Between Onset and Death
	disesse or condition resulting in death)	0											
						000							-3
S	Sequentially list conditions,	b			100	250						-	+
4	cause. Enter UNDERLYING	Age	100000000000000000000000000000000000000										
	that initiated events	DUE TO	OR AS A CONSEO	UENCE C	OF):								
	resulting in death) LAST	d											
	PART II. Other significent condition	ns contributing to	deeth but not re	sulting	in the ur	nderlyin	g ceuee	given in	Part I. 24	la. WAS AI	N AUTOPSY	24b.	
3												7	COMPLETION OF CAUSE
עבי											_ (2)		
2	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL -			ОТИЕ		LACE OF D	EATH (Ch	eck only one)				
2	1 TYES 2 NO	1 🗆 Inpatient 2			4 Nur		ne 5 🗆 R	sidencs	6 Other (S	Specify)			
	27. MANNER OF DEATN 1 Natural 5 Pending			28b. TII	IJURY	WC	DRK?	7 440	28d. DEŞCR	HBE NOW	INJURY O	CCURED	
9	2 Accident Investigation	28e, PLACE	OF INJURY At hor	ne. larm.				_ NO	281 LOCATI	ON (Street	and Numbe	er or Rumi F	Poute Number
5	4 Nomicide 6 Could not be determined	building	, etc. (Specify)			,	7		City or	Town, State))	n or norm	tour rounces,
7	29s. CERTIFIER (Check only	ICIAN: To the best of	d my knowledge, des	rth occur	rred at the t	time, date	and place	, and due	to the cause	(s) and me	nner as st	sted.	
S C	one) 2 MEDICAL EXAMINI	ER: On the basis of	exemination and/or in	nveatigat	lon, in my	opinion, e	death occu	red at the	time, data sn	d place, a	nd dus to t	the csuse(s) and manner as stated.
u I	296. SIONATURE AND TITLE OF CERTIFIE	Я					29c. LIC	ENSE NU	MBER		29d. DA	TE SIGNED	(Month, Day, Year)
0 0	LEWYENCE CE DEATH TO LEAT THE CONTROL ASSOCIATION AND LEASE ASSOCI			16/90									
				, . , ,	- 1	D		M		010			
	31. DATE FILED (Month, Day, Year)	32. REGISTR	AR'S SIGNATURE	ay :	ot.	ber.	11n,	Mary	Land	218	11		
0	NOV 1 9 '90	Set &	in the	ARA									



STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

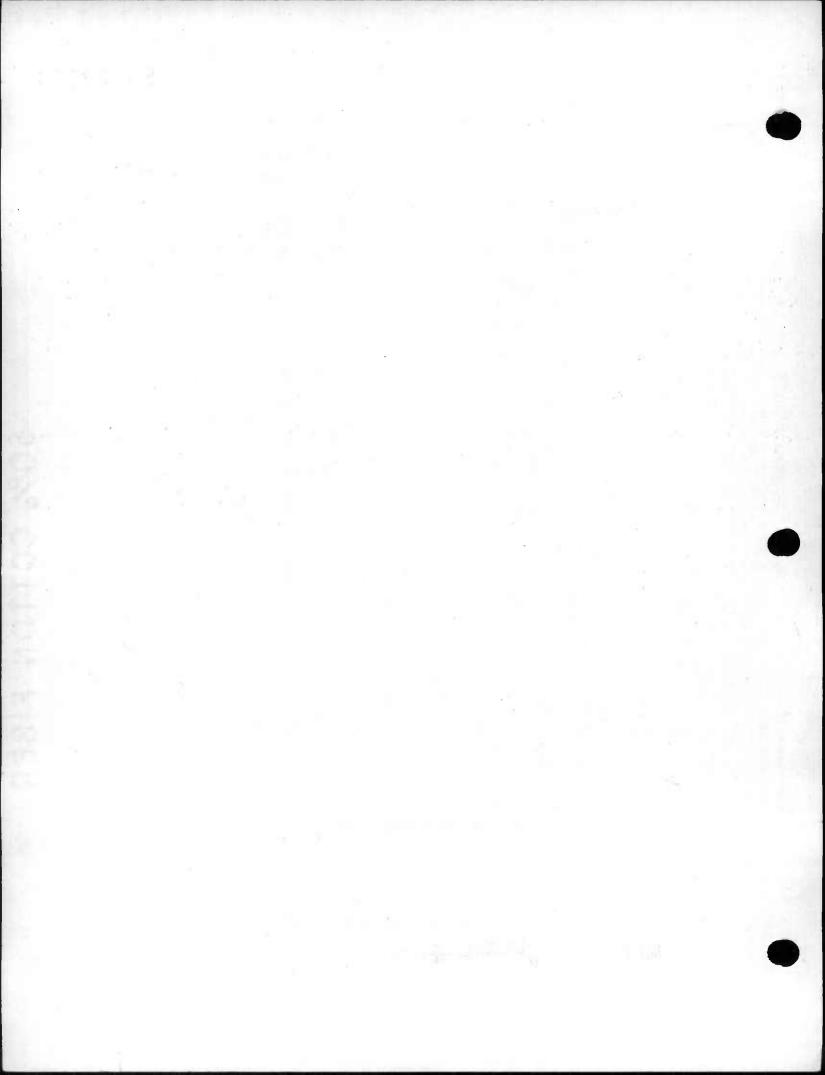
REGISTRAR						F DEATH		REG. NO.			
1. DECEDENT'S NAME (First		Osvalda W	lidmer	Heinr	ich		2. DATE OF MONTH	DEATH	W	YEAR	3. TIME OF DEATH
4. SOCIAL SECURITY NUM			AGE (In yrs. la	at hirthday)	IF UNDER 1 YEA	R IF UNDER 24 HRS.	7. DATE OF	BIOTH /		90	5.47
215-08-9970		1 M 2 XX	81		MONTHS DAY		(Month, D	Day, Year)	1000	Country	y)
9a. FACILITY NAME (If not			01		9b. CITY. TOV	N OR LOCATION OF DE	DEC	10,	96.000	LEGYP	
Holy Cross	Hospit	al.				Spring				tgome	
RESIDENCE OF DE	CEDENT										
Holy Cross RESIDENCE OF DE 100. STATE Maryland	106. COUNT				TOWN OR LO	CATION				-	10d. INSIDE CITY LIMITS?
Maryland		omery		01ne	y	10f. ZIP CODE			40- OIT	7511.05.11	TXXYES 2 N
3332 Buehl		rt				20832			Ita		MAI COUNTHY?
10e. STREET AND NUMBER 3332 Buehl 11. MARITAL STATUS	CI 000	12. WAS DECEDENT I		RMED	13, WAS	DECENDENT OF HISPAN	IIC ORIGIN? (Specify Yes		14. RACE	— American Indian
		FORCES? 1 [K _O		specify Cuban, Mexicas YES 2 X NO Specify		an, etc.)		Specia	
3 X Widowed 4 Div											White
10 mm - 18 mm	CEDENT'S EDU	e completed)	- (0	ECEDENT'S (Give kind of wi b. Do NOT use	ISUAL OCCUP	ATION most of working	16b. K	IND OF BUS	SINESS/IND	DUSTRY	
Elementary/Secondary	0-12)	College (1-4 or 5+)		ome Ma			Ho	me			
Elementary/Secondary 12 17. FATHER'S NAME (First, I	Middle, Last)					18. MOTHER'S NAI			Sumeme)		
						Liza Mi					
198. INFORMANT'S NAME	Type/Print)					et and Number or Rural F				Code)	
Edward Hei	nrich		3	332 B	uehler	Ct. Olney	, MD	2083	2		
20a. METHOD OF DISPOSI 1X Burlel 2 Cremate	on 3 🗆 Ren	noval from State	206. PLACE other p	OF DISPOS			CATION -	-			
4 Donation 5 Other		ICENSEE	Lawn		al Park	OII IT'S		kvill			
ZI. SIGNALONE OF FORES	SENTE L	6			ZZ, NAM	E AND ADDRESS OF FAC	10 F	Vol l	Tuner	al H	lome Drive
10 East Deer Park Driven Gaithersburg, Maryland 20 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximately 1.											
disease or condition resulting in deeth)	→	DUE TO (O	R AS A CONSI	SNIKC): Money	Bailer	MAA				
Sequentielly list cond if any, leading to imm cause. Enter UNDERLY CAUSE (Disease or In) that initiated events resulting in deeth) LA		DUE TO (O		1		Railu 18ch	V				
If any, leading to immo	ING	· Acut	6 1	NUO	ENBIN .	1 1Schi	mrh.				
CAUSE (Disease or Inj			R AS A CONSE								
resulting in deeth) LA		a SEb	215								
PART II. Other algnific	ent conditio	na contributing to d	eath but not	reaulting is	n the under	ying cause given in	Part i. 2	4a. WAS AN		24b	WERE AUTOPSY FIN
PART II. Other algoritic ACUT ACUT			ALLU					PERFOR			AVAILABLE PRIOR TO COMPLETION OF CA OF DEATH?
ACUT	KM	MMI	18181	LURI	3				1		1 YES 2 NO
Chro	nn	Opsymch	in 1	pnu	9.	som					
25. WAS CASE REFERRED EXAMINER?	TO MEDICAL	HOSPITAL:			OTHER:	. PLACE OF DEATH (Ch	eck only one)				
25. WAS CASE REFERRED EXAMINER? 1 YES 2 NO 27. MANNER OF DEATN		1 Nepatient 2 - E		3 11 DOA N	4 Nursing	Nome 5 Residence					
	Pending .	28s. DATE OF IN (Month, Day,		28b. TIME INJU	JRY	INJURY AT WORK?	28d. DESCI	RIBE HOW I	NJURY OC	CURED	
2 Accident 3 Suicide	Investigation	28e, PLACE OF	INJURY - A1 h	ome, ferm, s			28f, LOCAT	ION (Street :	and Number	r or Rural F	Route Number,
4 Homicide	Could not be determined	building, et	c. (Specify)					Town, State)			
4 Homicide 29e. CERTIFIER (Check only one) 2 ME	TIFYING PHY	SICIAN: To the best of m	y knowledge. d	seath occurre	d at the time.	date and place, and due	to the cause	o(a) and ma	Ther as at	ted.	
(Check only one) 2 ME) and manner as ata
29b. SIGNATURE AND TITL	2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner as at ignature and title OF, CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year)										
11009-	Wor	, lunds	MID			D. 13	1656	,	•	111	11 190
30. NAME AND ADDRESS		HO COMPLETED CAUSE	OF OEATN (IT	EM 27) (Type,		20 0.50		(.)		C1	044.6
TIPHOR		100D CIBRO	5), 1	11. ()	55	30 413	CUNZ	111	AK,	IN	EM CUB
31. DATE FILED (Month, De)	*90	32. REGISTRAR							,		
NOV 16	JU	Juna vai	idson-R	marke							

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 I

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

nours after death. Page 6 may be retained by the hospital or attending physician. BALTIMORE, MARYLAND 21203-3146

DNMH-18 Rev 1/89



TO BE COMPLETED BY FUNERAL DIRECTOR

6

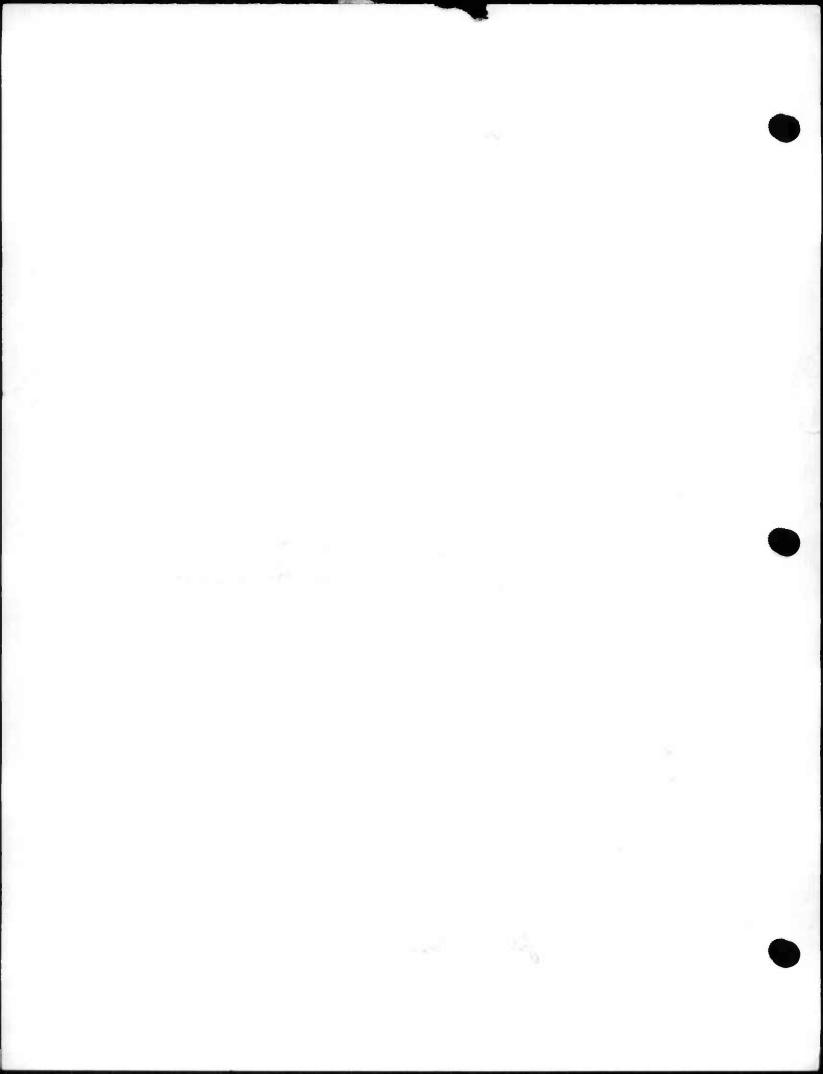
31. DATE FILED (Month, Day, Year) NOV 15 90

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

32 REGISTRAT'S SIGNATURE
GUNA DAVIDSA Apodelle

1 - FOR STATE REGISTRAR	STATE OF I			MENT OF H		MENTAL HYGIEN REG. NO.	E	0 00100	
1. DECEDENT'S NAME (First, Middle, La	ANDREW SEE	ANNAN	HORNE	RILOR	NER	2. DATE OF DEATH	ž _<	YEAR SECOND	
4. SOCIAL SECURITY NUMBER	5. SEX	B. AGE (In yrs. Is		F UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)		8. BIRTHPLACE (State or Foreign Country)	
579-05-2580	1√X M 2 □ F	74	YRS.			Aug. 9, 19		Maryland	
(4)	ntgomery G	eneral	,		ney	EATH		ontgomery	
NESIDENCE OF DECEDENT		CHCIGI					F.		
Maryland 106. COL	www Montgomery			silver				10d. INSIDE CITY LIMITS? 1 X YES 2 NO	
15311 Bear	verbrook C	ourt	Apt.3		20906			JSA	
11. MARITAL STATUS 1 Never Merried 2 Married 3 Widowed 4 Divorced	12. WAS DECEDED FORCES? IF YES, GIVE	YES 2 NAB OR DATES		It yes, sp		NIC ORIGIN? (Specify Yes an, Puerto Ricen, etc.) fy:	Yes or No- 14. BACE — American Indian, Black, White, etc. Specify: White		
15. DECEDENT'S (Specify only highest g Elementary/Secondary (0-12) 1-12	EDUCATION rade completed) College (1-4 or 5 N/A			SUAL OCCUPATION NO MICE PROPERTY OF THE PROPER		US Govt.		DUSTRY	
17. FATHER'S NAME (First, Middle, Last)					18. MOTHER'S NA	AME (First, Middle, Maiden	Surname)		
	Horner, Sr					n B. Morris			
19a. INFORMANT'S NAME (Type/Print) Dorothy	L. Horne	r	96. MAILING A 1531	1 Beave	Apt. erbrook (South Number, City or Tow Ct. Silver	n, Stata, Zi Spri	ng, Md. 20906	
20a METHOD OF DISPOSITION 1 🖰 Burlel 2 🗆 Cremetion 3 🗔 4 🗆 Donation 5 🗆 Other (Specify)	Removal from State	20b. PLAC other,	E OF DISPOSIT	ION (Name of ce	metery crametory or		CATION -	City or Town State	
21. SIGNATURE OF FUHERAL SERVICE	LICENSEE			22. NAME A	nd address of F .nes/Rina	aldi Funera	1 Ho	ome	
Total .	Mellen	Lan		_				ring, Md. 2090	
23. PART I. Enter the diseeses, shock, or heart failu				t enter the mo	ode of dylng, suc	ch as cardiac or respi	iratory ar	Interval Betwe	
IMMEDIATE CAUSE (Final disease or condition		C 0	> 0	G 4	twa	En co		Onset and De	
resulting in death)	DUE TO	OR AS A CONS	EQUENCE OF):		9	enosc			
Comunicative lies conditions	0.	poler			ond	e osc	(150	0260	
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	DUE TO	OR AS A CONS	EOUENCE OF):						
CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO	OR AS A CONS	EOUENCE OF):						
PART II. Other algnificent cond	tione contributing to	o deeth but not	resulting in	the underlyin	g cause given in	Part I. 24a. WAS AN PERFOI	RMED?	2 4b. WERE AUTOPSY FINDIN AMAILABLE PRIOR TO COMPLETION OF CAUSI OF DEATH? 1 YES 2 NO	
25. WAS CASE REFERRED TO MEDICA EXAMINER?	HOSPITAL:			26. P	LACE OF DEATH (C	theck only one)			
1 YES 2 NO 27. MANNER OF CEATH	1 Dinpatient 2		3 DOA	I ☐ Nursing Hor		6 Other (Specify)	IN HIPPY OF	OCUPED	
1 Natural 5 Pending 2 Accident Investigat	(Month,	Day, Year)	28b. TIME INJU	RY W	JURY AT ORK? YES 2 NO	28d. DESCRIBE HOW	INJUHY OC	CCONED	
3 Suicide 6 Could not	be building	OF INJURY — At I, etc. (Specify)	home, farm, sti	reet, factory, offic	:•	28t. LOCATION (Street City or Town, State	end Numbe	er or Rurel Route Number,	
(Creck only	are the same of th					e to the cause(s) end ma		ated. the cause(s) and manner as stated	
29b. SIGNATURE AND TITLE OF CHEM	WHIER O				29c. LICENSE NU		29d. DA	TE SIGNED (Month, Day, Year)	



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E	00 4	28
OR /	DIRE	E
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-mours after death. Page 6 may be retained by the hosp	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache he find within 72 hours after death with the State Dent. of Health and Mental Hotiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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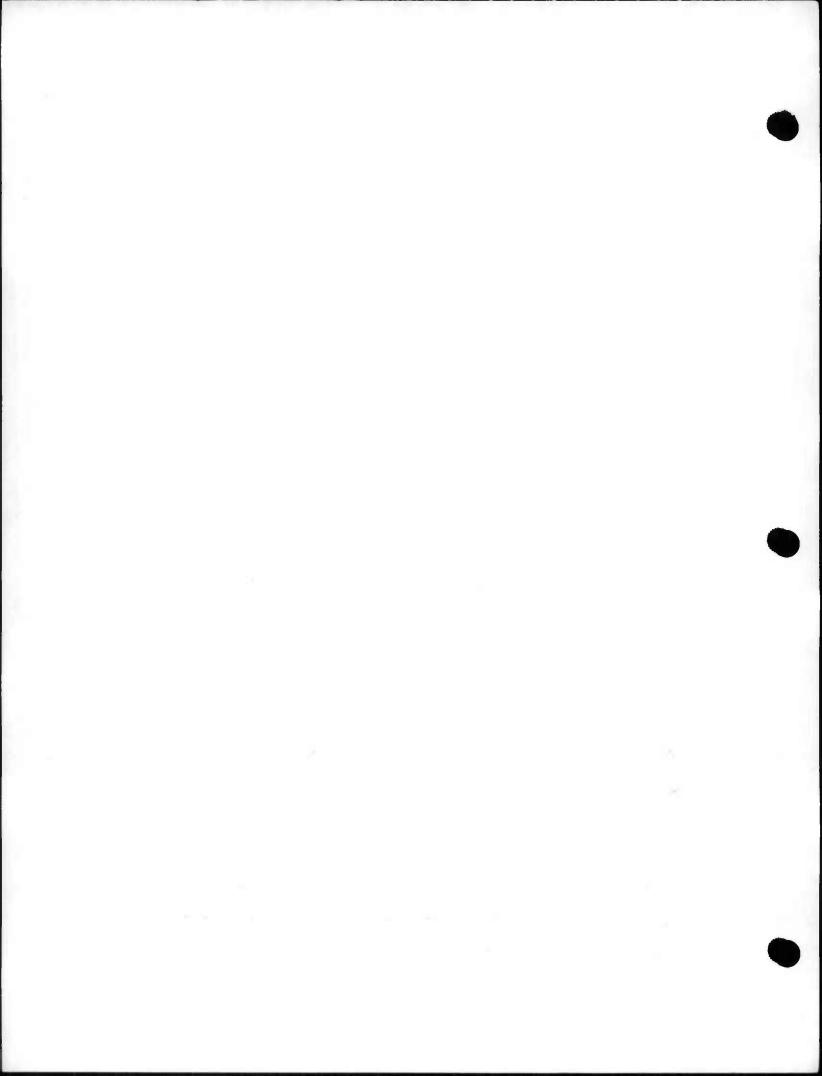
31. DATE FILEO (Month, Day, Year)
NOV 19 '90

	FOR STATE REGISTRAR	STATE OF N	MARYLAN	D / DEPAR			EALTH AND I	MENT	AL HYGIENI REG. NO.	E	90	33197	
1	1. DECEDENT'S NAME (First, Middle, Last)							2. DAT	TE OF DEATH	v	YEAR 3.	TIME OF DEATH	
1		Edgar	Albi	n He	din					16.1		7:50 P M	
1.1	4. SOCIAL SECURITY NUMBER	6. SEX	6. AGE (In y	rs. lest birthdey)	IF UNDER 1		IF UNDER 24 HRS.	7. DAT	E OF BIRTH onth, Day, Year)	,		ACE (State or Foreign	
	701-12-1851	1 😾 M 2 🗆 F	91	YRS.	MONTHS	DAYS	HOURS MIN.	Au	g. 31,	1899	Minne	esota	
4	a. FACILITY NAME (If not institution, give st	reet and number)			9b. CITY, 1	rown c	R LOCATION OF DE				NTY OF DEAT		
뜡	47 Shaw Avenue				Sil	ver	Spring			Mo	ntgome	erv	
5	RESIDENCE OF DECEDENT					TY, TOWN OR LOCATION				16d, INSIDE CITY			
FUNERAL DIRECTOR					lver Spring			100 CITIZEN OF			1	LIMITS?	
۵	Maryland Monto	gomery										YES 2 XNO	
RA		20904				/	10g. CITIZEN OF WHAT COUNTRY? United States						
N N	47 Shaw Avenue	12. WAS DECEDEN	T EVED IN U	e ADMED	13. WAS DECENDENT OF HISPAN			011200				American Indian,	
	1 Never Merried 2 Merried	FORCES? 1	YES :	2 XNO	14	yes, sp	ecity Cuben, Maxica	m, Puart		or No-	Black, V	/hite, etc.	
B≼	3 ★ Widowed 4 Divorced	IF YES, GIVE V	MR OR DATE	S	1	_ YES	2 NO Specify	y:			Specify:	White	
O.	15. DECEDENT'S EDUC		10	Be. DECEDENT'S	USUAL OCC	CUPATIO	ON	1	6b. KIND OF BUS	INESS/IN	DUSTRY		
	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5	P)	(Give kind of life. Do NOT u	work done du se retired.)	ring mo	st of working						
P	8			Clerk	<				Rai	lroa	d		
COMPLETED	17. FATHER'S NAME (First, Middle, Last)						18. MOTHER'S NA	ME (Firs	t, Middle, Maiden	Sumame)			
BE (Albin August He	edin					Mary	Pea	arson				
10 B	19e. INFORMANT'S NAME (Type/Print)			19b. MAILING	ADDRESS	Street a	and Number or Rural i	Route Nu	imber, City or Town	, State, Zi	p Code)		
۲	Alan E. Hedin			47 St	naw Av	/eni	ue. Silve	er S	Soring.	4D	20904		
	20e. METHOD OF DISPOSITION 1 ☐ Buriel 2 X Cremation 3 ☐ Remi	ovel from State	0	LACE OF DISPO	SITION (Nam	e of cer	metery, cremetory or				City or Town	, State	
	4 🗆 Donetion 5 🗀 Other (Specify)		_	uburbar	20.0		_		Silv	er S	Spring	. Maryland	
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE O			Ra	app	Funeral	Sei					
\dashv	23. PART I. Enter the diseases, or o	omellastions the	THE STATE OF THE S	ha death De	9.	33 (Gist Aver	nue,	Silver	Spi	ring.	MD 20910 Approximata	
	ahock, or heart failure.				not enter t	ne mo	de of dying, suc	m aa C	arthac or reap	ratory at	reat,	Interval Between	
	IMMEDIATE CAUSE (Final disease or condition		0		-							Onset and Death	
	reaulting in death)	a. Due to		ONSEQUENCE O		10						1	
_	_	500 10	Les	300000000000	His		2xF	4	ure.			2 Months	
CERTIFICATION	Sequentially list conditions,	bDUE TO		ONSEQUENCE O			7 . 0-		_, _			7.4	
¥	If any, leading to immediate cause. Enter UNDERLYING												
Ĕ	CAUSE (Disease or Injury that Initiated events	DUE TO	(OR AS A C	ONSEQUENCE C	F):								
	reaulting in death) LAST	d				_							
	PART II. Other significant condition	e contributing to	death but	not regulting	In the une	lorluln	a causa ahan In	Dort I	24a. WAS AN	AUTOBOV	Tash W	ERE AUTOPSY FINDINGS	
8	TATE OF STREET	- continuating to	GOELIT DOL	not resulting	m are are	oriyiii	y cause given in	rant i.	PERFOR		A	MILABLE PRIOR TO OMPLETION OF CAUSE	
ă					_				1 TYES 2	□ NO	٥	F DEATH?	
Σ	1										1	YES 2 NO	
PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL			_		26 0	ACS OF DEATH /Ch	book only	(ane)				
길	EXAMINER?	HOSPITAL: OTHER:											
₹	27. MANNER OF DEATH	28a, DATE OF		28b, Til	4 Numi	_	JURY AT	V .	DESCRIBE HOW I	NJURY O	CCURED		
	1 Natural 6 Pending	(Month, L			JURY	WC	YES 2 NO						
В	2 Accident Investigation 3 Suicide 6 Could not be	28e. PLACE (OF INJURY —	At home, farm,	street, facto			261, L	OCATION (Street a	and Numbe	er or Rural Rou	te Number,	
	4 Homicide 6 Could not be	building	etc. (Specify)				C	lity or Town, State)				
COMPLETED	290. CERTIFIER 1 CERTIFYING PHYSI	CIAN: To the boot -	I my buseude d	ion death	rad at the ri-		end place, and due	0 do at-	namental and -	mar at the	eted		
MP	TOTAL DITTY											nd manner es stated.	
	29b. SIGNATURE AND TITLE OF CERTIFIES					-3.00	29c, LICENSE NU		The state of the s			fonth, Day, Year)	
BE	STE SIGNATURE AND TITLE OF CERTIFIE	males		har		-	PO S		6	and, UA	A L -	7 - 50	
9	30 NAME AND ADDRESS OF PERSON WH	IO COMBI ETED CAL	OF OF OFAT	1 (TEN 07) (3-	- Delet			·	9		1 1 -	1-10	

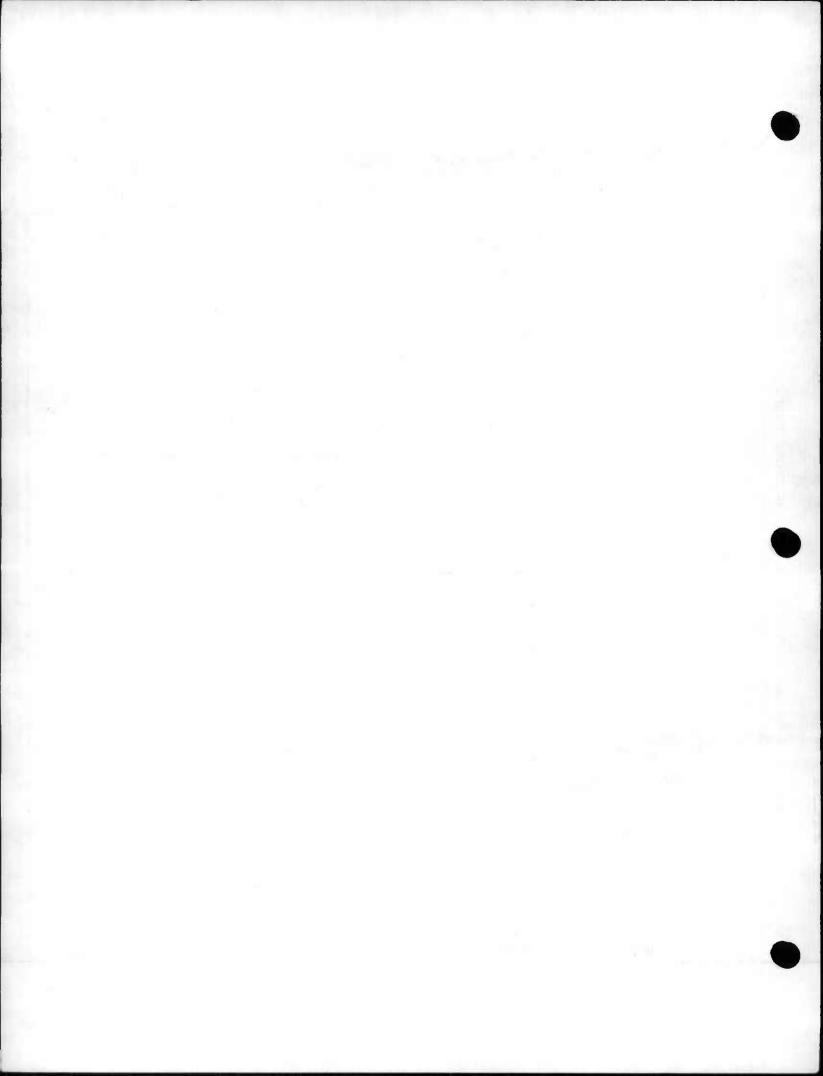
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NIZUODZIW

32 REGISTRAR'S SIGNATURE
Juha Davidson-Randall



	1 - STATE REGISTRAR		CERTIFIC		DEATH AND I	REG.		90	33		
	1. DECEDENT'S NAME (First, Middle, Last)	BBISKAB H	IUBB ARD			2. DATE OF DEAT	-975-907	-	OF DEATH		
. 101	1 2004 SECURITY NUMBER 4 265 - 03-457	M2 DF 79	9 YRS. MO	HUNDER 1 YEAR	IF UNDER 24 HRS. HOURE MIN.	7. DATE OF BIRTI	711	Country) Virg			
TOR	9a. FACILITY NAME (If not institution, give HOLY CROSS HE RESIDENCE OF DECEDENT	Spring	DEATH I SE. COUNTY OF DEATH AMONTS OMERY MONTS OMERY								
DIRECTOR		ontgomery		ROCKVI	ille				ISIDE OFTY MITS? YES 2 1		
NERAL	95 Dawson Ave		10f. ZIP CODE 2085								
BY FUN	11, MARITAL STATUS 1 Never Merried 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U. FORCES? 1 YES 3 IF YES, GIVE WAR OR DATE	2X NO	If yes, sp		ANIC ORIGIN? (Specify Yea or No— ban, Puerto Rican, etc.) 14. RACE Black, Specify			lack		
LETED	15. DECEDENT'S ED (Specify only highest grad Elementery/Secondary (0-12)		6a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.)			16b. KIND OF BUSINESS/INDUSTRY					
COMPL	7th 17. FATHER'S NAME (First, Middle, Last)		16. MOTNER'S NAME (First, Middle, Meiden						ruction n Surmame)		
TO BE	Inknown 19a. INFORMANT'S NAME (Type/Print) Gladys L. Hub	hard (wife)		Unknown 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 95 Dawson Ave., Apt. 509, Rockvi					208 MD		
	20g, METHOD OF DISPOSITION 1 Bariel 2 Cremetion 3 Re 4 Donetion 5 Other (Specify)	20b. Pi	PLACE OF DISPOSITI	ION (Name of ce	metery, cremetory or	20c. LOCATION — City or Town, State					
	22. NAME AND ADDRESS OF FACILITY SNOWDEN FUNERAL HOME, P.A. ROCKVILLE, MD 20850										
Injury, or other traumatic event, the medical	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST Cardiac Arrest DUE TO (OR AS A CONSEQUENCE OF): Cardiac Arrest DUE TO (OR AS A CONSEQUENCE OF): Cardiac Arrest DUE TO (OR AS A CONSEQUENCE OF): Cardiac Arrest DUE TO (OR AS A CONSEQUENCE OF): Cardiac Arrest DUE TO (OR AS A CONSEQUENCE OF): Cardiac Arrest DUE TO (OR AS A CONSEQUENCE OF): Cardiac Arrest DUE TO (OR AS A CONSEQUENCE OF): Cardiac Arrest DUE TO (OR AS A CONSEQUENCE OF):										
EA		d							2 %		
MEDICAL	PART II. Other algoriticant condition	ona contributing to death but FAILURE OPATHY	not resulting in	the underlyin	ng cause given in	PI	AS AN AUTOPSY REFORMED? ES 2 NO	AMAILA COMPI OF DE	AUTOPSY FI IBLE PRIOR LETION OF C		
MEDICAL	PART II. Other algoriticant condition	TAILURE		26. P	ng cause given in	Pi	ES 2 NO	AMAILA COMPI OF DE	AUTOPSY FI BLE PRIOR LETION OF C ATH?		
PHYSICIAN: MEDICAL	PART II. Other aignificant condition COAGUC 25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL: 1 Tripetient 2 EP/Outpett 28e. DATE OF INJUSTY (Month, Dey, Year)	lent 3 DOA 4	26. POTHER: Nursing Not 1	PLACE OF DEATH (C) The 5 Residence JURY AT ORK? YES 2 NO	Pil 1 V	ES 2 NO	AMAILA COMPI OF DE 1 1 1	AUTOPSY FI IBLE PRIOR LETION OF (ATH?		
BY PHYSICIAN: MEDICAL	PART II. Other eignificant condition COAGUC 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 MO 27. MANNER OF DEATH Netural 5 Pending	HOSPITAL: 1 Vinpetient 2 ER/Outpett 28e, DATE OF INJURY 28e, PLACE OF INJURY	iant 3 DOA 4 29b. TIME C	26. POTHER: Nursing Not 1	PLACE OF DEATH (C) The 5 Residence JURY AT ORK? YES 2 NO	Pil 1 V	ES 2 NO	AMRILA COMPI OF DE 1 1 1	AUTOPSY FI BLE PRIOR LETION OF (ATH? YES 2		
PHYSICIAN: MEDICAL	PART II. Other aignificant conditions of the second	HOSPITAL: 1 Vingetlent 2 ER/Outpett 28e. DATE OF INJURY (Month, Day, Year) 26e. PLACE OF INJURY	lant 3 DOA 4 28b. TIME C INJUR All home, farm, stre	26. P OTHER: Nursing Not OTHER: VIII VIII VIII VIII	PLACE OF DEATH (CI me 5	Pil 1 V Y 1 V Y 1 V Y Y Y Y Y Y Y Y Y Y Y Y	ES 2 NO NOW INJURY OCCUP Street and Number or State)	AMALIA COMPI OF DE 1 RED RED Rural Route Mi	res 2 (Ar		



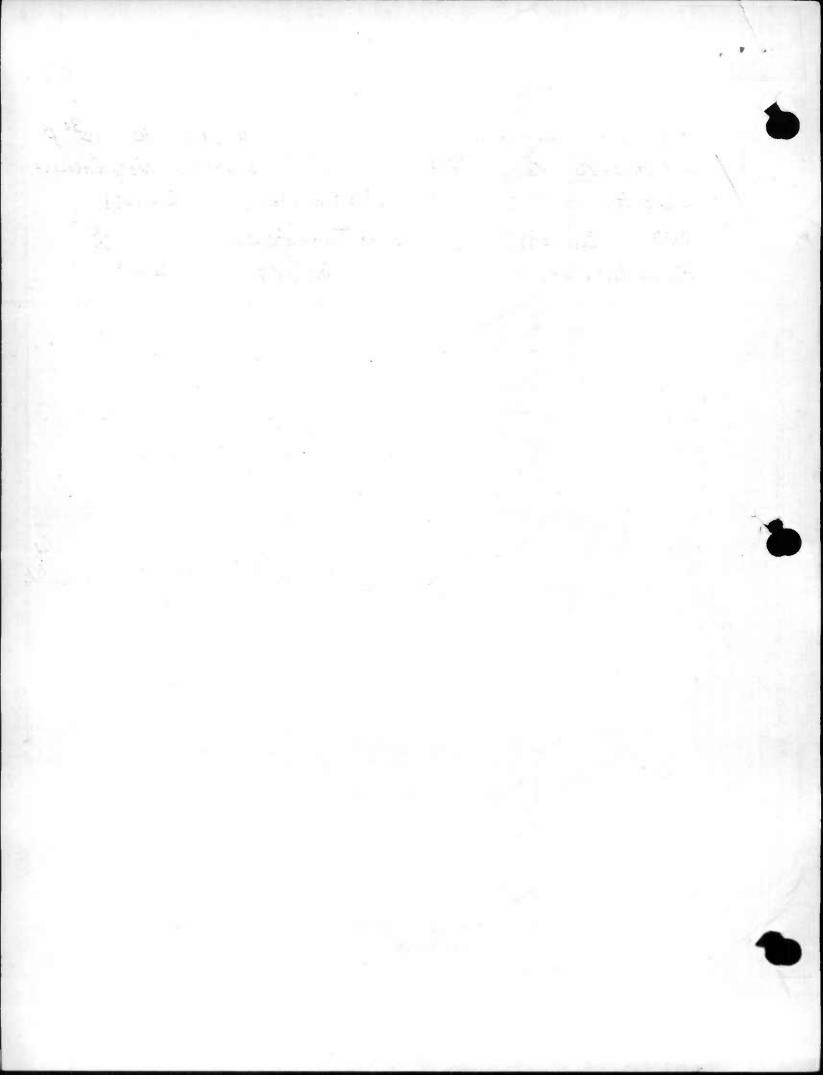
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Zeriours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 5, be filed within 72 hours after death with the State Dept. of Health and Mental Hydiene prior burial, cremation, or removal. IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

DECEDENT'S NAME (First,	Middle, Leet)	,		Lindse	. ,	TI	ein		2. DATE	of DEATH -18-9	X	YEAR	3. TIME OF DEATH 10:15AM	
SOCIAL SECURITY NUMB		S. SEX	_			UNDER 1 YEAR	IF UNDER 24				<u> </u>			
391-50-7208		12 M 2 🗆 F	29	(In yrs. lest birthd YR:	MO	NTHE DAYS	HOURS MIN. (More			n 18, 1961		a. BIRTHPLACE (State or Foreign Country) Wisconsin		
14 Bloom C		street and number)			9t	CITY, TOWN	OR LOCATION DAMASCU		ТН	Montgom			ery County	
ESIDENCE OF DEC 16. STATE	10b. COUNT	Υ		10c.	CITY, T	OWN OR LOCA	ATION					I	10d. INSIDE CITY LIMITS?	
Maryland	Mon	tgomery			Gai	thersb	urg				10a, CITIZ	ZEN OF V	1 ☑ YES 2 ☐ NO	
9516 Emory	Grov	e Road					208	77			Un	ited	States	
I. MARITAL STATUS Never Married 2 X Widowed 4 Divo		12. WAS DECEDED FORCES? IF YES, GIVE	YES	2 XNO		If yes, s	CENOENT OF pecify Cuben, S 2/XNO	Mexican,		t? (Specify Yes Rican, etc.)	s or No—	14, RACE Black Speci	— American Indian, White, atc.	
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Bruce Hein							41			glein	Junearie)	1	- 34	
MAINFORMANT'S NAME () Kimberly S.						ory Gr				1000			20877	
9, METHOD OF DISPOSIT		normal from State	201	D. PLACE OF DIS				_	Jul	7	CATION —			
☐ Donation 5 ☐ Other	(Specify)		_ 1		on								Tennessee	
. SIGNATURE OF FUNERA														
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ENDING PHYSICIAN; The law requires that the death certificate be executed within 24 noun; after death	DR: After this certificate has been signed by the attending physician and completely filled in by the fur ter death with the State Dept, of Health and Mental Hyglene prior to burial, cremation, or removal.
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1. DECEDENT'S NAME (First	t, Middle, Last)	GE	ORGE WA	SHING	TON I	NGRAM		2. DATE O	DA		YEAR	TIME OF DEATH
4. SOCIAL SECURITY NUM	RED	5. SEX	6. AGE (In yrs. is	not hirtholose)	IF UNDER 1	CAD E INO	ER 24 HRS.	7. DATE OF	13		L BIRTNPL	12 A
		1 XM 2 F	O. MGC (III)/15. 10	YRS.		DAYS HOURS		(Month,	Day, Year)		Country)	ACE (State or Poreign
204-05-22		/	7 8 7	Tho.					8-0		CETH	CAROLIA
9a. FACILITY NAME (If not	nstitution, give s	treet and number)			96. CITY, 1	OWN OR LOCA	TION OF D	EATH		9c. COUNT		A A
RESIDENCE OF DE	CEDENT				We	STM	STE	-		Car	ro	
10a. STATE	10b. COUNT	Υ		10c. CIT	Y, TOWN OR	LOCATION					1	Od. INSIDE CITY
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100. STREET AND NUMBER		011		alula.		101. ZIP CO	OB	100 1		10g. CITIZI		AT COUNTRY?
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11. MARITAL STATUS	14 3	12. WAS DECEDEN	T EVER IN U.S.A	RMED	13. W	S DECENDENT	OF NISPA	NIC ORIGIN?	(Specify Yes	-		- American Indian, White, etc.
1 Never Married 2 3 Oly		FORCES? 1	YES 2 X	NO	17 1	es, specify Cui	ban, Mexic	an, Puarto Ric	ean, atc.)		Specify:	
15, OE	CEOENT'S EDU	CATION	16a. D	ECEDENT'S	USUAL OCC	UPATION		16b. I	(IND OF BUS	INESS/INDU	STRY	
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8			E1.	ectri	cıan			E) e	ctric	Powe	r Co	mpany
17. FATNER'S NAME (First,						18. MC	TNER'S N	AME (First, Mi				
	. I	lector In	gram					Mar	y Bow	man		
19a. INFORMANT'S NAME						Street and Numb						
Mamie S. Ind	gram			26 Mi	ddle	St., T	aney	town,	Maryl	and	2178	7
20a. METNOD OF DISPOSI 1 X Burial 2 Cremet 4 Donation 5 Other	ion 3 🗆 Rem	noval from State	20b. PLACE other p	e of dispo	sition (Name	of cometery, cr	remetory or Cemet	terv		oation - c		ryland
21. SIGNATURE OF FUNER		CENSEE /								-		_
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Sequentially list cond if any, leeding to imm cause. Entar UNDERL'	ediete	b. M	(OR AS A CONSI	山		etre	an	vid	wet	who	٠,	3 mon
that initiated events resulting in death) LA		DUE TO	(OR AS A CONS	EOUENCE O	P):							
PART II. Other aignific	ent condition	ns contributing to	death but not	consisting	in the und	ariving coue	a other is	Part I	24a, WAS AN	ALITORRY	245 8	VERE AUTOPSY FINDII
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07 440 0402 0000	70 1455-011											
25. WAS CASE REFERRED EXAMINER?	TO MEDICAL	HOSPITAL:			OTHER:							
1 YES 2 NO		1 Inpatient 2				ng Home 5 🗆				Marian	unes.	
1	Pending investigation	28e. DATE OF (Month, E	lay, Year)		JURY M	8c. INJURY AT WORK? 1 YES 2		28d. OE\$0	RIBE NOW I	NJURY OCC	URED	
2 Accident	Could not be determined	28e. PLACE C building.	F INJURY — Al 1 stc. (Specify)	home, farm,	street, factor	y, office			TION (Street of Town, State)	and Number o	or Rural Ro	ute Number,
2 Accident			my knowledge,									and manner as state
2 Accident 3 Suicide 6 4 Nomicide 29e. CERTIFIER (Check only			xamination and/o		.,y op	,		amed t	- Present mil			
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2 Accident 3 Suicide 6 4 Nomicide 29e. CERTIFIER (Check only	OICAL EXAMIN	ER: On the basis of a	xamination and/o			29c. L	ICENSE N	JMBER		29d. DATE	SIONED (Month, Day, Year)
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2 Accident 3 Suicide 4 Nomicide 29e. CERTIFIER (Check only one) 2 ME 29b. DISMATURE AND TITI	DICAL EXAMINATE OF CERTIFIE	ER: On the basia of a		FEM 27) (Type	s, Print)	29c. L	ICENSE N	JMBER		≥ J	J A	Month, Day, Year)



CLANY: The law requires that the beath definicate be executed within 24 hours are beath. Page 6 may be retained by the	strificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be deta		or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at one
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-	ate	the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.	ie.
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296. SIGNATURE AND TITLE OF CENTIFIER

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permit.

90 33201 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH DAY November 15, 1990 9:25P M Leopold Wendelin Istvan 7. DATE OF BIRTH (Month, Day, Year)
1-22-1912 8. BIRTHPLACE (State or Foreign 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR | IF UNDER 24 HRS. HOURS 1 X M 2 - F 215-18-0018 **NEW JERSEY** 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH CTOR Charles pPhysicians Memorial Hospital LaPlata RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MARYLAND CHARLES HUGHESVILLE ā 1 - YES 2 X NO FUNERAL 10e STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? RT. 1, BOX 30 20637 12. WAS DECEDENT, EVER IN U.S. ARMED FORCES? 1 \(\bigvee \) YES 2 \(\bigvee \) NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-if yea, specify Cuban, Maxican, Puerto Rican, etc.) 1 TYES 2 NO Specify: 14. RACE — American Indian, Black, White, etc. 11. MARITAL STATUS 1 Never Married 2 Marri IF YES, GIVE WAR OR DATES Specify: WHITE BY 3 Widowed 4 Divorced WW2 1943-45 COMPLETED 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION Notify only highest grade complete 16b. KIND OF BUSINESS/INDUSTRY 6TH GRADE **CARPENTER** CONSTRUCTION 17. FATHER'S NAME (First, Microla, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surni IGNATZ ISTVAN TERESA LEHEERER FORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 DOROTHY L. ISTVAN BOX 30, HUGHESVILLE, MARYLAND 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or MARY'S CHURCH CEMETERY BRYANTOWN, MARYLAND 22. NAME AND ADDRESS OF FACILITY THE HUNTT FUNERAL HOME, INC. P.O. BOX 156, WALDORF, MARYLAND 20604-0156 the death. Do not enter the mode of dying, such as cardiac or respiretory arrest, es, or complications that a Interval Between Onset and Death IMMEDIATE CAUSE (Final disease or condition resulting in death) arunary DUE TO (DR AS A CONSEQUENCE)OF CERTIFICATION equentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF). that initiated events resulting in death) LAST 24s. WAS AN AUTOPSY PERFORMED? PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24b. WERE AUTOPSY FINDINGS MEDICAL **AMAILABLE PRIOR TO** MPLETION OF CAUSE DEATH? 1 TYES 2 NO S 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one. HOSPITAL: OTHER:
4 Nursing Home 5 Residence 6 Other (Specify) 1 YES 2 NO tient 2 - ER/Outpatient 3 - DOA 26a. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 27. MANNER OF DEATH 28b. TIME OF 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending 1 YES 2 NO BY 2 Accident 28s. PLACE OF INJURY — Al home, farm, street, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Flural Floute Number, City or Town, State) 3 Suicide 6 Could not be COMPLETED 4 Homicide 29e. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(e) and manner as stated.

2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occured at the time, date and place, and due to the cause(s) and manner as stated.

30. NAME AND ADDRESS OF PERSON WHD COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 115 La Grange Avenue POB

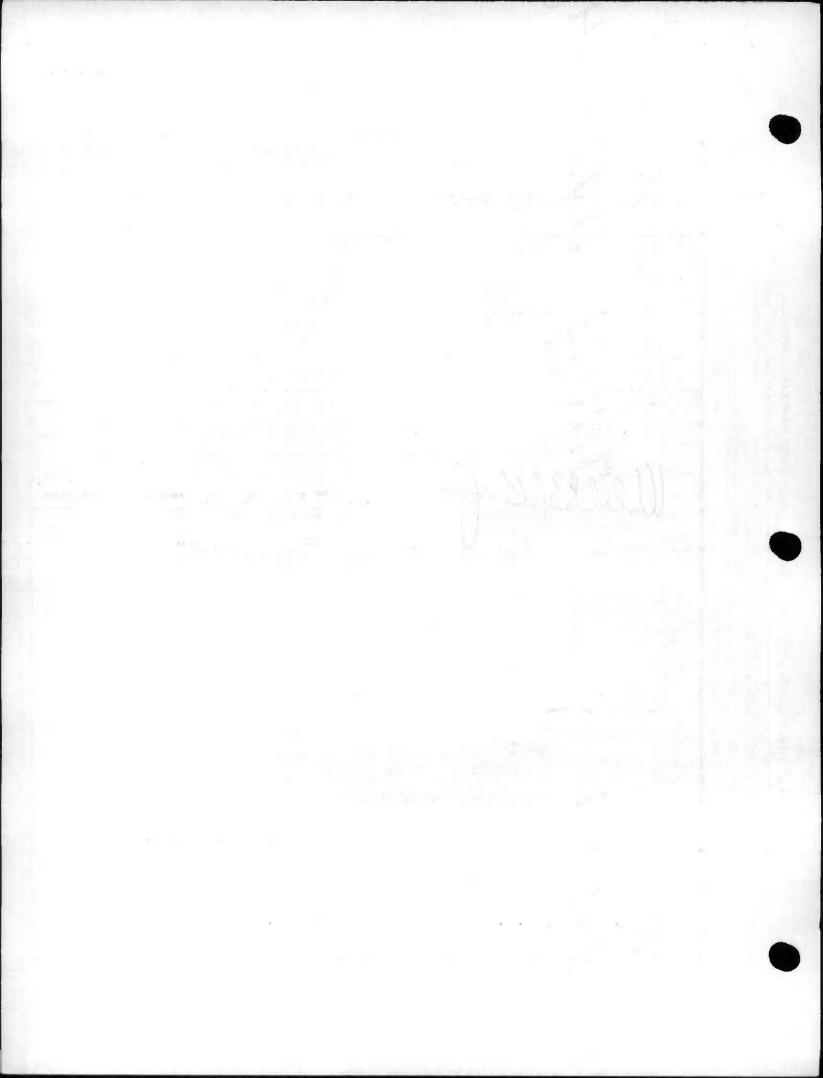
32. REGISTRAR'S SIGNATURE

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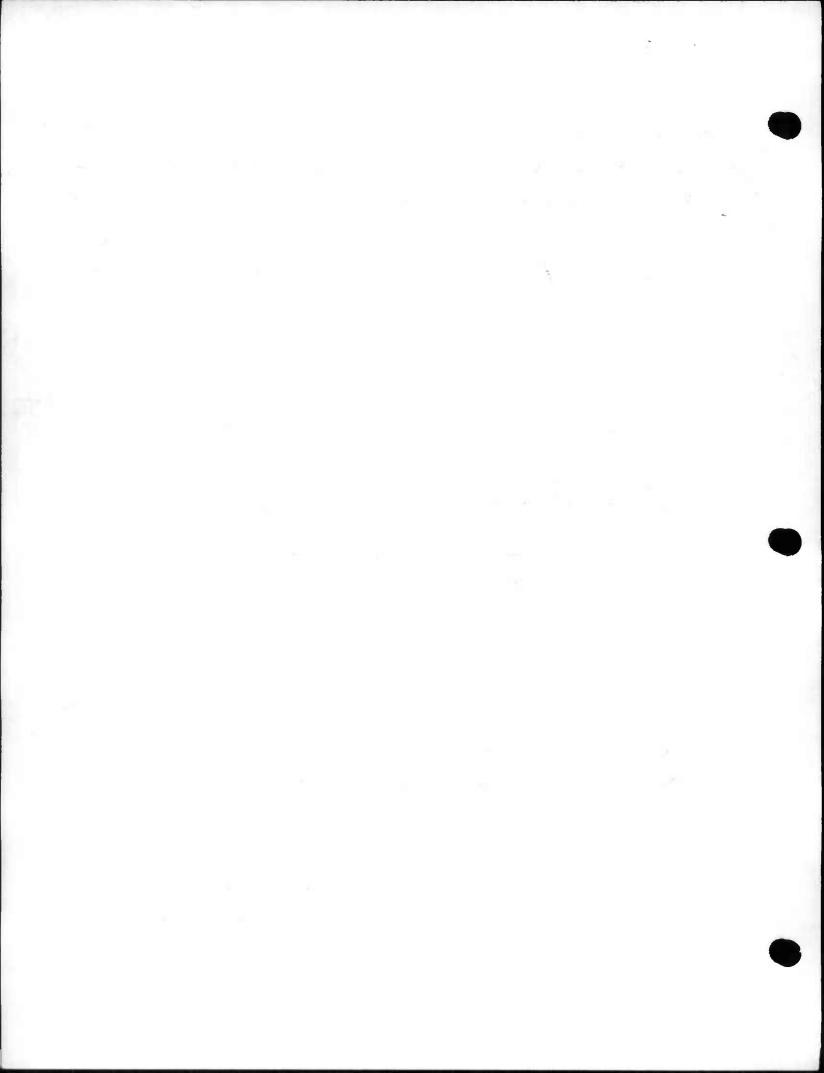
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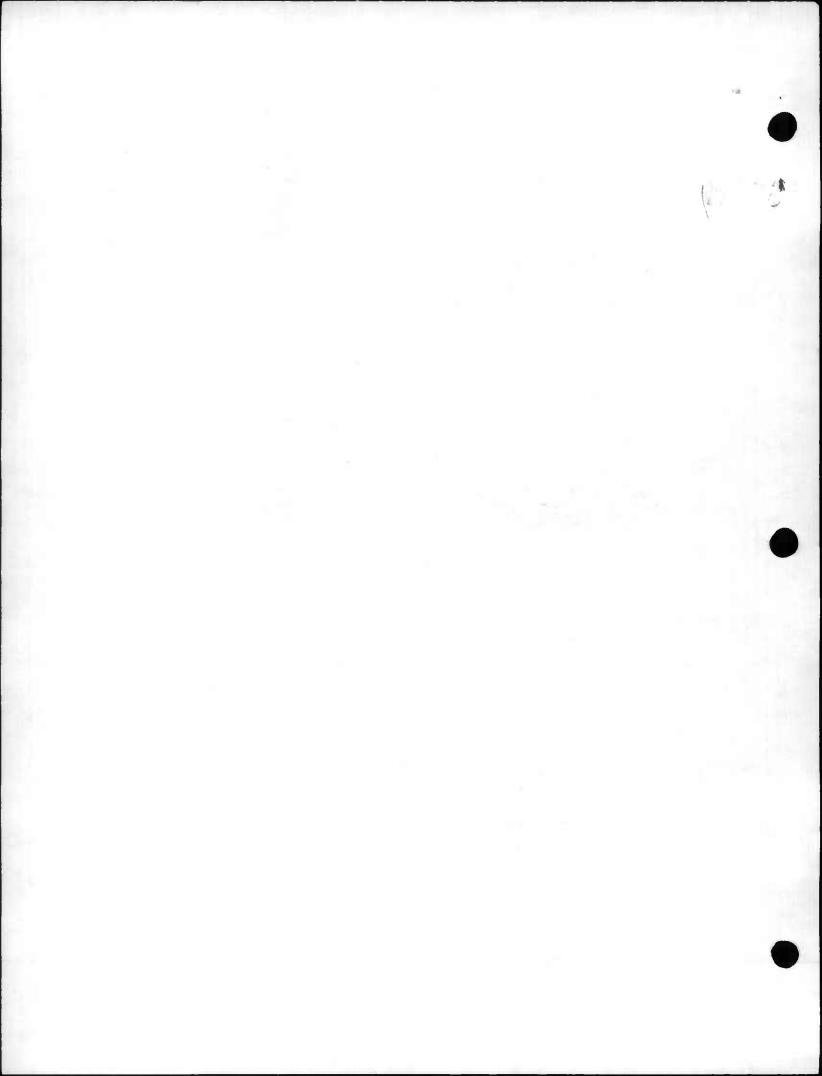
► 11-15-90



	1. OECEDENT'S NAME (First, Middle, La					2. DATE OF DEATH	AY YE	3. TIME OF DEATH
	RALPH	ING	RA	M		11 13	90	
	4. SOCIAL SECURITY NUMBER	5. SEX 6. A	GE (In yrs. last	t birthday) IF UNDER 1		7. DATE OF BIRTH (Month, Day, Year)	8.1	BIRTHPLACE (State or Foreign Country)
)	218-18-329	1 M 2 D F	65	YRS. MONTHS	AYS HOURE MIN.	07-04	-25	12) A
/	9a. FACILITY NAME (If not institution, gir	e street and number)			OWN OR LOCATION OF	EATH	9c. COUNTY	
FUNERAL DIRECTOR	HARFORD ME	EM HOSPI	TAL	ER HA	VLE D	= GRACE	HA	2 Fores
-Wat	10a. STATE 10b. COU			10c. CITY, TOWN OR	LOCATION			10d. INSIDE CITY
듬	NO C	ECIL		ELK	-TON			1 XYES 2 NO
A	10e. STREET AND NUMBER				101. ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?
ER,	132 1 MOF	CETT ST			210	721	- 4	USA.
5	11. MARITAL STATUS	12. WAS DECEDENT EVE	R IN U.S. AR	MED 13. W		NIC ORIGIN? (Specify Ye	s or No- 14.	RACE — American Indian, Black, White, atc.
BY F	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 1 7	R DATES	1 (es, specify Cuben, Maxic YES 21/2 NO Spec			Specify: White
		<u>WW 2</u>						
	15. OECEDENT'S & (Specify only highest gr	ade completed)	(Gi	CEDENT'S USUAL OCC ive kind of work done due . Do NOT use retired.)		16b. KIND OF BU	ISINESS/INDUST	TRY
COMPLETED	Elementary/Secondary (0-12)	Collega (1-4 or 5+)		er & Ope	rator	Elkt	on Cle	eaners
8	17. FATHER'S NAME (First, Middle, Last)		0 11 22	er a ope		AME (First, Middle, Maide		
	Buiz F. Ingr	am				May Came		
BE	19a. INFORMANT'S NAME (Type/Print)		198	b. MAILING ADDRESS (Street and Number or Rura	I Route Number, City or To	vn, State, Zip Coo	de)
5	Betty M. Inc	ram		132½ Maf	fitt St.	, Elkton,	Md.	21921
	20a. METHOD OF DISPOSITION 1	amovel from State	20b. PLACE other ple		of cemetery, crematory of		OCATION — City	
	1 — Suriel 2 — Cremetion 3 — R 4 — Donation 5 — Other (Specify)				n Cemete:		Elktor	n, Md.
	21. SIGNATURE OF FUNERAL SERVICE	COENCE 11			ME AND ADDRESS OF	/ /	9 E. 1	Main Street
	collect.	Mh		Ge	e Funera	L Home El	kton,	Md. 21921
	23. PART I. Enter the diseases,	of complications that cause of	sed the da	ath. Do not antar ti	a moda of dying, su	ch es cerdiec or resp	iratory srrest	, Approximeta
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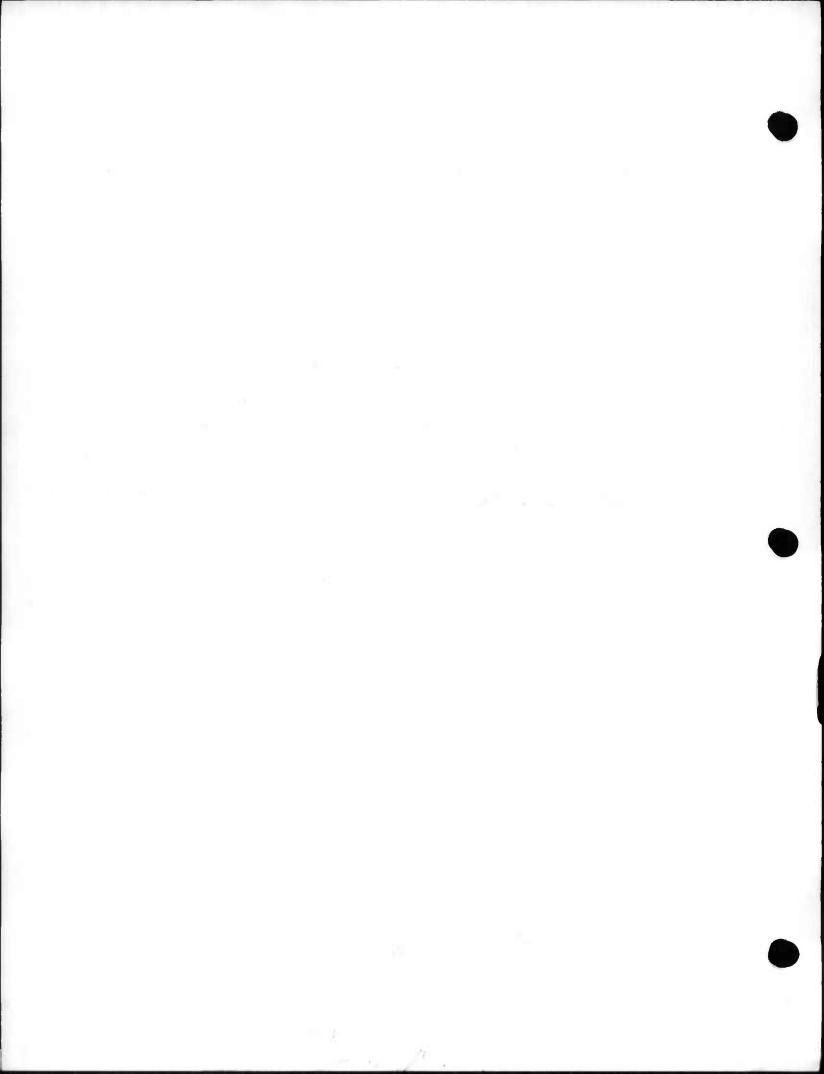
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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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	1 - FOR STATE REGISTRAR	STATE OF MARYLA	ND / DEPART				GIENE S	0 33204
1	1. DECEDENT'S NAME (First, Middle, Last) Joseph Thomas JAC	OBS			N	2. DATE OF D MONTH	DAY	year 4:55 A M
1	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (In	YRS.	ONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BI (Month, Day, 10/10/	nth Year) '08	BIRTHPLACE (State or Foreign Country) Penn. Y OF DEATH
8	DOCTORS COMMUNITY			LANHAM		AIH		E GEORGE
ривесто	10s. STATE 10b. COUNTY	ce George		town or Locat				10d. INSIDE CITY LIMITS? 1 VES 2 NO
FUNERAL (100. STREET AND NUMBER 5794 Carlyle Str				20785		10g. CITIZE	EN OF WHAT COUNTRY?
BY FUN		12. WAS DECEDENT EVER IN FORCES? 1 YES	2 NO	If yes, sp	ENDENT OF HISPAN ecify Cuben, Mexice 2X NO Specify	n, Puerto Rican,	ecify Yes or No— 1 etc.)	4. RACE — American Indian, Black, White, etc. Specify: White
COMPLETED	15. DECEDENT'S EDUCA (Specify only highest grade of Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT usa	rk done during mo retired.)	st of working	200	OF BUSINESS/INDU	STRY
	17. FATHER'S NAME (First, Middle, Last)	4 Years	Dept.	of Com	18, MOTHER'S NA	ME (First, Middle		Director
TO BE	Thomas B. Jac 190. INFORMANT'S NAME (Type/Print) Eileen Rodriguez	obs					ty or Town, State, Zip (Code)
	20. METHOD OF DISPOSITION 1 Buriel 2 Cremetion 3 Remove 4 Donation 5 Ther (Specify)	rai from Bata	PLACE OF DISPOSIT other place) Gate of	Heaven	Cemeter		20c. LOCATION — C Silver S	
	21. SIGNATURE OF AMERIAL RESTVICE LIGHT	holde		Hine		i 11800		o.Ave.S.S.Md.
CERTIFICATION	23. PART I. Enter the diseases, or co shock, of heert fellure. L. IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	DUE TO (OR AS A	CONSEQUENCE OF)	the	Punu		or reepiratory arre	Approximete interval Between Onset and Death Munch
AL	reaulting in death) LAST PART II. Other significent conditions	contributing to deeth bu	it not resulting in	the underlyin	g ceuse given in		WAS AN AUTOPSY PERFORMED?	24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE
N: MEDIC						_ 10	YES 2 (9-MÓ	OF DEATH? 1 YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:		OTHER:	LACE OF OEATH (Ch		-c#d	
	27. MANNER OF OEATH 1 Natural 5 Pending	28e. DATE OF INJURY (Month, Dey, Year)	28b. TIME	OF 28c. IN.	JURY AT DRK? YES 2 NO		E HOW INJURY OCC	JRED
TED BY	2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, atc. (Speci		reet, factory, offic	00	28f. LOCATIO	N (Street end Number own, State)	or Rural Route Number,
D BE COMPLETED	and and	IAN: To the best of my knowle : On the bests of examination						d. ceuse(s) end menner as stated.
TO BE C	299 SIGNATURE AND TITLE OF CERTIFIER	Mhola	MO		29c. LICENSE NU	MBER 20	29d. DATE	SIGNED (Hough/Day, Year)
	Frederich H.A	COMPLETED CAUSE OF DEA	5807	Annupu	10 Plus	Hyu	trule,	Mar 1 m / 20180
	NOV 15 90	Julia Davidsa	1-Rando 10					



BALTIMORE, MARYLAND 21203-3146

TO BE COMF	TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION
examiner must be notified at once.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
ne funeral director, page 5 should be detached al.	TO THE FUNERAL ORECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
r death. Page 6 may be retained by the hosp	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within z-mours after death. Page 6 may be retained by the hosp

	REGISTRAR		CER	RTIFICA	IL OI	DEATE		REG. NO).		
	1. DECEDENT'S NAME (First, Middle, Last) VIOLA MAE	WOROTDEW					2. DATE			FAR	TIME OF DEATH
1	4. SOCIAL SECURITY NUMBER	KOZOIDEK	8. AGE (In yrs. lest bit	irthday) # IM	DER 1 YEAR	IF UNDER 24	HDS 7 DATE	OF BIRTH	La	DISTURE A	11 50P M
	220-05-2672	1 🗆 M 2 💢 👍		YRS. MONTH	B DAYS	HOURS	MIN. 09	th Day Year)	1922	Country	RYLAND
TOR	9a. FACILITY NAME (If not institution, give s GREATER BALTIMORE RESIDENCE OF DECEDENT		CENTER			MD. 2			BALT	IMORI	
DIRECTOR	10a. STATE 10b. COUNTY	I IMORE	1	REIS		OWN					d. INSIDE CITY LIMITS? YES 2 NO
FUNERAL	100. STREET AND NUMBER 935 SHIRLEY M	ANOR RD.			101	ZIP COOE	21	136		SA.	T COUNTRY?
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT FORCES? 1 [IF YES, GIVE WAY	YES 2 NO	D	If yes, sp	ecify Cuban,	HISPANIC ORIGI Mexican, Puerto Specify:	IN? (Specify Ye	e or No- 14	I. RACE — Black, W Specify:	American Indian, thite, etc.
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) Cotlege (1-4 or 5 +)	(Give	DENT'S USUAL kind of work do NOT use retire	OCCUPATION OCCUPATION	ON at of working	16	b. KIND OF BU	ISINESS/INDUS	STRY	
MPL	11	SHE.		HOUS	SEWI	PE.		HOME	MAKI	NG	
BE CO	17. FATHER'S NAME (First, Middle, Last)	JAMES F.	BURROW	VS			EDNA			MAH	
TO B	190. INFORMANT'S NAME (Type/Print) ANDREW KOZOI	DEK	19b. N				Aural Route Nur OR RD				21136 VN, MD.
	20e. METHOD OF DISPOSITION 1	oval from State	20b. PLACE OF other place,)			MATOR		CATION — CH		
	21. SIGNATURE OF FUNERAL SERVICE LIC	trollen	iale		22. NAME A	ND ADORESS	OF FACILITY	KHARD	T FUN	ERAI	CHAPEL 21117
	23. PART I. Enter the diseases, or ahock, or heart fallure.	omplications that List only one caus	caused the death e on each line.	h. Do not en	ter the mo	de of dying	, such as ca	rdiac or resp	olratory arres	it,	Approximate Interval Between Onset and Death
	IMMEDIATE CAUSE (Final disease or condition resulting in death)		STATIC	ENCE OF:	RUIC	AL	An	ren			2485
TION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	b	OR AS A CONSEQUE			-					
2	CAUSE (Disease or Injury	C									
ERTIFICA		DUE TO (4	OR AS A CONSEQUE	ENCE OF):							
MEDICAL CERTIFICATION	CAUSE (Disease or injury thet initiated events	d			underlyln	g cause giv	ven in Part I.	24a. WAS A PERFO 1 TYES	RMED?	CC	ERE AUTOPSY FINDINGS BILLABLE PRIOR TO MPLETION OF CAUSE F DEATH? YES 2 NO
7	CAUSE (Disease or Injury that Initiated events resulting in death) LAST PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL	d					ren in Part I.	PERFO	RMED?	CC	MILABLE PRIOR TO OMPLETION OF CAUSE F DEATH?
7	CAUSE (Disease or Injury that Initiated events resulting in death) LAST PART II. Other significant condition	d	leath but not res	ulting In the	26. P	LACE OF DEA		PERFO	RMED?	CC	MILABLE PRIOR TO OMPLETION OF CAUSE F DEATH?
PHYSICIAN: MEDICAL	CAUSE (Disease or Injury that Initiated events resulting in death) LAST PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 6 Pending	d. na contributing to d	enth but not res	ulting In the	26. PI HER: Nursing Hon 28c. IN.	LACE OF DEA	ATH (Check only dence 6 Dtf 28d, D	PERFO	PAMED?	ALCO OI	MILABLE PRIOR TO OMPLETION OF CAUSE F DEATH?
BY PHYSICIAN: MEDICAL	CAUSE (Disease or Injury that Initiated events resulting in death) LAST PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 6 Pending	HOSPITAL: 16/2 inpatient 2 128a. DATE OF It	enth but not res	DOA OTH	26. PHER: Nursing Hon 28c. IN. WC	LACE OF DE/ ne 5 Real TURY AT THIC? YES 2	ATH (Check only dence 6 Ott	PERFO 1 TYES one) her (Specify)	INJURY OCCU	OC OI 1	MALBLE PRIOR TO MPLETION OF CAUSE DEATH?
PHYSICIAN: MEDICAL	CAUSE (Disease or Injury thet Initiated events resulting in death) LAST PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 6 Pending Investigation 2 Accident Investigation 3 Suicide 6 Could not be	HOSPITAL: 160 inpatient 2 28a. DATE OF II (Month, De) 28b. PLACE OF building, e	ER/Outpetlent 3 NJURY (*) Year) INJURY — At home to. (Specify)	DOA OTH 4 DOA 4 DOA NOT BUT A DOA A DO COURTED OF BUJURY	26. Pl 4ER: Nursing Hon 28c. IN. 4 1 1 factory, office	LACE OF DEJ	ATH (Check only dence & Ott 28d, Di	PERFO 1 YES her (Specify) ESCRIBE HOW CATION (Street y) or Town, State susse(a) and m.	BUJURY OCCU	IRED	MALABLE PRIOR TO DIPPLETION OF CAUSE F DEATH? YES 2 NO NO NO Number,

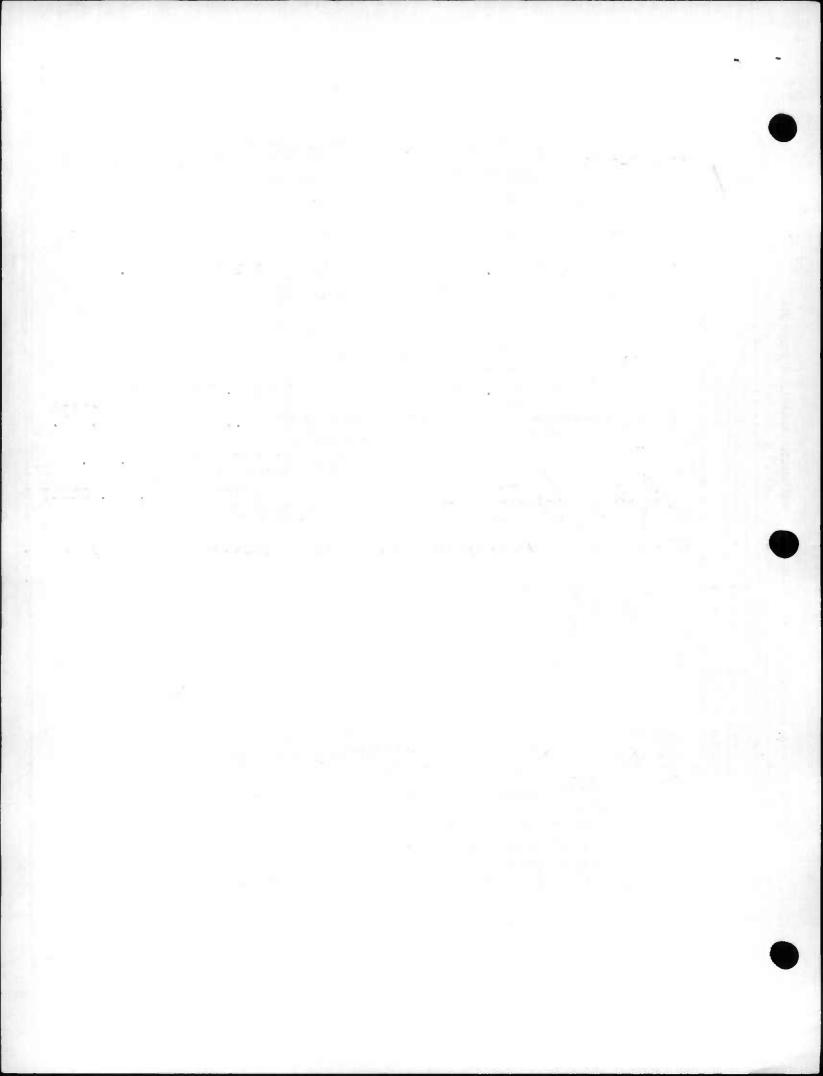
WHO COMPLETED CAUSE OF OEATH (ITEM 27) (Type, Print)

32. REGISTRAR'S SIGNATURE
Grund Davidson-Randelle

G.B.M.C.

M.D.

GARY I. COHEN



Stanley Z.

90

Dr.

31. DATE FILED (Month, Day, NOV 20

WHD COMPLETEO CAUSE OF DEATH (ITEM 27) (Type, Print)

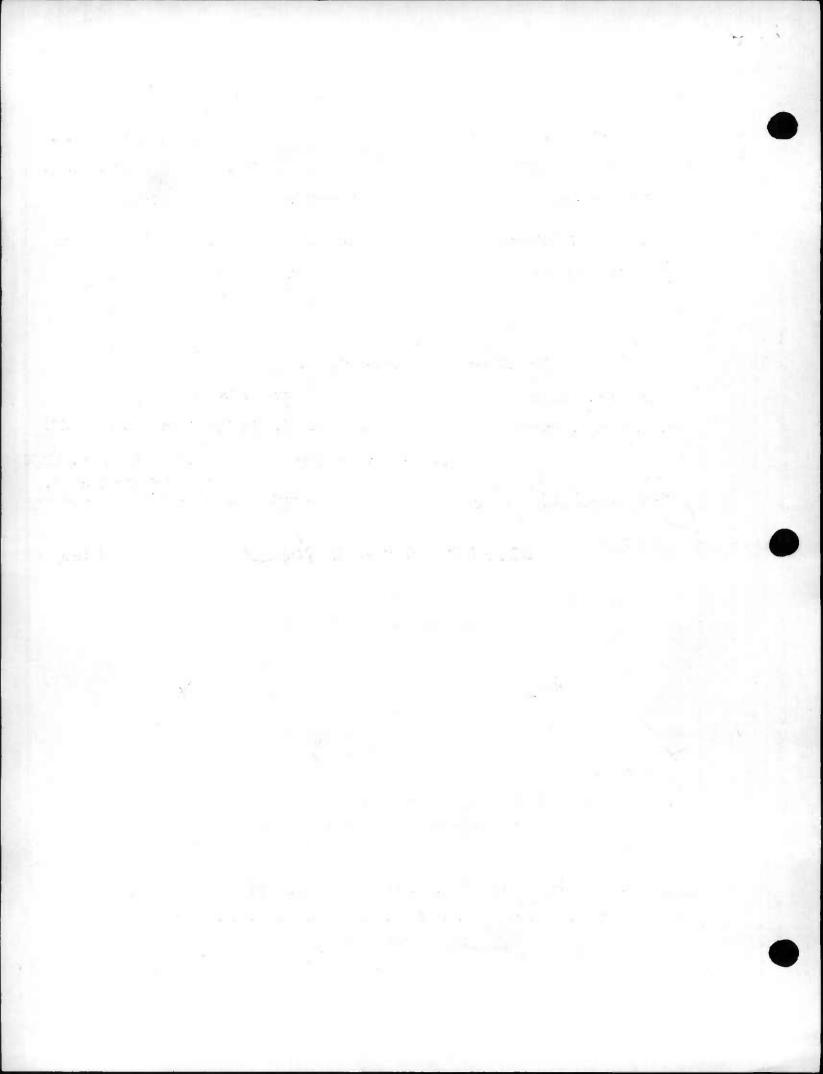
32. REGISTRAR'S GIGNATURE Fundales

€1 E.

Chase St. Balto. Md. 21202

Felsenberg M.D.

TIOTI	t, Middle, Last)			100					2. DATE	OF DEATH	AY	YEAR	3. TIME DF	DEATH
HOWA		A. KEL	6. AGE (In yrs. i	to an include at a d	er interes	R 1 YEAR	IF UNDER			vember	16,	199	THPLACE (State	
213-03-8251		1 M 2 F	80	YRS.	MONTHS	DAYS	HOURS	MIN.	(Monti	h, Day, Year)		Cour	ntry)	
9a. FACILITY NAME (If not in		21	00	1975	9b. CITY	Y, TOWN O	R LOCATI	DN OF DE		.3,191		Da.	Ito. CO	, MC
19 Villa	ge Roa	d				Pikes							imore	
10a, STATE	10b. COUNT	ry		10c. CIT	Y, TOWN	OR LOCATI	IDN						10d. INSIDE	CITY
Md.	Ва	ltimore			P	ikesv	ville	e					1 YES	
10e. STREET AND NUMBER						101.	. ZIP COD	E			10g. CIT	IZEN OF	WHAT COUNT	3Y7
19 V i I	llage	Road					2120	08					USA	
11, MARITAL STATUS 1 Never Merried 2 3 Wildowed 4 Divo			NT EVER IN U.S. A I YES 2 X MAR OR DATES	ARMED NO			ecify Cubi	n, Maxica	n, Puerto	f? (Specify Yel Ricen, etc.)	or No-	Spe	CE — American ick, Whita, etc. scily: Thite	Indian
	CEDENT'S EDU		16a. I	DECEDENT'S	USUAL C	CCUPATIO	ON		168	. KIND OF BU	SINESS/INI			
Elementary/Secondary (College (1-4 or 5	+)	(Give kind of life. Do NOT us	se retired.)	Juring mos	at Of WORld	nd .						
		1 Yr Coll	ege	Sale	sman	Oil	Co.							
17, FATHER'S NAME (First, M							- 3111			Middle, Malden	3			
Arthur		llar								Howard				-
19a. INFORMANT'S NAME (,,,									ber, City or Tow			00/55	, -
Mrs. Barbar		Peters							Virg				.23455	-4/
20a METHOD OF DISPOSIT 1 △ Buriel 2 ☐ Cremetic 4 ☐ Donation 5 ☐ Other	on 3 🗆 Ren	novel from State	other	E OF DISPD:			,,						Town, State	
	(Specify)		_ DT(uid Ri	Lage	Ceme	eter	7			rikes	SV1L	le, Md	. 2
21. DART I. Enter the d	SERVICE LI	Complications the	nt caused tha	death. Do (22. E	name an	Fun	ss of fa	Hom	1182 e Reis	4 Re	iste town	erstown, Md.	Rd 211
21. DART I. Enter the d	Illeesass, prince Lines, princ	complications the List only one ca	nt caused tha	deeth. Do one.	E not anta	name an	Fun	ss of fa	Hom	1182 e Reis	4 Re	iste town	erstown, Md.	Rd 211
23. PART I. Enter the dahock, or himmediate Cause (Findease or condition resulting in death) Sequentially list conditif any, leading to immediate. Enter UNDERLY CAUSE (Disease or injuthat initiated events resulting in death) LAS	AL SERVICE LI	complications the List only one ca	at caused the cuse on such life Substitute Office (OR AS A CONS)	death. Do ins.	Enobt enter	line r the moo	Fun da of dy	eral ling, suc	Hom h se can	1182 e Reis diec or resp	4 Reters	iste town	Appropriate Onse	Rd 211 eximat ai Bet and i
23. PART I. Enter the dahock, or himmediate Cause (Fidelease or condition resulting in death) Sequentially list condit if any, leading to immediate. Enter UNDERLY CAUSE (Disease or injusted initiated events	AL SERVICE LI	complications the List only one ca	at caused the cuse on such life Substitute Office (OR AS A CONS)	death. Do ins.	Enobt enter	line r the moo	Fun da of dy	eral ling, suc	Hom h se can	1182 e Reis	4 Reters	iste town	erstown, Md.	Rd 211
23. PART I. Enter the dahock, or himmediate CAUSE (Findlesses or condition resulting in death) Sequentially list condition resulting in death) Sequentially list condition resulting in death) PART II. Other aignifications are successful to the condition of th	Stant condition	complications the List only one can be described by the case of th	at caused the cuse on such life Substitute Office (OR AS A CONS)	death. Do ins.	Enot antal	nderlying	Fun da of dy	eralling, suc	Hom h se can	1182 e Reis diac or reap	4 Reters	iste town	Appn Inter Onse	Rd 211
23. PART I. Enter the dahock, or himmediate Cause (Findsease or condition resulting in death) Sequentially list conditif any, leading to immacause. Enter UNDERLY CAUSE (Disease or injuthat initiated events resulting in death) LAS	Stant condition	complications the List only one ca	at caused the cuse on each life of the constant of the constan	death. Do one.	Enot anter	nderlying	Fun de of dy	eral ling, suc	Hom h se can	1182 e Reis diac or reap 24a. WAS AA PERPO	4 Reters	iste town	Appn Inter Onse	Rd 211
23. PART I. Enter the dahock, or himmediate Cause (Findsease or condition resulting in death) Sequentially list conditif any, leading to immediate. Enter UNDERLY CAUSE (Disease or Injuthat initiated events resulting in death) LAS PART II. Other aignifications. 25. WAS CASE REFERRED TEXAMINER? YES 2 NO 26. MANNER OF DEATH 1 Netural 5	Sitesass, price at failure. It in a state at the state at	complications the List only one can be described by the Complete C	at caused the cuse on each life of the constant of the constan	death. Do ina.	22. E not anter f a V f): f): OTHE 4 □ Nu	nderlying 28. PL	Cause	eral ling, suc	Part I.	1182 e Reis diac or reap 24a. WAS AA PERPO	4 Reters	iste town	Appn Inter Onse	Rd 211
23. PART I. Enter the dahock, or himmediate CAUSE (Findlessee or condition resulting in death) Sequentially list condition resulting in death) Sequentially list condition resulting in death) Sequentially list condition resulting in death) ASSEMBLY CAUSE (Disease or Injuriated events resulting in death) LASP PART II. Other aignification in the condition of	ST LIGHT CONDICAL	complications this. List only one case. a. OTHER DOLLET C. DUE TO C. OUE TO C. HOSPITAL: 1 Inpatient 2 26a. DATE O (Month, 1) 26a. PLACE	at caused the cuse on each life of the constant of the constan	death. Do ina. GEQUENCE O SEQUENCE O SEQUENCE O TO SECUENCE O SEQUENCE O SEQUENCE O SEQUENCE O SEQUENCE O	22. Enot antal	nderlying 28. PL FR: raing Home 280. INJU 1 V	Fun da of dy	eral ling, suc	Part I.	1182 e Reis diac or reap 24a, WAS AN PERPO 1 □ YES TO STORY SCRIBE HOW	A Recters iretory are injury oc	iste town rest,	Appn Inter Onse	RC211

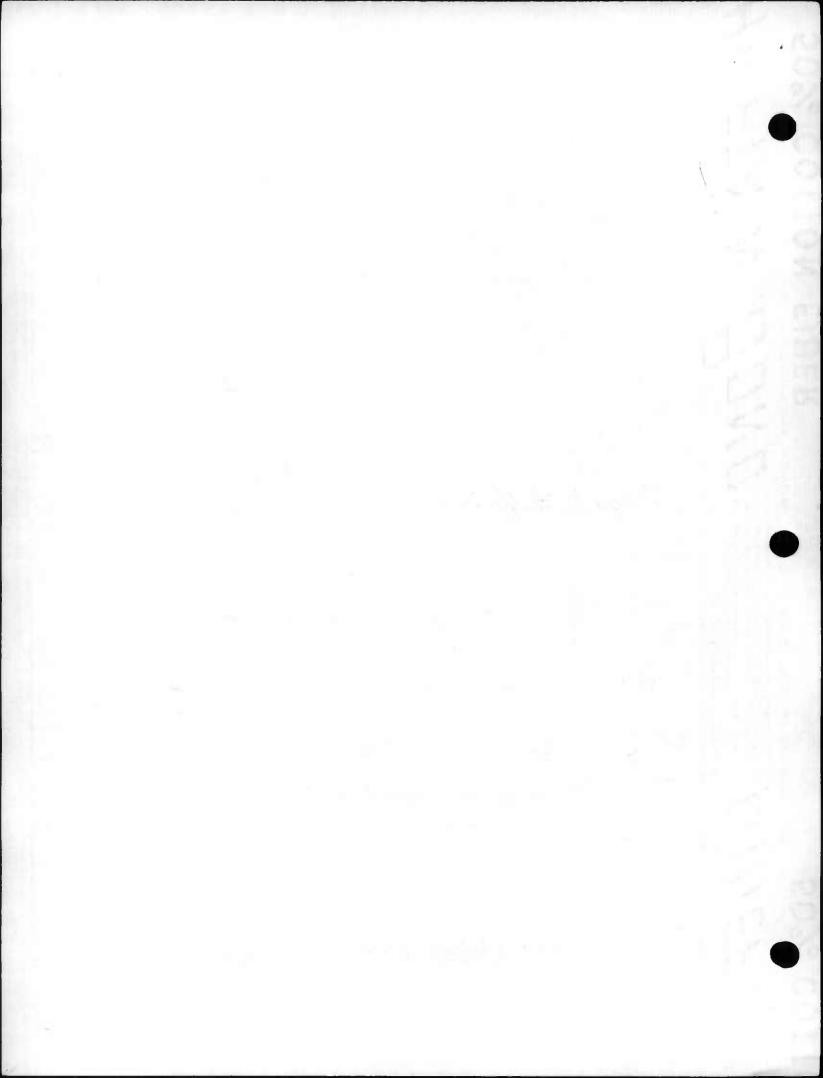


TO BE COMPLETED BY FUNERAL DIRECTOR

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al or at	for use	
hospit	rtached	ace.
by the	d be de	ato
retained	5 shoul	rotifie
пау ре	c page	et be
age 6 r	director	or mu
Jeath. P	funeral	xamin
s after (by the	dical
JOH -2	filled in on, or r	he me
within	cremati	rent, t
acuted	burial,	atle en
te be es	sician a	traum
certifica	ding phy lygiene	other
death	Aental P	ury, or
that the	th and h	in (me
equires	en signi	hows
he law i	has be	n 23 a
HAN: T	intificate he Statu	or Her
PHYSIC	this ce	orked,
ENDING	R: After er death	Is m
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nouns after death. Page 6 may be retained by the hospital or attending physicial	TO THE FUNERAL ORECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlat- be filled within 72 hours after death with the State Dept, of Health and Mental Hyglene prior to burlat, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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HE HOS	HE FUN	ORTAN
10	10 ad	M

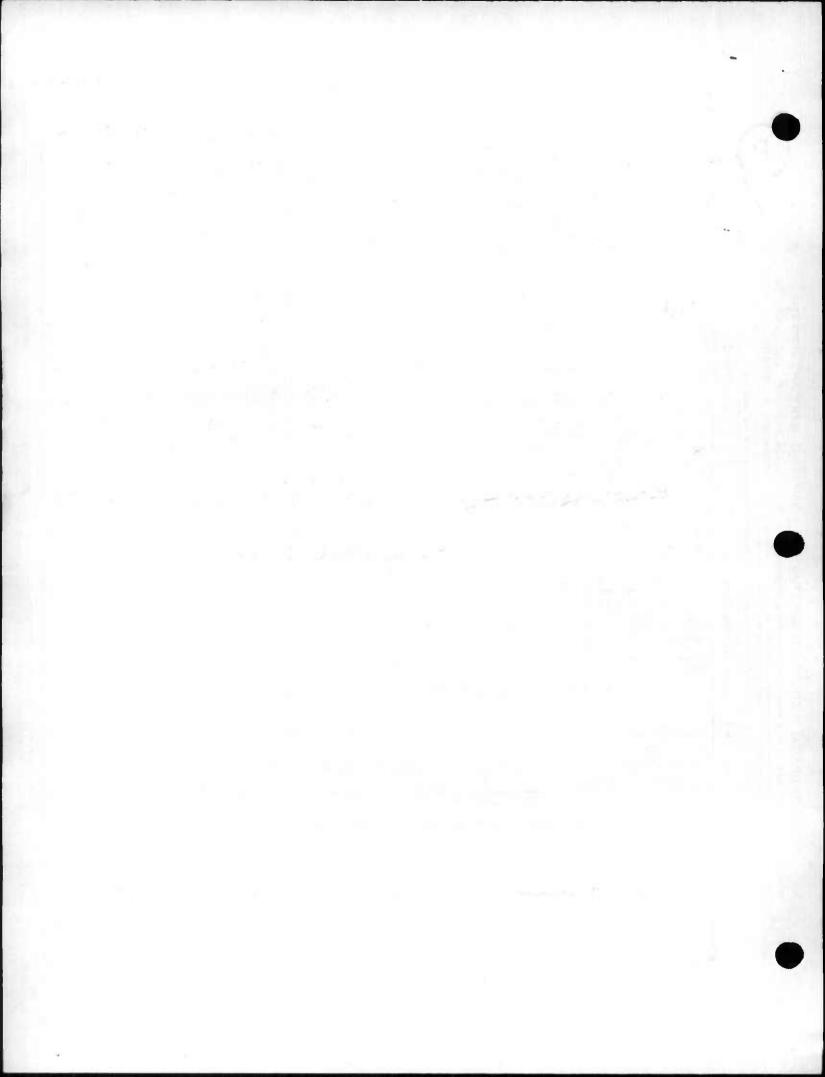
TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

REGISTRAR		CE	RTIFIC	CATE OF	DEATH	MENTAL HYGIEN REG. NO		
1. OECEDENT'S NAME (First, Middle, Last)						2. DATE OF DEATH	YEAR	3. TIME OF OEATH
Marie T.	Kelley					10 13	90	3:30 a m
4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. les		IF UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	8. BIRT Cour	HPLACE (State or Foreign
218-20-3013	1 - M 2 X F	89	YRS.	ONINS DAYS	HOURS MIN.	10/06/0		vensville
9a. FACILITY NAME (If not institution, give					R LOCATION OF DE	ATH	9c. COUNTY OF	
Memorial H	lospital	_	1	East	on		Tal	bot
RESIDENCE OF DECEDENT 10a. STATE 10b. COUNT	7		10c. CITY,	TOWN OR LOCAT	ION			10d. INSIDE CITY
Marylnad O	ueen Ani	ne's		Star	ensvill	0		LIMITS?
10a. STREET AND NUMBER					. ZIP CODE		10g. CITIZEN OF	WHAT COUNTRY?
106 Kelley	Lane				216	666	U.	S.A.
11. MARITAL STATUS	12. WAS DECEDEN	T EVER IN U.S. AR			ENDENT OF HISPAN	IC ORIGIN? (Specify Yes	or No- 14, RA	CE — American Indien, ck, White, atc.
Never Married 2 Married Widowed 4 Divorced	IF YES, GIVE Y		io .		2 NO Specify	n, Puerto Rican, etc.)		alfy:
	1				. 170	To the second		white
15. OECEDENT'S EDI (Specify only highest grad	le completed)	(G	Ve kind of wo Do NOT use	SUAL OCCUPATION ork done during mo	DN st of working	16b. KIND OF BU	SINESS/INDUSTRY	
Elementary/Secondary (0-12)	College (1-4 or 5	+)	omem	•				
7. FATHER'S NAME (First, Middle, Last)		11	omem	aver	16 MOTHER'S NA	ME (First, Middle, Maiden	Sumamal	
Fargo Thomas					4.14	v Foebus		
9a. INFORMANT'S NAME (Type/Print)		191	. MAILING A	ADDRESS (Street a		Toute Number, City or Tow		
Louis O. Kei	llev		106	Kelle	v Lane.	Stevens	ville.	MD 21666
20a. METHOD OF DISPOSITION			OF DISPOSE		netery, crematory or		CATION — City or	
Donation 5 Other (Specify)	noval from State	Stev	ensv	ille C	emetery	Ste	vensvi	lle, MD
1. SIGNATURE OF FUNERAL SERVICE L	CENSEE	,			O ADDRESS OF FA	CILITY		
1 Thomas V	2/1/	1.				ein Fune		MD 21619
23. PART I. Enter the diseases, or	complications the	at caused the de	ath. Do no					Approximate
shock, or heart failure	. List only one car	use on each line						Interval Between Onset and Death
IMMEDIATE CAUSE (Finel disease or condition		2000	2					
resulting in death)	DUE TO	(OR AS A CONSE	DUENCE OF)	: ^-				
		Garar	ene	8 (12)	lea			
Sequentially list conditions, if eny, leading to immediate	DUE TO	(OR AS A CONSE	DUENCE OF	^		1		
cause. Enter UNDERLYING CAUSE (Disease or Injury	c	Penin	oher	NV LO	cular	diresse		
that initiated events	DUE TO	(OR AS A CONSE	DUENCE OF)	:				
resulting in death) LAST	d	Diane	ks.					
PART II. Other significant condition				the underlyin	g cause given in			16. WERE AUTOPSY FINDINGS
	- 4 J-	nent	~			PERFO		AVAILABLE PRIOR TO COMPLETION OF CAUSE
Mulhinga	LOI OB						5,110	OF DEATH?
Multinfa	LOI do							
Mukinfa	LM OF							1 TES 2 NO
25. WAS CASE REFERRED TO MEDICAL					LACE OF DEATH (Ch			
	HOSPITAL:	☐ ER/Outpatient 3		OTHER:				
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:	□ ER/Outpatient 3	DOA 28b. TIME	OTHER: 4 Nursing Hon	ne 5 🗆 Residence	eck only one)	INJURY OCCURED	
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 00 27. MANNER OF DEATH 1 Notural 5 Pending	HOSPITAL: 19 Ampetient 2 28a. DATE O	□ ER/Outpatient 3	□ DOA	OTHER: 4 Nursing Hon OF 28c. IN.	ne 5 🗆 Residence	eck only one) 8 Other (Specify)	INJURY OCCURED	
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 00 27. MANNER OF DEATH 1 Netural 5 Pending	HOSPITAL: 19 Impetion: 2 26a. DATE O (Month, i	□ ER/Outpatient 3 F INJURY Day, Year) OF INJURY — At he	20b. TIME	OTHER: 4 Nursing Hon OF 28c. IN. IRY W M 1	Ne 5 Residence	eck only one) 8 Other (Specify) 28d. OESCRIBE HOW 281. LOCATION (Street	and Number or Run	1 TES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 TO 27. MANNER OF DEATH 1 Notural 5 Pending Investigation	HOSPITAL: 19 Impetion: 2 26a. DATE O (Month, i	☐ ER/Outpatient 3 F INJURY Day, Year)	20b. TIME	OTHER: 4 Nursing Hon OF 28c. IN. IRY W M 1	Ne 5 Residence	eck only one) 6 Other (Specify) 26d. OESCRIBE HOW	and Number or Run	1 TES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 100 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 3 Suicide 6 Could not be determined 29a. CERTIFIER	HOSPITAL: No impation 2 26a. DATE O (Month, i) 26a. PLACE building	ER/Outpetient 3 F INJURY Day, Year) DF INJURY — At ho, etc. (Specify)	28b. TIME INJU	OTHER: 4 Nursing Hon OF 28c. IN. WY M 1 Treet, factory, office	ne 5 Residence IURY AT ORK? YES 2 NO	eck only one) 8 Other (Specify) 28d. OESCRIBE HOW 281. LOCATION (Street	and Number or Run	1 TES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	HOSPITAL: *** Photoint 2 26e. DATE O (Month, i) 28e. PLACE building	ER/Outpatient 3 FINJURY Day, Year) DF INJURY — At ho, etc. (Specify) If my knowledge, de	28b. TIME INJU	OTHER: 4 Nursing Hon OF 28c. IN. WY M 1 reet, factory, office d at the time, date	NO 5 Residence NURY AT SHK? YES 2 NO e	eck only one) 8 Other (Specify) 28d. OESCRIBE HOW 281. LOCATION (Street City or Town, States to the cause(e) and ma	and Number or Run) nner as stated.	1 TES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	HOSPITAL: 10 Meatient 2 28a. DATE O (Month, i) 28a. PLACE building	ER/Outpatient 3 FINJURY Day, Year) DF INJURY — At ho, etc. (Specify) If my knowledge, de	28b. TIME INJU	OTHER: 4 Nursing Hon OF 28c. IN. WY M 1 reet, factory, office d at the time, date	NO 5 Residence NURY AT SHK? YES 2 NO e	eck only one) 8 Other (Specify) 28d. OESCRIBE HOW 281. LOCATION (Street City or Town, State to the cause(s) and matime, date and place, a	and Number or Run	1 TES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	HOSPITAL: 10 Meatient 2 28a. DATE O (Month, i) 28a. PLACE building	ER/Outpatient 3 FINJURY Day, Year) DF INJURY — At ho, etc. (Specify) If my knowledge, de	28b. TIME INJU	OTHER: 4 Nursing Hon OF 28c. IN. WY M 1 reet, factory, office d at the time, date	IVERY AT STATE OF THE STATE OF	eck only one) 8 Other (Specify) 28d. OESCRIBE HOW 281. LOCATION (Street City or Town, State to the cause(s) and matime, date and place, a	and Number or Run	1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	HOSPITAL: 16 Meatient 2 28s. DATE O (Month, i) 28s. PLACE building SICIAN: To the best of	ER/Outpatient 3 F INJURY Day, Year) OF INJURY — At he, etc. (Specify) If my knowledge, de examination and/or	28b. TIME INJU	OTHER: 4 Nursing Hon OF 28c. IN. WY 1 reet, factory, offic d at the time, date i, in my opinion, of	IVERY AT STATE OF THE STATE OF	eck only one) 8 Other (Specify) 28d. OESCRIBE HOW 281. LOCATION (Street City or Town, State to the cause(s) and matime, date and place, a	and Number or Run	1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	HOSPITAL: 16 Meatient 2 28s. DATE O (Month, i) 28s. PLACE building SICIAN: To the best of	ER/Outpatient 3 F INJURY Day, Year) OF INJURY — At he, etc. (Specify) If my knowledge, de examination and/or	28b. TIME INJU	OTHER: 4 Nursing Hon OF 28c. IN. WY 1 reet, factory, offic d at the time, date i, in my opinion, of	IVERY AT STATE OF THE STATE OF	eck only one) 8 Other (Specify) 28d. OESCRIBE HOW 281. LOCATION (Street City or Town, State to the cause(s) and matime, date and place, a	and Number or Run	1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	HOSPITAL: 15 Meatient 2 28s. DATE O (Month, i) 28s. PLACE building SICIAN: To the best of the basis of the ba	ER/Outpatient 3 F INJURY Day, Year) OF INJURY — At he, etc. (Specify) If my knowledge, de examination and/or	DOA 20b. TIME INJU whe, farm, still seth occurred investigation M 27) (Type, 1	OTHER: 4 Nursing Hon OF 28c. IN. WY M 1 reet, factory, offic d at the time, date i, in my opinion, of	IVERY AT STATE OF THE STATE OF	eck only one) 8 Other (Specify) 28d. OESCRIBE HOW 281. LOCATION (Street City or Town, State to the cause(s) and matime, date and place, a	and Number or Run	1 YES 2 NO



BALTIMORE, MARYLAND 21203-3146	urs after death. Page 6 may be retained by the hospital or attending physician. y filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. I	the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with Just after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Page 10 should be detached for use as the burial-transit permit.	be filed within 72 hours after death with the State Dept. Or Health and Mental Hygnene prior to bunal, cremation, or removal. IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	REGISTRAR		ERIIF	CATE OF	DEATH	REG.	NO.	
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF DEATN
	CHANCE P. KE					NOVEMBE		
į	4. SOCIAL SECURITY NUMBER 5. S 222-14-7474 1E	6. AGE (In yrs. In 83	YRS.	MONTHS DAYS	HOURS MIN.	7. DATE OF BIRTIN (Month, Day, Year) July 16,190		8. BIRTHPLACE (State or Foreign Country) Delaware
1	9a. FACILITY NAME (If not institution, give street as	nd number)	R LOCATION OF DE			NTY OF DEATN		
FUNERAL DIRECTOR	Union Hospital	Marie Septiment		Elkto	n		ecil	
EC	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY		ION			10d. INSIDE CITY LIMITS?		
DIE	Delaware New Cas	tle	Mid	dletow	n			YES 2 NO
IAL	10e. STREET AND NUMBER			10	ZIP CODE		10g. CIT	IZEN OF WHAT COUNTRY?
NE	21 Holly Square		200		19709			SA
ВУ	1 Never Married 2 V Married	WAS DECEDENT EVER IN U.S. A FORCES? 1 YES 2 T F YES, GIVE WAR OR DATES	NO NO	If yes, sp	ENDENT OF HISPAN ecify Cuban, Maxica 2X NO Specify	n, Puarto Rican, etc.	Yes or No-	14. RACE — American Indian, Black, White, atc. Specify: White
COMPLETED	15. DECEDENT'S EDUCATIO (Specify only highest grade compl	N 16a. E	ECEDENT'S	USUAL OCCUPATI- rork done during me e retired.)	ON st of working	16b. KIND OF	BUSINESS/INC	DUSTRY
PLE	Elementary/Secondary (0-12) Col	nege (1-4 or 5+)				Ensem	i na	
OMI	17. FATHER'S NAME (First, Middle, Last)	1 1	Tarme	I	16. MOTHER'S NA	Farm WE (First, Middle, Ma	The same of the sa	
BE C	John Henry Keen	T000			Ethel	Appleto	on Ker	rrick
TO B	19s. INFORMANT'S NAME (Type/Print)				nd Number or Rural F			
F	Lillian Phillips				-	iddleto	own, De	e. 19709
	20a. METHOD OF DISPOSITION 100 Surial 2 Cremation 3 Removal 1 100 Donation 5 Other (Specify)	20b. PLAC other	e of dispos	aceLawr	metery, cremetory or Mem. F	k. Wi	ilm.,I	city or Town, Stata Delaware
	21. SIGNATURE OF FUNERAL SERVICE LICENIE	Also			id address of fac LS & HU I. Broad			own,De. 19709
CATION	ahock, or heart fellure. List of IMMEDIATE CAUSE (Final disease or condition reaulting in death) Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING	DUE TO (OR AS A CONS	EOUENCE OF		ual wh	acha		Interval Between Onset and Death
CERTIFICATION	CAUSE (Disease or Injury that Initiated events reaulting in death) LAST							
	PART II. Other algorificant conditions con	ntributing to death but not	resulting i	n the underlyin	g cause given in	Part I. 24s. WAS	AN AUTOPSY	24b. WERE AUTOPSY FINDINGS
PHYSICIAN: MEDICAL	Julmona	y cryhysen	_				RFORMED?	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
IAN	25. WAS CASE REFERRED TO MEDICAL		-	26. P	LACE OF DEATH (Ch	eck only one)		
Sic		SPITAL: Inpetient 2 - ER/Outpetlant	3 🗆 DOA	OTHER:	ne 5 🗆 Residence	6 Other (Specify)		
ву рну	27. MANNER OF DEATN 1 Netural 5 Pending 2 Accident Investigation	26a. DATE OF INJURY (Month, Day, Year)	26b. TIM INJ	URY	IURY AT DRK? YES 2 NO	28d. DESCRIBE N	OW INJURY OC	CURED
	3 Suicide 6 Could not be 4 Homicide detarmined	28e. PLACE OF INJURY — All building, etc. (Specify)	home, farm, s	street, factory, offi	10	26f. LOCATION (St. City or Town, S		or Or Rural Route Number,
COMPLETED	anal anal	To the best of my knowledge, the basis of examination and/o						nted. the cause(a) and manner as stated.
BE	29b. SIGNATURE AND TITLE OF CERTIFIER	~~ No			29c. LICENSE NUI	01534		TE SIGNED (Month, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WNO CO Kenneth Lewis,	MPLETED CAUSE OF DEATH (IT			100			
				-	,			
	NOV 1 5 90	32. DEGISTRABIS SIGNATURE	panaea					



7:10 p M

DHMH-16 Rev 1/89

3. TIME OF DEATH

8. BIRTHPLACE (State or Foreign Country)

YEAR

9c. COUNTY OF DEATH

1917 Oxford,

1990

1. DECEDENT'S NAME (First, Middle, Last)

4. SOCIAL SECURITY NUMBER

181-05-0883

9e. FACILITY NAME (If not institution, give street and number)

Ruth Galbraith Krause

8. AGE (In yrs. lest birthday)

8. SEX

1 M 2 XF

IF UNDER 1 YEAR

2. DATE OF DEATH MONTH DAY

7. DATE OF BIRTH (Month, Day, Year)

Nov.

Jan.

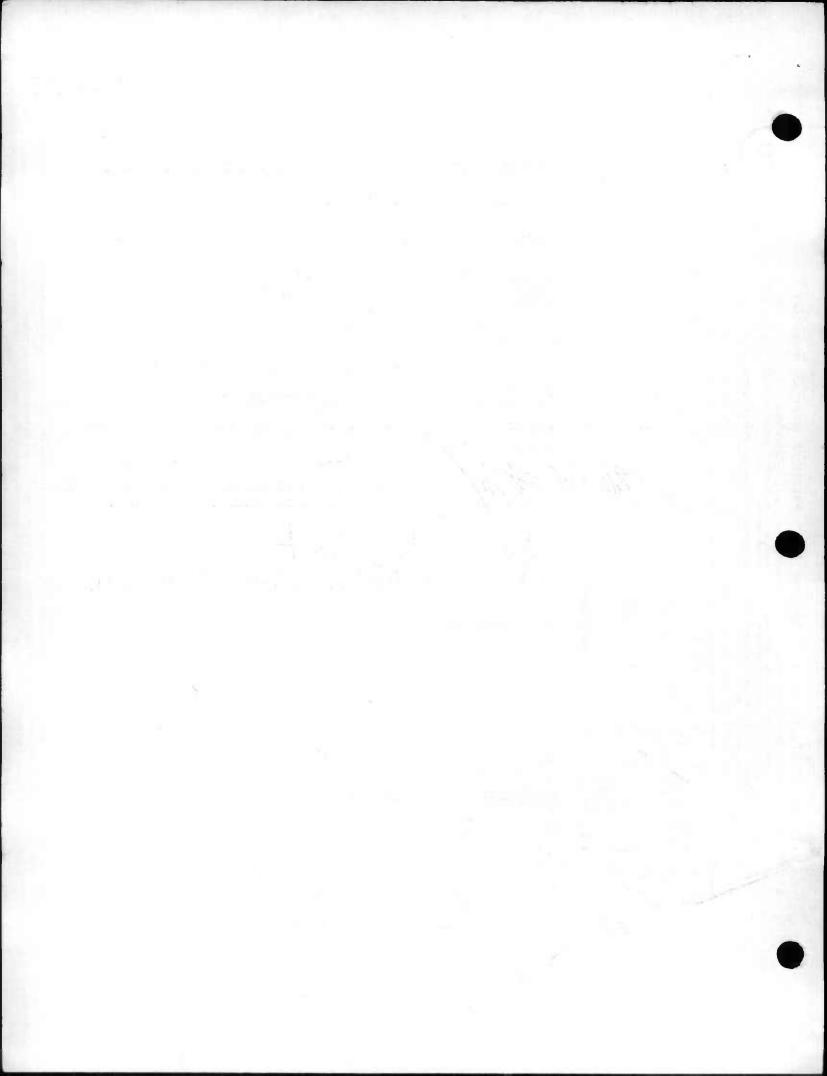
IF UNDER 24 HRS.

9b. CITY, TOWN OR LOCATION OF DEATH

12,

3,

3501 St. Paul St. Apt. 519 Baltimore Baltimore									
DIREC	10e. STATE 10b. COL		Baltimon				10d. INSIDE CITY LIMITS? 1 XYES 2 NO		
ERAL	10e. STREET AND NUMBER	l St. Apt 519		101. ZIP CODE 21218	10g. CITIZEN OF WHAT COUNTRY?				
BY FUNE	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Wildowed 4 Divorced	1 St. Apt 519 12. WAS DECEDENT EVER IN U.S. A FORCES? 1 USE 2 IF YES, GIVE WAR OR DATES	NO If yes	DECENDENT OF HISPAN , specify Cuben, Mexican YES 2 NO Specify.		A. RACE — American Indian, Black, White, etc. Specify: White			
COMPLETED	15. DECEDENT'S (Specify only highest g Elementary/Secondary (0-12)		ATION g most of working	16b. KIND OF B	th Car				
ш	17. FATHER'S NAME (First, Middle, Last) Harry E. G		10, 2111		AE (First, Middle, Maide Iche V.	n Surname)			
TO B	190. INFORMANT'S NAME (Type/Print) Shirley E.		96. MAILING ADDRESS (Sin 9401 Avon				^{do)} 1D 21234		
	20e. METHOD OF DISPOSITION 1 Burlel 2 Cremation 3 L 4 Donation 5 Other (Secily)	Removal from State	of DISPOSITION (Name of Control Ceme	etery	0	xford,	or Town, State PA		
	Edward L.	Collins, Jr.	Edi	ward L. C Pine St.	collins		al Home, In		
MEDICAL CERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significent conditions to the conditions of the conditions of the cause	DUE TO (OR AS A CONSI	EOUENCE OF):	lying cause given in		IN AUTOPSY DRMED? 2 M NO	24b. WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?		
			_		1 Tes 2 No				
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICA EXAMINER? 1 YES 2 PNO	HOSPITAL: 1 Inpatient 2 ER/Outpatient	OTHER:	8. PLACE OF DEATH (Che Home 5 Pasidence					
у РНУ	27. MANNER OF DEATH 1 Natural 6 Pending investigat	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME OF 28c	INJURY AT WORK?		(Specify) RIBE HOW INJURY OCCURED			
ED B	2 Accident investigat 3 Suicide 6 Could not 4 Homicide determine	be 28s. PLACE OF INJURY — At I	home, farm, street, factory,	office	201. LOCATION (Street City or Town, Stee	LOCATION (Street and Number or Rural Route Number, City or Town, Stete)			
COMPLET	(Griden Grin)	HYSICIAN: To the best of my knowledge, of MINER: On the best of examination end/o							
TO BE C	THE STURE 140 TITLE OF COM	XIIIIII		296. LICENSE NUN	EST ST	29d. DATE S	INGNED (Month, Day, Year)		
2	Dr. Francis		Greater Ba	altimore	M.C. Ba	ltimo	ce, MD		
	31. DATE FILED (Month, Day, Year) NOV 1 9 390	32. REGISTHAR'S SIGNATURE Sulia Davidson-Ra	ndell						



DIVISION OF VITAL RECORDS, P.O. BOX 13146, BALTIMORE, MARYLAND 21203-3146	1
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24, Just after death. Page 6 may be retained by the hospital or attending physician.	-
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 8 should be detached for use as the burial-transit permit. Pages 1, 2, 8 should be detached for use as the burial-transit permit.	2.8 sh
De med within 72 hours are death will he case begin on reading and mental hygine prior to contact, the medical examiner must be notified at once.	1

	1 - FOR STATE REGISTRAR	STATE OF N	MARYLAND / DEP CERT	ARTMEN IFICAT				MENTAL	HYGIEN REG. NO.		90	33210
	1. DECEDENT'S NAME (First, Middle, Last)	ecile	K	inca	نا			MONTH	OF DEATH		YEAR	TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 209 - 12 - 3173	5. SEX 1 M 2 TF	6. AGE (In yrs. lest birthd	MONTHS	DAYS	IF UNDET	1 24 HRS. MIN.	7 DATE		18	Country)	ACE (State or Foreign
TOR	9a. FACILITY NAME (# not institution, give standard PENINSULA GENERAL RESIDENCE OF DECEDENT		L		•	WN OR LOCATION OF DEATH SBURY 9c. COUNTY OF DEATH WICOMICO						
DIRECTOR		omack.	10c.	CITY, POWN	or Local	TION					-	d. INSIDE CITY LIMITS? YES 2 1 NO
FUNERAL DI	100. STREET AND NUMBER ${\mathbb P}_{ullet}$	O.Box 9	8			2341					SA	T COUNTRY?
ВУ	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE V	T EVER IN U.S. ARMED YES 2 XNO AR OR DATES	13	If yes, sp	ecify Cubi		n, Puerto F	? (Specify Yes licen, atc.)	or No-	Bleck_W	American Indian, hite, atc. Lack,
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12) Elementary	CATION completed) College (1-4 or 5	-1	rs usual of work plans of work plans of use refleed. Super	during mo	est of worki	ng		Colle			en
BE CON	17. FATHER'S NAME (First, Middle, Last)	lonzo N	latthews			18. MOT		ME (First, A Whi	iddie, Meiden Lte	Surname)		
TOE	George Kincaid								ver, City or Tow			
	20a, METHOD OF DISPOSITION 1 Burlel 2 Cremation 3 Remo 4 Donation 5 Other (Specify)	oval from State	20b. PLACE OF DIS other place)					Rutl	20c. LO	COMA		
	21. SIGNATURE OF FUNERAL SERVICE LICE	•	rlon	1			F. H		Acco	mac,	Va.2	3301
	23. PART I. Enter the diseases, or o shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	List only one car	EREBAC	P				h as card	liec or resp	Iratory arre	et,	Approximate interval Between Onset and Death
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initieted events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):										ZOMNOR	
PHYSICIAN: MEDICAL C	PART II. Other algnificant condition	a contributing to	death but not resulti	ng in the u	inderfyin	g cause	given in	Part i.	PERFORMED?			ALLABLE PRIOR TO MPLETION DF CAUSE DEATH? YES 2 NO
SICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES MY NO	HOSPITAL:	☐ ER/Outpatient 3 ☐ DO	OTHE	R:			6 Che				
BY PHY	27. MANNER DF DEATH 1 Natural 5 Pending 2 Accident Investigation	28a. DATE Of (Month, i		TIME OF INJURY	28c. IN	JURY AT ORK? YES 2			CRIBE HOW	INJURY OCC	URED	
8	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE (building	OF INJURY — At home, fa etc. (Specify)	rm, street, fa	ctory, offi	00			CATION (Street and Number or Rural Route Number, or Town, State)			
COMPLET	29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINE		my knowledge, death oc examination and/or investi									nd manner as stated.
TO BE C	29b. SIGNATURE AND TITLE OF CERTIFIER B. MULL 30. NAME AND ADDRESS OF PERSON WH	Lobar	MD			29c, LK	S 5 5	MBER 580	5	29d. DATE	SIGNED (M	onth, pay, Year)

14-A

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Typn, Print)

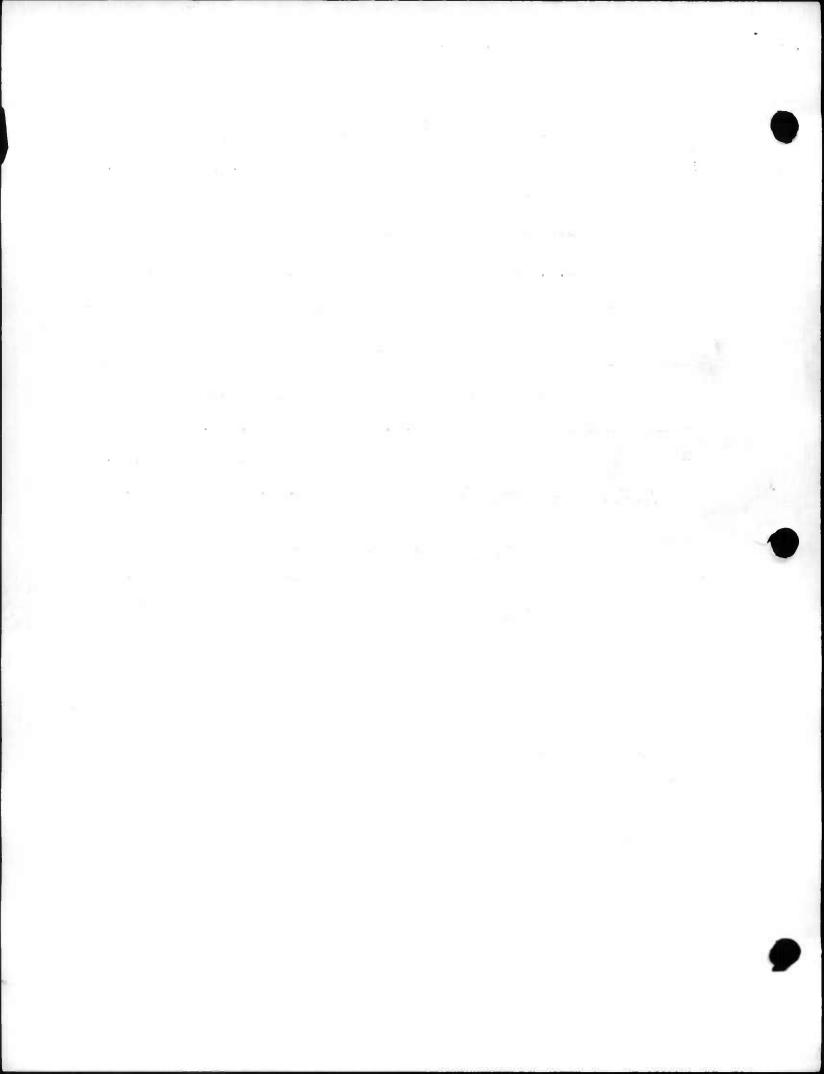
32. ARGISTRAPIS SIGNATURA Julia Davidson-Randall

BRUCE

31. DATE FILEO (Morith, Day, Year)

SAUSBURY MP Z180

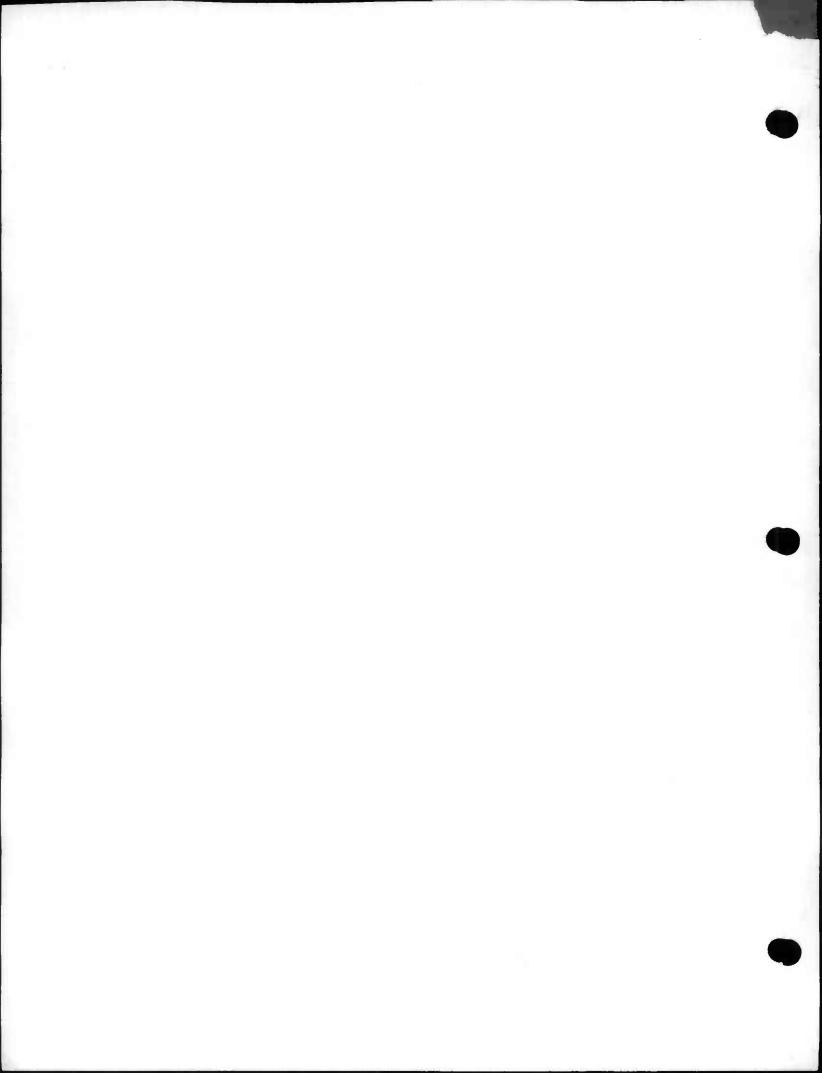
EASTERN SHORE DRIVE,



er death. Page 6 may be retained by the hos	the funeral director, page 5 should be detache val.	il examiner must be notified at once.
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mounts after death. Page 6 may be retained by the hospital properties of the second of the s	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached any within 72 hours after death with the State Dest. of Health and Mental Hodiene orlor to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
TENDING PHYSICIAN: The law requires that the	OR: After this certificate has been signed by the fler death with the State Deot. of Health and Me	8 is marked, or item 23 shows any inju
TO THE HOSPITAL OR ATT	TO THE FUNERAL DIRECTL	IMPORTANT: If Item 2

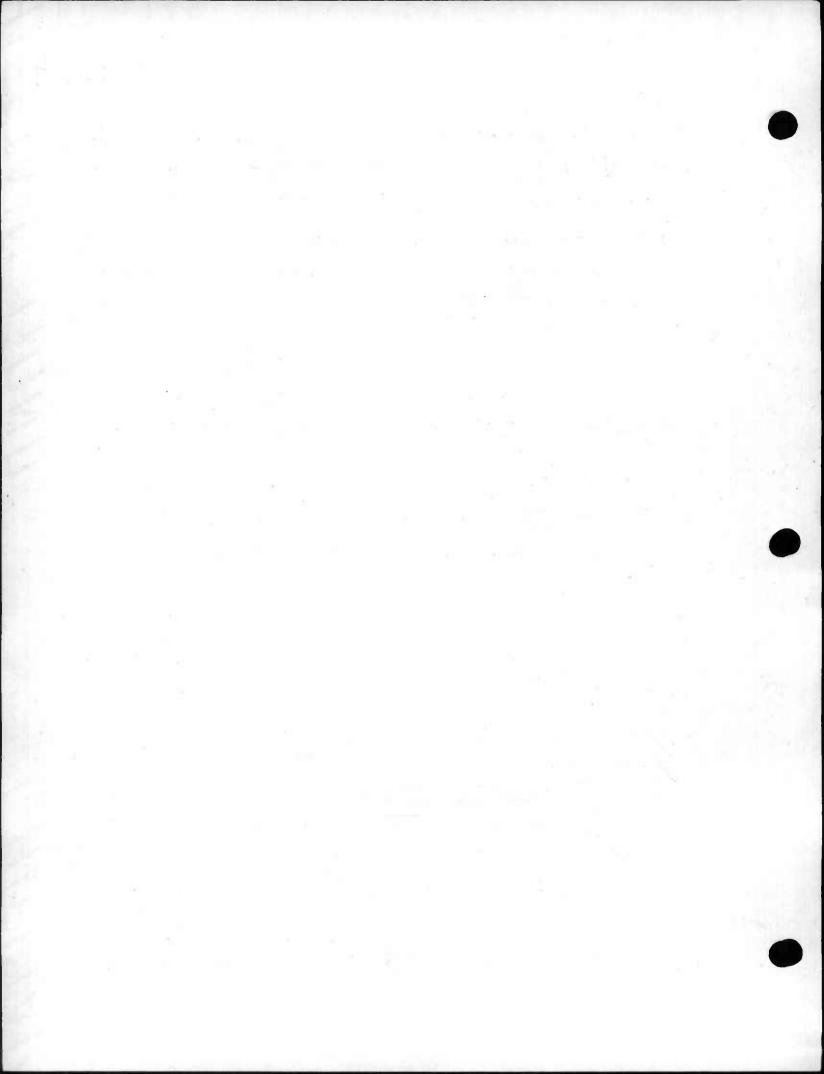
STATE OF MARYLAND / DEPARTMENT OF HEALTH AND	MENTAL HYGIENE
CERTIFICATE OF DEATH	REG. NO.

	1 - STATE REGISTRAR	STATE OF MARYLA		TMENT OF			NTAL HYGIENE REG. NO.		
	1. DECEDENT'S NAME (First, Middle, Lee1) Stanley W. K		(E)	1 2			DATE OF DEATH	-9 O	1 5-13 PM
		SEX 6. AGE (In	yrs. lest birthday) 73 Yns.	IF UNDER 1 YEAR MONTHS DAYS	HOURS &		DATE OF BIRTH	8. BIF Cod	THPLACE (State or Foreign Washington D
	9a. FACILITY NAME (If not Institution, give street	and number)	i di i	9b. CITY, TOWN	OR LOCATION			9c. COUNTY OF	
O.B.	Suburban Hospital			Bethe	sda			Mont	gomery
FUNERAL DIRECTOR	10e. STATE 10b. COUNTY MD MONTES	omery	10c. CIT	y, TOWN OR LOC Betheso	ation la				10d. INSIDE CITY LIMITS? 1 A YES 2 NO
4	10e. STREET AND NUMBER			1	01. ZIP CODE			10g. CITIZEN O	F WHAT COUNTRY?
ER	5225 Pooks Hill Ro	oad, #1504 B	North		208	14		USA	
BY FUN	11. MARITAL STATUS 1	WAS DECEDENT EVER IN FORCES? 1 X YES IF YES, GIVE WAR OR DAT	2 NO	If yes, I		Mexican, Pu	ORIGIN? (Specify Yee ouerto Rican, etc.)	or No— 14. R/ B/ S/	ACE — American Indian, lack, White, etc. becity: White
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5 +) 16e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.)							NESS/INDUSTRY ashing	
OM	12 17. FATHER'S NAME (First, Middle, Last)	,,	Physic	Lan	16. MOTHER	R'S NAME (First, Middle, Maiden S		
BE C	Abraham Kirstein					B1a			
10 8	190. INFORMANT'S NAME (Type/Print) Selma P. Kirstein						Number, City or Town,		esda, MD 2081
	20e. METHOD OF DISPOSITION 1 Description 2 Cremetion 3 Removal	from State	PLACE OF DISPO	SITION (Name of c	emetery, cremato	ony or	20c. LOC	ATION — City or	Town, State
	4 Donation 5 Other (Specify) 21. SIGNATURE S-FUNERAL SERVICE LICENS		as Israe	22. NAME	AND ADDRESS	OF FACILITY	TY		gton D.C.
1	Van !	1 /-	land	Danza	ansky-G	oldb	erg Memor		apels, Inc. , MD 20852
	23. PART I. Enter the diseases, or com shock, or heart failure. List IMMEDIATE CAUSE (Final disease or condition resulting in death)		ch line.	te 1			for die	5/5	Approximate Interval Between Onset and Dasth
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST	DUE TO (OR AS A	_000	non,		a	tery	2:	22.002
PHYSICIAN: MEDICAL C	PART II. Other algnificant conditions c	ontributing to death bu	it not resulting	In the underly	ing cause giv	en in Par	PERFORM	WED?	24b. WERE AUTOPSY FINDINGS ANALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
CIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	IOSPITAL:		26. OTHER:	PLACE OF DEA	TH (Check	only one)		
/ PHYSI	27, MANNE OF DEATH 1 Natural 5 Pending		26b. TIN	4 Nursing H	NJURY AT WORK?	28	Other (Specify)	JURY OCCURED	
TED BY	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, atc. (Speci	— At home, farm,	street, factory, of	fice	26	if. LOCATION (Street or City or Town, State)	nd Number or Ru	ral Route Number,
COMPLETED	pandon only	N: To the best of my knowled On the basis of examination							se(s) and menner sa stated.
TO BE	29b. SIGNATURE AND TITLE OF CERTIFIER	520		2	29c. LICEN	SE NUMBER	Ryb	29d. DATE SIGN	NED (Month, Day, Year)
H	30. NAME AND ADDRESS OF PERSON WHO C	Tausor	8		الى رج	C0 1	NSIN	AUQ	Pethodo
	31. DATE FILED (Month, Day, Year) NOV 1 9 '90	32. REGISTRAR'S SIGNA	ATURE Mandal	2.					Son



STATE OF	MARYLAND /	DEPARTMENT	0F	HEALTH	AND	MENTAL	HYGIENE
	CE	ERTIFICATE	0	F DEAT	ГН		REG. NO.

1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPART	MENT OF HEALTH AND	MENTAL HYGIENE REG. NO.	00212						
1. DECEDENT'S NAME (First, Middle, Last) JOSEPH R	KUCHIN			2. DATE OF DEATH DAY	3. TIME OF DEATH QUEAR 3. TIME OF DEATH						
4. SOCIAL SECURITY NUMBER 161-26-4287	1042 DF 5	8 YAS	F UNDER 1 YEAR IF UNDER 24 HRS. ONTHS DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 2 - 21-32	s. BIRTNPLACE (State or Foreign Country) SCRANTON PA.						
90. FACILITY NAME (If not institution, give HOWATED COUNTY RESIDENCE OF DECEDENT		1	6. CITY, TOWN OR LOCATION OF DI		tow ARO						
	WARD		TOWN OR LOCATION		10d, INSIDE CITY LIMITS? 1 VES 2 NO						
10a. STREET AND NUMBER 502 ARROV 11. MARITAL STATUS 1 Never Merried 2 Married			2/22°	7 10g.	USA.						
3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 CAYES IF YES, GIVE WAR OR E KOREAN CON!	DATES	13. WAS DECENDENT OF NISPAL If yee, specify Cubin, Mexico 1 YES 2 NO Specifi	n, Puerto Rican, atc.)	14. RACE — American Indian, Black, White, atc. Specify: A + e						
15. DECEOENT'S EOI (Specify only highest grad Elementary/Secondary (0-12) 1 2 17. FATHER'S NAME (First, Middle, Last)		life. Do NOT use i	k done during most of working	166. KIND OF BUSINESS STATE OF	MARYLAND						
JOSEPH K	UCHINSKI		MARIE		NOWSKI						
198. INFORMANT'S NAME (Type/Print) EVYLEEN FO	Y KUCHINSKI		ODRESS (Street and Number or Rural								
20a. METHOD OF DISPOSITION 1 X Burlel 2 Cremetion 3 Ref 4 Donation 5 Other (Specify)	movel from State	b. PLACE OF DISPOSIT other place) MENOHER ME	M. CEMETERY	LIGONI	N — City or Town, Stats ER PA.						
21. SIGNATURE OF FUNERAL SERVICE V.	CENSER!		FRANCIS J. CONSILVER SPRING	LLINS JR. 500	UNIVERSITY BLVD						
IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS	A CONSEQUENCE OF):	ivolial infav	ctin	Onset and Deat						
PART II. Other significant condition	ona contributing to deeth	but not resulting in	the underlying cause given in	Part I. 24a. WAS AN AUTO PERFORMED? 1 YES 2 WAS	AVAILABLE PRIOR TO						
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	EXAMPLER? HOSPITAL: OTHER:										
25. WAS CASE REFERRED TO MEDICAL EXAMMER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 6 Pending 2 Accident Investigation	26e. DATE OF INJURY (Month, Day, Year)	26b. TIME INJUI		28d. DESCRIBE HOW INJURY	OCCURED						
9 Culoido	26a. PLACE OF INJUR building, atc. (Spo	Y — At home, farm, atr	eet, factory, office	261. LOCATION (Street and Nu City or Town, State)	imber or Rural Route Number,						
The second secon			at the time, data and place, and dur in my opinion, death occurred at the		s stated. to the cause(s) and manner as stated.						
act	- A - L-	mo	D31		DATE SIGNED (Month, Day, Year)						
PATRICE ATOYS, N	M 4565 HEN	neach co	VE ELLUTIC	-ity, mm 2	1043						
31. DATE FILED (Month, Dey, Year)	90 Sul	ia Davidson-A	2. 2.00								



STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1 - STATE REGISTRAR		C	ERTIF	ICATE OF	DEATH	R	EG. NO.					
1. DECEDENT'S NAME (First, Middle, Last)						2. DATE OF I			WEAR	3. TIME OF DE	ATN	
Louise Lucas	Kinne	ar				NOV.	16,	199	00"	3:55	P	М
4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. I	last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF B			6. BIRTH	PLACE (State or	Foreign	
009-01-8149	1 M 2 F	87	YRS.	MONTHS DAYS	HOURS MIN.	April	27.	1903	Rho	de Isl	and	
9a. FACILITY NAME (If not institution, give	street and number)	0,		9b, CITY, TOWN	OR LOCATION OF D			9c. COUN				\dashv
18910 Smoothston					hersburg			Mor	ntan	mery		
RESIDENCE OF DECEDENT	ie way			Gait	nersburg			1101	rego	mer y		
10a. STATE 10b. COUNT	Y		10c. CIT	Y, TOWN OR LOC	ATION					10d, INSIDE C	TY	
Maryland Mon	tgomery		Ga	ithersb	urg					1 EYES 2	_ NO	
10e. STREET AND NUMBER				1	Of. ZIP CODE			10g. CITIZ	EN OF V	WHAT COUNTRY	7	
18910 Smoothston	ie Way				20851			U.	S.A	. •		
11. MARITAL STATUS	12. WAS DECEDER				CENDENT OF HISPA			or No-	14. RACI	E — American le k, White, atc.	ndlan,	
1 Never Married 2 Married		MAR OR DATES	NO		pecify Cuben, Mexico S 2 K NO Specif		ı, atc.)		Speci	lly:		
3 Widowed 4 Divorced										White		
15. DECEDENT'S EDI (Specify only highest grad		16a, I	DECEDENT'S	USUAL OCCUPAT	TION nost of working	16b, KIN	D OF BUS	SINESS/IND	USTRY			
Elementary/Secondary (0-12)	College (1-4 or 5		Wa. Do NOT u	se retired.)								
12			Home	maker		0	wn H	lome				- 3
17. FATHER'S NAME (First, Middle, Last)			-36	W	18. MOTHER'S NA	ME (First, Middle	le, Maiden	Surname)				
Lewis Lucas					Paula	Louise	Eas	by-Sr	nith			
19a. INFORMANT'S NAME (Type/Print)			19b. MAILING	ADDRESS (Street	and Number or Rural	Route Number, (City or Tow	n, State, Zip	Code)			
Louise L. Kinne	ear		1290	7 Crook	ston La.	Rocky	ille	. MD	20	851		
20a. METHOD OF DISPOSITION		20b. PLAC	E OF DISPO	SITION (Name of o	emetery, crematory or	-	20c. LO	CATION -	City or To	own, State		
1 X Burial 2 Cremetion 3 Rer 4 Donation 5 Other (Specify)	noval Irom Stata	_ Gate	of H	eaven C	emetery		Sil	yer S	Spri	ng, MD		
21. SIGNATURE OF FUNERAL SERVICE L	ICENSEE				AND ADDRESS OF F		_					
▶ ∩ () (246	. 1) -		Jose	ph Gawler	r's Son	ıs, I	nc.				
, menoe	con	exac	~		Wiscons							16
23. PART I. Enter the disease, or shock, or heart fsliure										n.D.C.	lmata	
										Approx	Imata Betwe	en
shock, or heert fsliure IMMEDIATE CAUSE (Final disesse or condition	. List only one ce	use on eech II	ne.	not enter the m						Approx	Imata Betweend Dea	en
shock, or heert follure IMMEDIATE CAUSE (Final	. List only one ce		ne.	not enter the m						Approx Interva Onset	Imata Betweend Dea	en
shock, or heert fsilure IMMEDIATE CAUSE (Final disesse or condition resulting in deeth)	. List only one ce	use on eech II	ne.	not enter the m						Approx Interva Onset	Imata Betweend Dea	en
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Shock, or heert fsilure IMMEDIATE CAUSE (Final disesse or condition resulting in deeth) Sequentielly list conditions, if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated eventa resulting in death) LAST PART II. Other algnificent condition 2 m hy re 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 2 Accident 3 Suicide e Could not be determined 29e. CERTIFIER (Check only)	b. DUE TO C. DUE TO d. DUE TO	ULUGO O OR AS A CONS D (OR AS	SEQUENCE C SEQUENCE C SEQUENCE C SEQUENCE C SEQUENCE C SEQUENCE C SEQUENCE C	The underly of the un	Ing cause given in place of dying, auditing cause given in place of DEATN (Comme 5) Residence NOUNT AT WORK? YES 2 NO filee	heck only one) 6 Other (S) 2ed, DESCR 2et, LOCATH City or 7	a. WAS AN PERFOI YES 2	ALTOPSY MED? NO INJURY Occ and Number	24l CURED or Rural led.	Approxinterva Onset UCC WERE AUTOPS AMALABLE PR COMPLETION OF DEATH? 1 YES 2	Imata Betwee and Dei Y FINDING OR TO OR TO INDING NO	een ath
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RUSSELL

Rando M.

AUE.

TO BE COMPLETED BY FUNERAL DIRECTOR

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

JOHN

300

31. DATE FILED (Month, Day, Year)

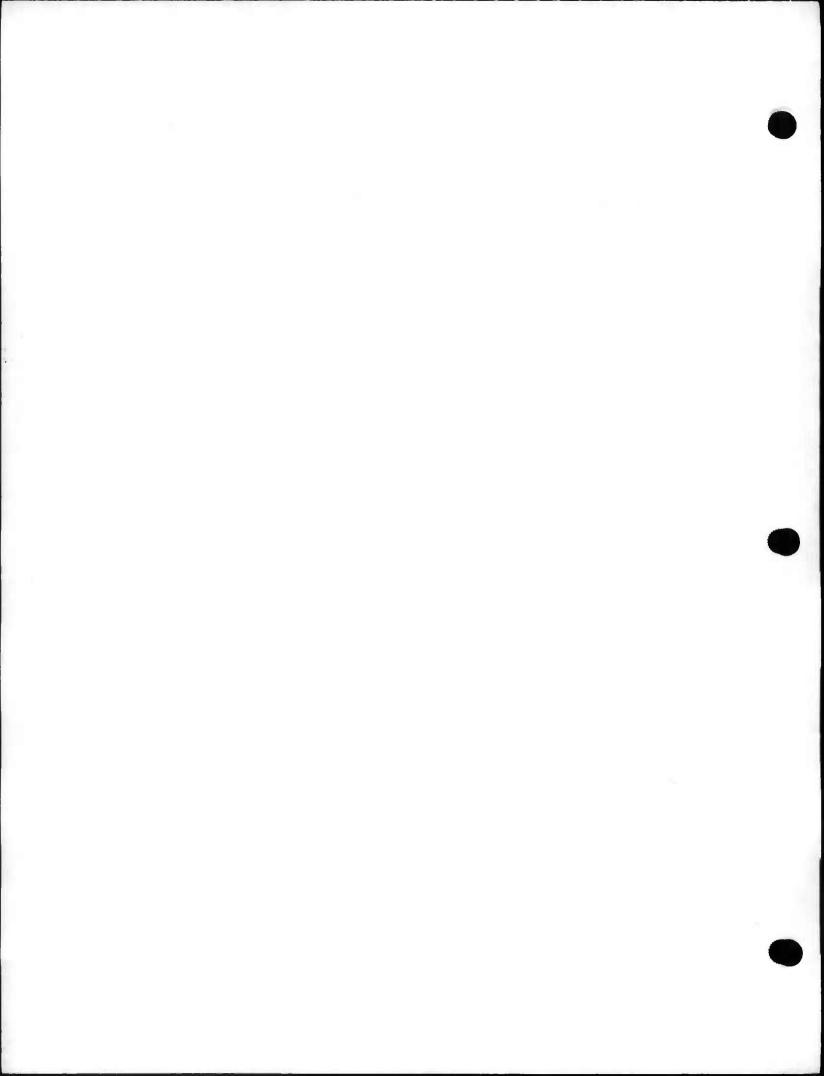
MEWICK

32. HIGISTRAR'S SIGNATURE

2057

m)

GAITHERSBURG



O. BOX 13146, BALTIMORE, MARYLAND 21203-3146	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-years after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunial-transit p be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlal, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death cer	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fuber filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlal, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or o

STATE OF MARYLAND / DEPART	MENT OF	HEALTH ANI	MENTAL	HYGIENE
CERTIFIC	CATE OF	DEATH		REG. NO.

	FOR STATE REGISTRAR	TATE OF MARYLA		RTMENT					YGIENI EG. NO.	E		
1	1. DECEDENT'S NAME (First, Middle, Last)							2. DATE OF	DEATH		3. 1	TIME OF DEATH
	Helen Lou	ise	Loren	ce				Novem			1	7:20PM
			n yrs. last birthda			IF UNDER	24 HRS.	7. DATE OF E	BIRTH			CE (State or Foreign
	220-66-7923 1 0	M 2 🔀 F	75 YRS		DAYS	HOURS	MIN.	12-16	5-19	14 T	V.Vi	rginia
Œ	POB 14 Newburg,		idence				0. 52			Char		
8	RESIDENCE OF DECEDENT	7301 (100)	4001100	4 116	MAN	# <i>6</i>				Vita	7.00	
W.	10e. STATE 10b. COUNTY		10c. 0	CITY, TOWN	OR LOCAT	ION					tOd	I. INSIDE CITY LIMITS?
5	Maryland Charl	es		New								☐ YES 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
¥	100. STREET AND NUMBER				101	. ZIP CODE						COUNTRY?
FUNERAL DIRECTOR	Route 257 Box 1							664		-	. S.	
2		WAS DECEDENT EVER IN FORCES? 1 TYES						IC ORIGIN? (S		or No- 14	Black, W	Americen Indian, hite, atc.
BY	3 Wildowed 4 Divorced	IF YES, GIVE WAR OR DA	ITES		1 TYES	2 X 0	Specify				Specify:	White
	15. DECEDENT'S EDUCATIO	DN I	18a. DECEDENT	T'S USUAL O	CCUPATIO	ON		18b. KIN	D OF BUS	INESS/INDUS		WILLE
	(Specify only highest grade comp	tlege (1-4 or 5 +)	(Give kind life. Do NO	of work done T use retired.)	during mo	st of workin	g					
7	12		Home	Make	r			D	omes	stic		
COMPLETED	17. FATHER'S NAME (First, Middle, Last)					18. MOTH	IER'S NAI	ME (First, Midd				
BE C	Lee	Todd						Ве	ssie	e A.	Knic	ley
TO B	19a. INFORMANT'S NAME (Type/Print)							loute Number, (
-	Andrew Lorence							rg, M				
	20e. METHOD OF DISPOSITION 1 🔀 Burlet 2 □ Cremetion 3 □ Removal	Innus Chaha	other place)				,			CATION — CI		
	4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LIQENSI		oly Gi									yland
	21. SIGNALURE OF FUNERAL SERVICE LICENSE	GA						eral				67
	23. PARY i. Entar tha diseeses, or comp	plicetions that caused	the death. D					aryla				Approximate
	shock, or heert fellure. List	onil∮ona causa on a	ech ilna.						•		ii In	interval Between Onset and Death
	diseese or condition resulting in death) e	Care	er	4	C	e	er	_				
	C. American Application of the Control of the Contr	DUE TO (OR AS A	CONSEQUENCE	6								
NO	Sequentially list conditions, b	DUE TO (OR AS A	CONSEQUENCE	OFI-								
CERTIFICATION	if eny, laading to immediate cause. Entar UNDERLYING			. ,,								
H	CAUSE (Disease or injury that initiated avents	DUE TO (OR AS A	CONSEQUENCE	OF):								
ERT	resulting in death) LAST											
	PART II. Other significant conditions co	entributing to death be	ut not resultin	ng in tha u	ndarlyin	g cause (given in	Part i. 24	a. WAS AN	AUTOPSY	24b. WE	RE AUTOPSY FINDINGS
S					•				PERFOR		co	MILABLE PRIOR TO MPLETION OF CAUSE
8								_ '	_ 1E9 Z	TAGO		DEATH?
2								_			1 '	_ 1.00 1.0 1.0
¥	25. WAS CASE REFERRED TO MEDICAL				26. PI	LACE OF D	EATH (Ch	eck only one)				
SIC		OSPITAL: inpetient 2	atlent 3 🗆 DO	A 4 Nu		10 5 X Re	eldence	8 Other (S	pecify)			
PHYSICIAN: MEDICAL	27. MANNER OF DEATH	28e. DATE OF INJURY (Month, Day, Year)	28b.	TIME OF	28c. INJ WC	URY AT		28d. DESCR	IBE HOW to	NJURY OCCU	RED	
ВУ	1 Natural 5 Pending 2 Accident Investigation	1 9165 11 1 2 2 4		M		YES 2	NO					
	3 Suicide 8 Could not be	28e. PLACE OF INJURY building, stc. (Spec	— At home, far	m, street, fac	tory, offic				ON (Street o	end Number of	Rural Route	e Number,
COMPLETED												
PL	29e. CERTIFIER 1 CERTIFYING PHYSICIAN											
ON	one) 2 MEDICAL EXAMINER: O	n the beele of examination	n end/or investig	ation, in my	opinion, o	leath occur	red at the	time, date en	d place, an	d due to the	cause(s) en	d manner as stated.
BE (296. SIGNATURE AND TITLE OF CONTIFIEN	111	417			29c. LICI	ENSE NUM	MBER				orith, Day, Year)
10 B	Jacoballa	and the	WD.				837				/20/	,
-	30. NAME AND ADDRESS OF PERSON WHO CO		ATH (ITEM 27) (Type, Print)				nge A				317
	Paul E. Pritche 3t. DATE FILED (Month, Day, Year)	ett, M.D.	ATURE		La	Plat	a.	Mary!	and	2064	16	
		Julia Sar		nder								
	NON 51, 30	1	Tayon-N	٠٫١٠٠٠								DHMH-16 Rev 1/89
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1	100	0
ζ	The	4
DIVISION OF WINE INCOMES, 1.0. DOZ. 19149,	SPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24	and a superference of the said and discount has a second but the address absorblers and an early the
5	HYS	44.1
-	98	1
)	9	4
2	ATTE	Compa
5	O.	0
	SPITAL	

	1 - STATE REGISTRAR	STATE OF I			RTMENT OF H		MENT	AL HYGIEN REG. NO.		90	33215
	1. DECEDENT'S NAME (First, Middle, Last)						2. DAT	E OF DEATH			TIME OF DEATH
	Harold	Ja	mes Lyn	nch			1		3 9	O	1630 m
V	4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In yrs.	last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	(Mo	E OF BIRTH nth, Day, Year)		BIRTHPLA Country)	CE (State or Foreign
1	214-23-1154	1 M 2 F	11	YRS.	MONTHS DATE	HOORS MIN.	0	1-26-7	79 M	arvla	and
1	9e. FACILITY NAME (If not institution, give					R LOCATION OF D			9c. COUNT	Y OF DEATI	Н
DIRECTOR	Peninsula Gen		spital		Sal	isbury			Wi	comi	co
#	10e. STATE 10b. COUNT				Y, TOWN OR LOCAT					100	I. INSIDE CITY LIMITS?
	Maryland Worce	ester		Bis	shopville						YES 2 X NO
₹	100. STREET AND NUMBER					. ZIP CODE					COUNTRY?
Ä	13222 Worcester Highway 21813								US.	-	
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE V	YES 2	ARMED	If yes, ep	ENDENT OF HISPA ecity Cuban, Mexic 2 X NO Speci	an, Puert		or No— 14	I. RACE — Black, Wi Specify:	American Indian, hite, etc. White
	15, DECEDENT'S EDI	JCATION	16e	DECEDENT'S	USUAL OCCUPATION	DN .	- 1	Bb. KIND OF BUS	SINESS/INDLIS	TRY	WILLOC
	(Specify only highest grad		77.50		work done during mo		1	out Kind of Doc	31112337111333		
12	6	Conege (1-4 or 5		udent				Student			
COMPLETED	17. FATHER'S NAME (First, Middle, Last)					16. MOTHER'S N	_				
5 111	Allen L. Lynch					Susan 1	E. L	ewis			
8	19a. INFORMANT'S NAME (Type/Print)			19b. MAILING	ADDRESS (Street a				n, State, Zip Co	ode)	
TO BE	Llen L. Lynch		1	3222	Worceste	r Hwy	Bis	hopvi11	e. MD	218	313
	20a METHOD OF DISPOSITION 1 A Burlet 2 Cremetion 3 Rem		20b. PLAC		SITION (Name of cer			4.	CATION — CIT		
	4 Donetion 5 Other (Specify)	noval from State			le Cemet			Bish	opvil:	le, M	laryland
	21. SIGNATURE OF FUNERAL SERVICE L	CENSEE	8	-	22. NAME AN	ID ADDRESS OF F	ACILITY	Hasting	s Fund	eral	Home
examiner	1 / Charles	41/1/10	X					Selbyvi	11e, 1	DE 1	.9975
	23. PART I. Enter the disesses, or				not enter the mo	de of dying, su	ch as ca	rdisc or respi	ratory stres	it,	Approximate
	shock, or heart failure. IMMEDIATE CAUSE (Final	List only one ce	use on each li	ne.							Interval Between Onset and Death
event, me	disesse or condition	Mul	tiple	Tra	uma						6 days
T Agu	resulting in death)		(OR AS A CON						0 44,5		
		b									
E	Sequentially liet conditione, if any, leading to immediate	DUE TO	(OR AS A CONS	SEOUENCE C	PF):						
TIFICATION	CAUSE (Disease or Injury	G	(OR AS A CON	EQUENCE (MPA.						
	that initieted events resulting in death) LAST	502 10	(on As A con	SECOLENCE (r;						
CERTIFICATION		d									-
	PART II. Other significant condition	ns contributing to	death but no	t resulting	In the underlyin	g ceuee given in	Part I.	24e. WAS AN PERFOR		200 00	RE AUTOPSY FINOINGS
								1 [] YES 2		co	MPLETION OF CAUSE DEATH?
: MEDICA											☐ YES 2 ☐ NO
AN:											
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			28. PI	ACE OF DEATH (C	heck only	one)			
YSICI/	1 XYES 2 NO	1 Kinpetient 2	<u> </u>		4 Nursing Horr	e 6 🗆 Reeldence					
	27. MANNER OF DEATH 1 Netural 5 Pending	28a. DATE Of (Month, i	Day, Year)		JURY WO	PK?		EŞCRIBE HOW I			
	2 X Accident Investigation		07-90		50 ^M 1 □ otreet, factory, offic		1				k by car
ю Ш	3 Suicide 6 Could not be 4 Homicide determined	building	, atc. (Specify)				C	ty or Town, State)			
- 1	29a. CERTIFIER				d. 610			shopvi			yrand
MPORTANT: IT ITEM 2 O BE COMPLET	(Check only one) 1 CERTIFYING PHYS	SICIAN: To the best of									d manner se stated.
E C	29b. SIGNATURE AND TITLE OF CERTIFIC	ER				29c, LICENSE NU	JMBER		29d. DATE	SIGNED (Mo	onth, Day, Year)
10 B	John 663	المطلب	ey		ty M.E.	D03	599		1	1-13	-90
	John T. Bulke.	ley, M.		,		f Rd.	Sa	lishur	v. M	d.	21801
	31. DATE FILED (Month, Day, Year)		AR'S SIGNATURE			_ 1(0.1)	,,,,,,		. J 9 1/1/		_ , _ ,
	NOV 1 6 '90	Lia Van	hon-Ran	dolla							
		U									OHMH-16 Rev 1/89

. . TO BE COMPLETED BY FUNERAL DIRECT

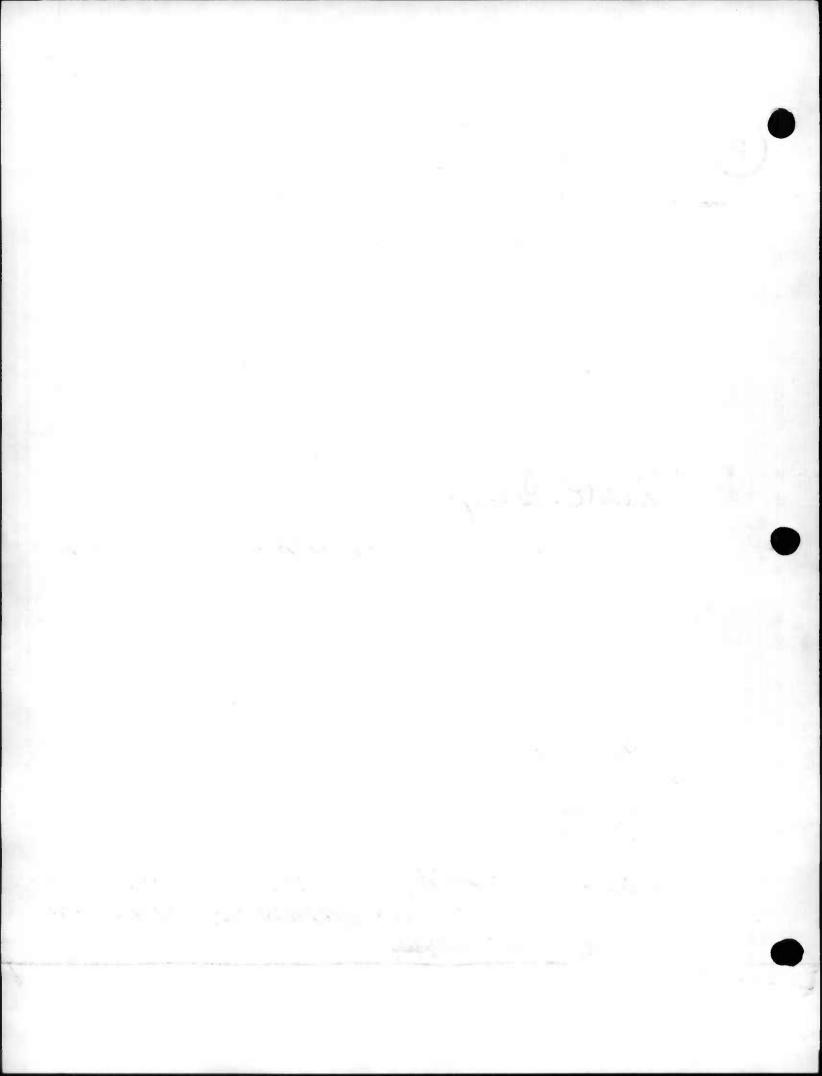
ian.	transit permit. Pages 1. 2.		
ned by the hospital or attending physi-	ould be detached for use as the buria		Hed at once.
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2 nours after death. Page 6 may be retained by the hospital or attending physician.	THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1. 2,	n, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
ne death certificate be executed within a-	the attending physician and completely fi	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	ljury, or other traumatic event, the
HYSICIAN: The law requires that the	his certificate has been signed by the	with the State Dept. of Health and I	ked, or item 23 shows any in
TO THE HOSPITAL OR ATTENDING P.	TO THE FUNERAL DIRECTOR; After to	be filed within 72 hours after death v	IMPORTANT: If Item 28 is mari

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

31. DATE FILED (Month, Day, Year)
NOV 16 '90

32 REGISTRAT'S SIGNATURE
Julia Davidson Bordoll

DECEDENT'S NAME (First, Middle, Li		Logar					2. DAT	E OF DEATH	γ .	YEAR	3. TIME OF DEATH
SOCIAL SECURITY NUMBER	5. SEX	6. AGE (in yrs. le:					7 DATE	7. DATE OF BIRTH			PLACE (State or Foreign
61-26-2840	1 M 2 XF	85		MONTHS	DAYS	HOURS MIN.	(Mon	(Month, Day, Year) Country May 22,1905			y) _
FACILITY NAME (If not institution, g		9b. CITY,	TOWN C	R LOCATION OF		22,13	05 Germany				
Holy Cross Hosp	oital			Sil	ver	Spring			Mon	tgome	erv
ESIDENCE OF DECEDENT										,	
. STATE 10b. CO	UNTY		10c. CITY	TOWN OF	LOCAT	TON					10d. INSIDE CITY LIMITS?
	ontgomery		В	ethe							1 ☐ YES 2 🔯 NO
STREET AND NUMBER					101	. ZIP CODE			10g. CITI	IZEN OF W	HAT COUNTRY?
3200 Wisconsin						20814					States
MARITAL STATUS Never Married 2 Married Widowed 4 Divorced	FORCES?	NT EVER IN U.S. AI 1 YES 2 X WAR OR DATES		H	yes, sp	ENDENT OF HISI ecity Cuban, Mex 2 X NO Spe	ican, Puerto		or No-	Black	- American Indian, k, Whita, alc. White
15. DECEDENT'S		16a. DI	ECEDENT'S	JSUAL OC	CUPATIO	ON	16	b. KIND OF BUS	INESS/INC	DUSTRY	
(Specify only highest g	rade completed) College (1-4 or 5		Sive kind of w a. Do NOT use	ork done di retired.)	uring mo	at of working					
12			Sale	s La	dy			epartme	ent s	Store	9
FATHER'S NAME (First, Middle, Last				18. MOTHER'S		Middle, Maiden					
arko Savitch						Sulta	na Pe	trovit	ch		
. INFORMANT'S NAME (Type/Print)		19	b. MAILING	ADORESS	(Street a	and Number or Rui				Code)	
ndrew Logar		3	9 Dov	er L	ane	Madiso	n, Co	nnecti	cut (06443	3
METHOD OF DISPOSITION Burial 2 X Cremation 3 1 Donation 5 0 Other (Specify)	Ramoval from State	other p	lace)	v Cr	oma.	torium,	Tnc	Po+1	cation —	. M-	wn, State aryland arey Funer 7557 71and 2081
PART I. Enter the disesses, shock, or heart falls MEDIATE CAUSE (Final lesse or condition		at caused the d		ot enter	the mo		uch en ce				Approximate interval Between Onset and De
equentielly list conditions, any, leading to immediate use. Enter UNDERLYING USE (Disease or Injury at Initiated events	b. DUE TO	O (OR AS A CONSE	OUENCE OF):							
RT II. Other significant cond	dtitiona contributing to	o death but not	resulting l	n the un	deriyin	g cause given	in Part I.	24a. WAS AN PERFOR		24b	WERE AUTOPSY FINDIN
								1 TYES 2	⊠ NO		OF DEATH? 1 YES 2 NO
WAS CASE REFERRED TO MEDICA						LACE OF DEATH	(Check only	one)			
1 YES 2 NO	HOSPITAL:	☐ ER/Outpatient	3 DOA	OTHER		ne 5 🗆 Residen	ca 6 🗆 Oti	her (Specify)			
MANNER OF DEATH		F INJURY Day, Year)	28b. TIMI INJI		WC	JURY AT DRK? YES 2 NO	28d. D	ESCRIBE HOW I	NJURY OC	CURED	
Natural 5 Pending		OF IN HIRY - At h	ome, farm, s	treet, facto	ory, offic	10	261. LC	CATION (Street of the control of the	and Numbe	r or Rural i	Route Number,
Natural 5 Pending	building	, etc. (Specify)									
Natural 5 Pending Investigat Suicide 6 Could no detarmine CERTIFIER (Check only	hysician: To the best of	g, etc. (Specify)									a) and manner as state



TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-mous after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filed in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	
E HOSPITAL OR ATTENDING PHYSIK F FUNERAL DIRECTOR: After this of I within 72 hours after death with t STANT: If Item 28 is marked,	

COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

BE 2

										C	J U	33211	
	FOR STATE REGISTRAR		STATE OF N					EALTH AND N	MENTAL HYGIENI REG. NO.	E			
1	1. DECEDENT'S NAME (First,	Middle, Last)							2. DATE OF DEATH	y)	YEAR 3.	. TIME OF DEATH	
	MICHAEL	C. 1	LEWIS						NOV 10	190	90	12:00 PM	
	4. SOCIAL SECURITY NUME	DER	5. SEX	6. AGE (In yrs. les	t birthday)	IF UNDER		IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	8.	8. BIRTHPLACE (State or For		
	217-44-3173		1 🕅 M 2 🗆 F	45	YRS.	MORTHS	DAYS	HOURS MIN.	OCT. 2,19	45 WA	ASHIN	NGTON.D.C.	
ŀ	9s. FACILITY NAME (If not in	stitution, give s	treet and number)			9b. CITY,	TOWN O	LOCATION OF DE	ATH	9c. COUNT	Y OF DEAT	TH	
DIRECTOR	14433 BRAD I	RTVE			ROCKVILLE			J.E		MONT	rgome	ERY	
입	10a. STATE	10b. COUNTY	r		10c. CITY, TOWN OR LOCATION						10	Od. INSIDE CITY	
듬	MARYLAND	MONTO	GOMERY			ROCKV	ILLE				1	YES 2 NO	
4	10%. STREET AND NUMBER						101.	ZIP CODE		10g. CITIZE	N OF WH	AT COUNTRY?	
ER	7 SHAGBARK COURT					20852					USA		
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 3 Widowed 4 Dive	NT EVER IN U.S. AF I YES 2 T MAR OR DATES	S 2 NO If yes, specify Cuban, Maxican			n, Puarto Rican, etc.)	or No- 14	4. RACE — Black, V Specify: WHIT					
	15. DECEDENT'S EDUCATION (Specify only highest grade completed)					B USUAL OC			16b. KIND OF BUS	SINESS/INDUS	STRY		
COMPLETED	Elementary/Secondary (I		College (1-4 or 5	1760	(Give kind of work done during most of working life. Do NOT use retired.)								
Ā			5	T	TEACHER			EDUCATION					
Š	17. FATHER'S NAME (First, M	fiddle, Last)	_					18. MOTHER'S NA	AME (First, Middle, Maiden Surname)				
BE	JAMES HARRY	LEWIS	5					HELENE	C. MCCART	Y			
	19a, INFORMANT'S NAME (Type/Print)		19	b. MAILIN	G ADDRESS	(Street ar	nd Number or Rural i	Route Number, City or Town	n, State, Zip C	ode)		
9	JAMES H. LE	EWIS		1	4433	BRAD	DRI	VE ROC	XVILLE. MA	RYLANI) 20	0853	
	26e, METHOD OF DISPOSIT 1	on 3 🗆 Ram	noval from State	other p	lace)	000111111111111111111111111111111111111		etery, cremetory or IATORY		CATION — CI		n, Stata VIRGINIA	
	21. SIGNATURE OF FUNERA	L SERVICE LI	CENSEE	1				D ADDRESS OF FA					
	> Mus	Cul-	26	clea					LLINS FUNE				
	23. PART I. Enter the d	liseeses or	complications the	at caused the d	eath. Do				N BLVD W			MD 20901	
			List only one ca			not enter			Λ.	y one	2.53	interval Between Onset and Death	
	IMMEDIATE CAUSE (Finel disease or condition resulting in death)								4 year				

Sequentially list conditions, if sny, lesding to immediate cause. Enter UNDERLYING CAUSE (Disesse or Injury that initiated events resulting in deeth) LAST

4 Homicide

PART II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part i.

DUE TO (OR AS A CONSEQUENCE OF)

DUE TO (OR AS A CONSEQUENCE OF)

1 - YES 2 - NO 25. WAS CASE REFERRED TO MEDICAL EXAMINER?

1 YES 2 NO 26. PLACE OF DEATH (Check only one) HOSPITAL:
1 | Inpatient 2 | ER/Outpatient 3 | DOA OTHER: 5 🗆 Residence 8 🗆 Other (Specify) 28a. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural М 1 YES 2 NO 2 Accident 28s. PLACE OF INJURY — At home, ferm, street, fectory, office building, atc. (Specify) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Sulcide 8 Could not be determined

1 DEFITIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and menner as stated.

296. SIGNATURE AND TITLE OF CERTIFIER WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

29c. LICENSE NUMBER

WASHINGTON, D.C.

29d. DATE SIGNED (Month, Day,

20009

24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?

24a. WAS AN AUTOPSY PERFORMED?

1 YES 2 NO

1759 QUE CACERES, M.D. STREET, N.W. A.

31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE

Julia Savidson Rando 80 16 9

DHMH-18 Rev 1/89

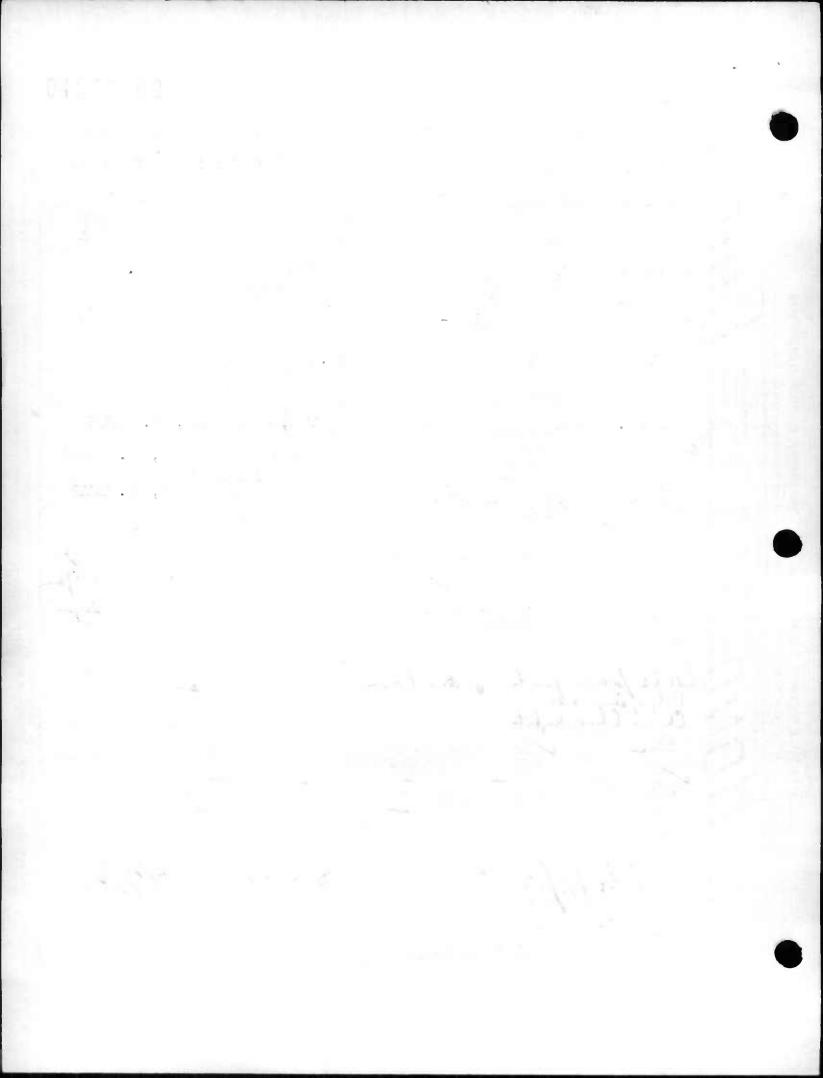
STATE	0F	MARYLAND /	DEPARTMENT	OF I	HEALTH	AND	MENTAL	HYGIE	NE
		C	ERTIFICATE	OF	DEAT	TH		REG. N	Ю.

	1 - STATE REGISTRAR	STATE OF MARY		TMENT OF H		MENTAL HYGIEN	-				
	1. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF DEATH		3. TIME OF DEATH			
0	Th	omas Olive:	r Mered	ith Sr.				3:58 AM			
	4. SOCIAL SECURITY NUMBER	5. SEX 8. AGE	(In yrs. lest birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	8.	BIRTHPLACE (State or Foreign Country)			
1	218-16-6172	1 M 2 D F	88 YRS.	MONTHS DAYS	HOURE MIN.			Calbot Co.Md.			
á	9s. FACILITY NAME (If not institution, give				R LOCATION OF DI		9c. COUNTY				
FUNERAL DIRECTOR	Meridian Nursi	ng Center-	Corsica	Centr	eville	Md.	01106	n Anne			
5	RESIDENCE OF DECEDENT 10a, STATE 10b, COUN	TY	Hillse	Y, TOWN OR LOCAT	ION			10d. INSIDE CITY			
E	Maryland	Talbot		ye Mill				LIMITS?			
7	10e. STREET AND NUMBER	Tarbot	VV		. ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?			
P.	P.O.Box 97			2	1679		tt c	. A.			
S	11. MARITAL STATUS	12. WAS DECEDENT EVER	IN U.S. ARMED	13. WAS DEC	ENDENT OF HISPAI	NIC ORIGIN? (Specify Ye		RACE - American Indian.			
F	1 Never Married 2 Married	FORCES? 1 YES			2 NO Specif	in, Puarto Rican, etc.) y:	1	Black, White, etc. Specify:			
ВУ	3 Widowed 4 Divorced				A			White			
TEL	15. DECEDENT'S ED (Specify only highest grad		16s. DECEDENT'S (Give kind of	USUAL OCCUPATION work done during mo se retired.)	ON st of working	18b. KIND OF BU	SINESS/INOUS	TRY			
Ë	Elamentary/Secondary (0-12)	College (1-4 or 5+)		•							
COMPLETED	6 th grade 17. FATHER'S NAME (First, Middle, Last)		Farmer	r & She		ME (First, Middle, Maider		Civil Sor.			
ö	Thomas E. Mere	dith			Commission of the						
BE	19s. INFORMANT'S NAME (Type/Print)	ur tii	19b. MAILING	ADDRESS (Street 1		Le Morris Aoute Number, City or Tox		de)			
5	Mary Rosalie M	eredith				Mills,Md.					
	20s. METHOD OF DISPOSITION	20	b. PLACE OF DISPO					y or Town, Stats			
	1 Donation 5 Other (Specify)	moval from State	other place) St. Peter	s Cath	olic Ch	nurch Cen	o. Oue	enstown Md.			
4 Donation 5 Other (Specify) St. Peters Catholic Church Cem. Queenstown 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY											
- 33	> /homas k	Il elle	1.	106	Shamro	ck Rd.Che	ester	Md.21619			
	23. PART I. Enter the diseases, Dr	complications that cause	ed the death. Do	not enter the mo	de of dying, suc	th_as cerdled or resp	olretory errest	t. Approximate			
	shock, or heart feliure	. List only one couse on	eech line.	2 0 0			order, pare	interval Between Onset and Death			
	iMMEDIATE CAUSE (Finel disesse or condition		6	1,50	VA			5 400 +			
	resulting in death) Oue TO (OR AS A CONSEQUENCE OF):										
Z		. b UC	bd.	Unec	vien			290			
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS	CONSEQUENCE O	P: ()	1///			50 m			
2	ceuse. Enter UNDERLYING CAUSE (Disease or injury	C	A CONSEQUENCE O	5 //	Julia			27			
	thet initiated events resulting in deeth) LAST	DOE TO (OR AS	A CONSEQUENCE O	T):				j			
E		d									
	PART ii. Other significant condition	ons contributing to death	but not resulting	in the underlyin	g ceuse given in		N AUTOPSY RMED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO			
DIC.						1 YES	2 NO	COMPLETION OF CAUSE DF DEATH?			
MEI							/~	1 - YES 2 - NO			
PHYSICIAN: MEDICAL											
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. PI	ACE OF OEATH (C)	neck only one)		-			
YSI	1 TYES 2 NO	1 - inpatient 2 - ER/Ou	· ·	4 X Nursing Hon		8 Other (Specify)					
	27. MANNER OF DEATH 1 1 Natural 8 Pending	28s. DATE OF INJURY (Month, Day, Year)		JURY WO	RK?	28d. OEŞCRIBE HOW	INJURY OCCUI	REO			
ВУ	2 Accident Investigation	28e. PLACE OF INJUR	W 44 harry 4		YES 2 NO	28f, LOCATION (Street		D			
8	3 Suicide 8 Could not b 4 Homicide detarmined	building, etc. (Sp	ecify)	atreet, isctory, ornic	•	City or Town, State		rural Pioute Number,			
ET	29s, CERTIFIER										
COMPLETED	(Check only	SICIAN: To the best of my kno NER: On the besis of examinati									
00			ion and/or investigati	on, in my opinion, c							
BE	296. SIGNATURE AND TITLE OF CERTIF	R A	()	h/	29c, LICENSE NU D123	1	29d. DATE S	IGNED (Month, Day, Year)			
TO	30. NAME AND ADDRESS OF PERSON V	WHO COMPLETED CAUSE OF	EATH (ITEM OF CI	Die	WILD	73	" //	17/10			
					Cont	morrill.	M A	1617			
	Dr. John R.	32 REGISTRAD'S SIG	110 E	roadwa	, cent	reville	Ma 2	1617			
	NOV - 8 '90	Lulia Non	idson-Rand	22							

e

DIVISION OF VITAL RECORDS, P.O. BOX 13146, TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within the safter death. Page 6 may be retained by TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notitifed a
--

	1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM			ENTAL HYGIEN		0 33219					
1	1. DECEDENT'S NAME (First, Middle, Last JAMES		MANGIN	0		2. DATE OF DEATH	ř2 9°	3. TIME OF DEATH 5:00 a M					
	4. SOCIAL SECURITY NUMBER 081-32-7661 98. FACILITY NAME (If not institution, give	1 💢 M 2 🗆 F	52 YRS.	F UNDER 1 YEAR ONTHS DAYS	HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 05/03/193	38	BIRTHPLACE (State or Foreign Country) NEW JERSEY					
TOR	GREATER BALTIMO			TOWSO	N LOCATION OF DEA	тн	9c. COUNTY OF DEATH BALTIMORE						
DIRECTOR	10e. STATE 10b. COUN		10c. CITY, T	STMINST			10d. JNSI LIMI 1 YEs						
FUNERAL	100. STREET AND NUMBER 281 WINTERBERRY	LANE		101.	21157		10g. CITIZEN OF WHAT						
BY FUN	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER I FORCES? 1 X YES IF YES, GIVE WAR OR D		If yes, spe	NDENT OF HISPANIC city Cuben, Mexican, 2 NO Specify:	ORIGIN? (Specify Yes Puerto Rican, etc.)	or No- 14.	RACE — American Indian, Black, White, etc. Specify: WHITE					
once. COMPLETED	15. DECEDENT'S EI (Specify only highest gra Elementary/Secondary (0-12)	DUCATION	18e. DECEDENT'S US (Give kind of work life. Do NOT use n	k done durina mos	t of working	16b. KIND OF BUSINESS/INDUSTRY INSURANCE							
at once.	17. FATHER'S NAME (First, Middle, Lest)	JOHN MANGIN	E (First, Middle, Malden ROSE CA		16								
TO BE COM	190. INFORMANT'S NAME (Type/Print) DENISE M. MANG:	INO	WESTMINSTER, MD. 21157										
must be	20a. METHOD OF DISPOSITION 1 M Burlel 2 Cremetion 3 Removal from State 4 Donellon 5 Other (Specify) 20b. PLACE OF DISPOSITION (Name of cometery, cremetory or EVERGREEN MEMORIAL GARDENS FINKSBURG, MI												
examiner	21. SIGNATURE OF FUNERAL SERVICE	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY DESKHARDT FUNERAL CHAPEL OWINGS MILLS, MD. 21117 23. PART I. Enter the diseases, or complications that gaused the death. Do not enter the mode of dying, such as cerdisc or respiratory street, Approximate											
Injury, or other traumatic event, the medical examiner must	23. PART I. Enter the diseases, or complications that gauss of the deeth. Do not enter the mode of dying, such as cerdisc or respiratory strest, shock, or heart feliure. List only one cause on each line. IMMEDIATE CAUSE (Finel disease or condition resulting in death) a. CARDIO-PULMONARY ARREST DUE TO (OR'AS A CONSEQUENCE OF): END STAGE RENAL DISEASE DUE TO (OR AS A CONSEQUENCE OF): DIABETES MELLITUS DUE TO (OR AS A CONSEQUENCE OF): DIABETES MELLITUS DUE TO (OR AS A CONSEQUENCE OF):												
AN: MEDICAL C	PART II. Other significant condition Cillulate. I precurse Paly by them Cherry China	one contributing to deeth	ceuse given in P	art I. 24s, WAS AN PERFOI	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO								
Si Cl	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:		THER:	ACE OF DEATH (Chec								
marked, or BY PHY	27. MANNER OF DEATH 1 Natural 5 Pending Investigation	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME (RY WOI	IRY AT RK? ES 2 -HO	28d. DESCRIBE HOW	NJURY OCCUR	RED					
28 IS	2 Accident Investigation 3 Suicide 8 Could not b 4 Homicide determined	28e, PLACE OF INJUR	Y — At home, farm, stre	et, factory, office		281. LOCATION (Street City or Town, State	end Number or	Rural Route Number,					
ANT: If item 2	dan)	PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) end manner ee stated. AMINER: On the basic of examination and/or investigation, in my opinion, death occured at the time, date end place, end due to the cause(e) end manner ee at											
BE	250. SIGNATURE AND HILE OF ESTIMA	DER 2 1 2		19 Per Por									
10	30. NAME AND ADDRESS OF PERSON ROBERT LEVY. M	1	EATH (ITEM 27) (Type, Pi	rint)				//-					
	31. DATE FILED (Month, Dey, Year)	32. REGISTRAR'S SIG	NATURE 100 100 100 100 100 100 100 100 100 10										



		1 - STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTMENT OF CERTIFICATE OF		MENTAL HYGIEI REG. NO		0 000
		1. DECEOENT'S NAME (First, Middle, Last,	M. Ma	hon		2. DATE OF DEATH MONTH		3. TIME OF DEATH
ATT.		4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (In	yrs. lest birthday) IF UNDER 1 YEAR		7. DATE OF BIRTH (Month, Day, Year)	6.	BIRTHPLACE (State or Foreign Country)
(P		3/2-10-7382 9a, FACILITY NAME (If not institution, give		YRS. MONTHS DAYS	HOURS MIN.	9-30-	- 11	altimore, Md
25.	ECTOR	SUKesville	Eldercare	Conter 7309	Second	are,	Car	A 2
20es 1	100	RESIDENCE OF DECEDENT 10a. STATE 10b. COUN	TY 1.1	10c. CITY, TOWH OR LOC	CATION	,		10d. INSIDE CITY LIMITS?
permit. P	5	100. STREET AND HUMBER	Carroll	Eldens	DIA MAG		10g. CITIZEN	1 ☐ YES 2 ☑ NO OF WHAT COUNTRY?
ist.	FUNERAL	6700 Autur	no View Co	True	2178	4	V.	SA
46 physician. burtal-transit		11. MARITAL STATUS 1. Never Merried 2 Married	12. WAS DECEDENT EVER IN FORCES? 1 YES	2 (NO If yes,	ECENDENT OF HISPAT specify Cuban, Maxica ES 2 A NO Specify		na or No— 14.	RACE — American Indian, Black, White, alc, Specify:
21203-3146 ral or attending physician for use as the burial-trai	ED BY	3 Wildowed 4 Olvorced 15. DECEDENT'S ED	UCATION	16a. DECEDENT'S USUAL OCCUPA		16b. KIND OF BI	JSINESS/INDUST	WITH
2 8 5	COMPLETI	(Specify only highest grad Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind of work done during life. Do NOT use retired.)	most of working	IIIEC	Traffe	OFF
AND 2 the hospital detached fo	OMP.	17. FATHER'S NAME (First, Middle, Last)		CHECK	18. MOTHER'S NA	AME (First, Middle, Maide	n Surname)	
4 2 2	· · ·	George, F	. mech		1	ta LL	LTZ	
MARY retained to 5 should	TO BE	19a. INFORMANT'S NAME (Type/Print)		19b. MAILINO ADDRESS (Street				
4 5	De no	JEAN NORT	RUP	6/00 AUTU	HN VIEW	CT. Syle	SVILLE,	MP. 21784
	must	208. METHOD OF DISPOSITION 1 Burlel 2 Cremetion 3 Re		PLACE OF DISPOSITION (Name of other place)	cemetery, crematory or EMETER	∠ 1 20c. L	OCATION - CHY	or Town, Stata WOLE
Page 6 m il director,		4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE I	ICENSEE	L L J I L K I	AND ADDRESS OF FA	ICILITY S	DHOIT	517911
ALT death, funera	examiner	> 1/200 TI)	The It	Horas	IT FILLOW	thus R	195	Cherry un
at at	medical	23. PART I. Enter the diseases, or	r complications that caused	the death. Do not antar tha r	mode of dying, aud	ch as cardiec or rea	piratory arrest	Approximate
24 hours filled in t		ahock, or heart failure IMMEDIATE CAUSE (Finel	. List only one cause on as	ch line.				Intarval Between Onset and Daath
thin 24 etely fil	nt, the	disease or condition resulting in death)	· Chrone	e Obstru	whie ,	Pulnonce	cy D.	race months
13146, recuted with and completed burial, cre	event,		DUE TO (OR AS A	CONSEQUENCE OF):	andión	O. O	Dalos	and months
9 6 5	traumatic ATION	Sequantielly list conditions, if any, leading to immediate	DUE TO (OR AS A	CONSEQUENCE OF):	ara oyaj	cuca-	D.060	rec Monare
BOX icate be ohysicia	CA Ta	cause, Enter UNDERLYING CAUSE (Disease or injury	с					
Certific dfing p	or other traumatic	that initiated events resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE OF):				
death e atten	≥ O	DART II Oaker skeptileren er Hill	d		NEO CONTRA DE MANTE CO			
ADS and the by the	> (5	PART II. Other aignificant condition	ona contributing to death bu	it not resulting in the underly	ring cause given in	PERF	N AUTOPSY ORMED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE
AL RECORI ne law requires that has been signed b	hows any MEDIC					1 _ YES	2 (J/NO	OF DEATH?
W requ								
ITAL N: The law ficate has	r Item 23 shows an SICIAN: MEDIO	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	26. ОТН€Я:	PLACE OF DEATH (C)	heck only one)		
SICIAN: The State the State	5 ×	1 TYES 2 NO 27. MANNER OF DEATH	1 Inpatient 2 ER/Outpa	tient 3 DOA 4 Nursing H	lome 5 Residence	6 Other (Specify) 28d. DESCRIBE HOW	IN IURY OCCUR	es n
D 5 5	9 G	1 Natural 5 Pending	(Month, Day, Year)	INJURY	WORK?	280. DESCRIBE NOW	INJUNT OCCUP	EU
O FF sign		2 Accident investigation		— At home, farm, street, factory, or	ffice	281. LOCATION (Street	t and Number or	Rural Route Number,
	99 0	3 Suicide 6 Could not b	building, etc. (Speci	fv)		City or Town, Sta		
	8	n 🗆 Bulatés —	building, etc. (Speci	(v)		City or Town, Star		
IVISION OR ATTENDING ONE affect death	em 28 ls LETED	3 Suicide 6 Could not be determined 29e. CERTIFIER (Check only 1 CERTIFYING PH)	building, etc. (Speci	edge, death occurred at the time, d	lete and place, and du	e to the cause(a) and m	anner as stated.	
IVISION OR ATTENDING ONE affect death	em 28 ls LETED	3 Suicide 4 Homicide 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMI	building, etc. (Speci /SICIAN: To the best of my knowk NER: On the basis of axamination		late and piece, and due	e to the cause(a) and me time, date and placa,	anner as stated.	- <u> </u>
IVISION OR ATTENDING ONE affect death	em 28 ls LETED	3 Suicide 6 Could not be determined 29e. CERTIFIER (Check only 1 CERTIFYING PH)	building, etc. (Speci /SICIAN: To the best of my knowk NER: On the basis of axamination	edge, death occurred at the time, d	lata and place, and du n, death occured at the 29c. LICENSE NU	e to the cause(s) and me time, date and placa,	anner as stated.	ause(a) and manner se stated.
	em 28 ls LETED	3 Suicide 4 Homicide 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMI	SICIAN: To the best of my knowle NER: On the basis of axamination	edge, death occurred at the time, d and/or investigation, in my opinion	late and piece, and due	e to the cause(s) and me time, date and placa,	anner as stated.	- <u> </u>
IVISION OR ATTENDING ONE affect death	PORTANT: If Item 28 is BE COMPLETED	3 Suicide 4 Homicide 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMI 29b. SIGNATURE AND TITLE OF CERTIF	SICIAN: To the best of my knowle NER: On the basis of axamination	and/or investigation, in my opinior If (ITEM 27) (Type, Print)	lata and place, and du n, death occured at the 29c. LICENSE NU	e to the cause(s) and me time, date and placa,	anner as stated.	- <u> </u>

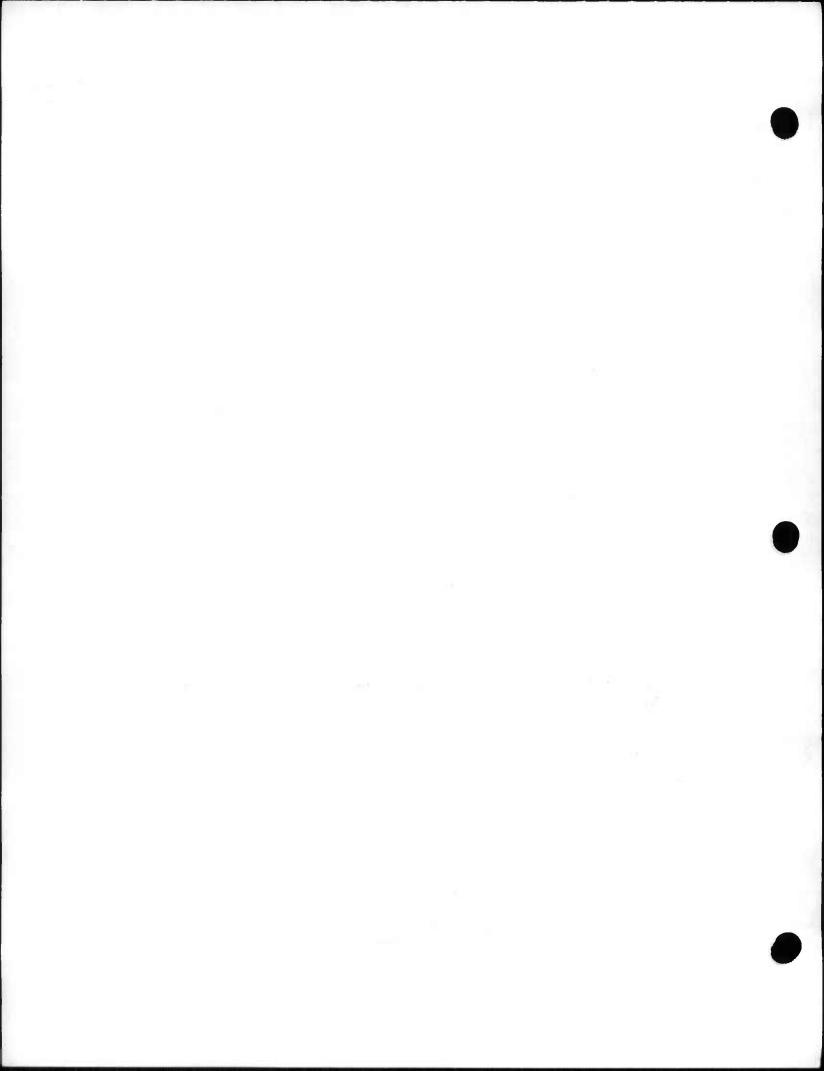
A was the second of the second

•			217-07-2873
22	4		9a. FACILITY NAME (If not institution,
200	- Species	DIRECTOR	Rt 2 Box 118
	8	8	Maryland 106. CO
	ž.		Maryland 5
	贵	RA	
	trans	W	Rt 2 Box 118
46	physician burial-tra	티	1 Naver Married 2 Married
6	ding s the	9	₩Widowed 4 Divorced
203	use a	TED	15. DECEDENT'S (Specify only highest
212	spital or ed for	TO BE COMPLETED BY FUNERAL	Elementary/Secondary (0-12)
N.	etach	O	17. FATHER'S NAME (First, Middle, Las
7	by the	EC	John Green
AR	shouk	0 8	19a. INFORMANT'S NAME (Type/Print)
Σ	De re ge 5 e no	=	Alive V. Out
BALTIMORE, MARYLAND 21203-3146	HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2xmotas after death. Page 6 may be retained by the hospital or attending physician FINERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burtal-trainting to burtal-trains after death with the State Dept. of Health and Mental Hygiene prior to burtal, cremation, or removal. TANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be netified at once.		20e. METHOO OF DISPOSITION Weight 2 Cremation 3 4 Donation 5 Other (Specify)
Ž	Page al dire		21. SIGNATURE OF FUNERAL SERVICE
3ALT	r death. The funeral.		> ffmin +
10.7	s after the tremover		23. PART√. Enter the diseases shock, or heart fall
	illed illed in or		IMMEDIATE CAUSE (Finel
	thin 2 rtely f matlo it, th		disease or condition reaulting in death)
46,	omple al, cre		
<u>. E</u>	and c buris	O	Sequentially list conditions,
ŏ	sician rior tr	Ä	if eny, leeding to immediate cause. Enter UNDERLYING
Ö	tificati p physical ene p	표	CAUSE (Diseese or injury that initiated evente
VITAL RECORDS, P.O. BOX 13146,	CIAN: The law requires that the death certificate be executed within 2x-recus after enfilted has been signed by the attending physician and completely filled in by the the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal or Nem 23 shows any injury, or other traumatic event, the medical is	PHYSICIAN: MEDICAL CERTIFICATION	resulting in deeth) LAST
Ś	the at Ment	0	PART II. Other aignificent cond
8	that the by he and he and he	S	Congest
8	sign Sign Healt		Aortic
2	w req been or. of	=	
AL	e has te De	NA I	25. WAS CASE REFERRED TO MEDIC EXAMINER?
N	or ite	Sic	1 TYES 2 NO
	HYSIC ils cer ith th	H	27. MANNER OF BEATH
Z	NG Pr fter th sath w	B	Netural 5 Pending Accident Investige
DIVISION OF	TO THE HOSPITAL OR ATTENDING PHYSIN TO THE FUNERAL DIRECTOR: After this cobe filed within 72 hours after death with 1 IMPORTANT: If item 28 is marked,	BE COMPLETED BY	3 Suicida 8 Could no 4 Homicide determin
>	DIREC Hours	LE	29e. CERTIFIER 1 CERTIFYING
- Sept	ERAL In 72	JMC	(Check only one) 2 MEDICAL EX
	FUN WITH	ö	296. WGNATUPE AND TITLE OF CEN
	TO THE HOSPITAL TO THE FUNERAL be filed within 72 I	98	12,00
	FFDS	2	30. NAME AND ADDRESS OF PERSON

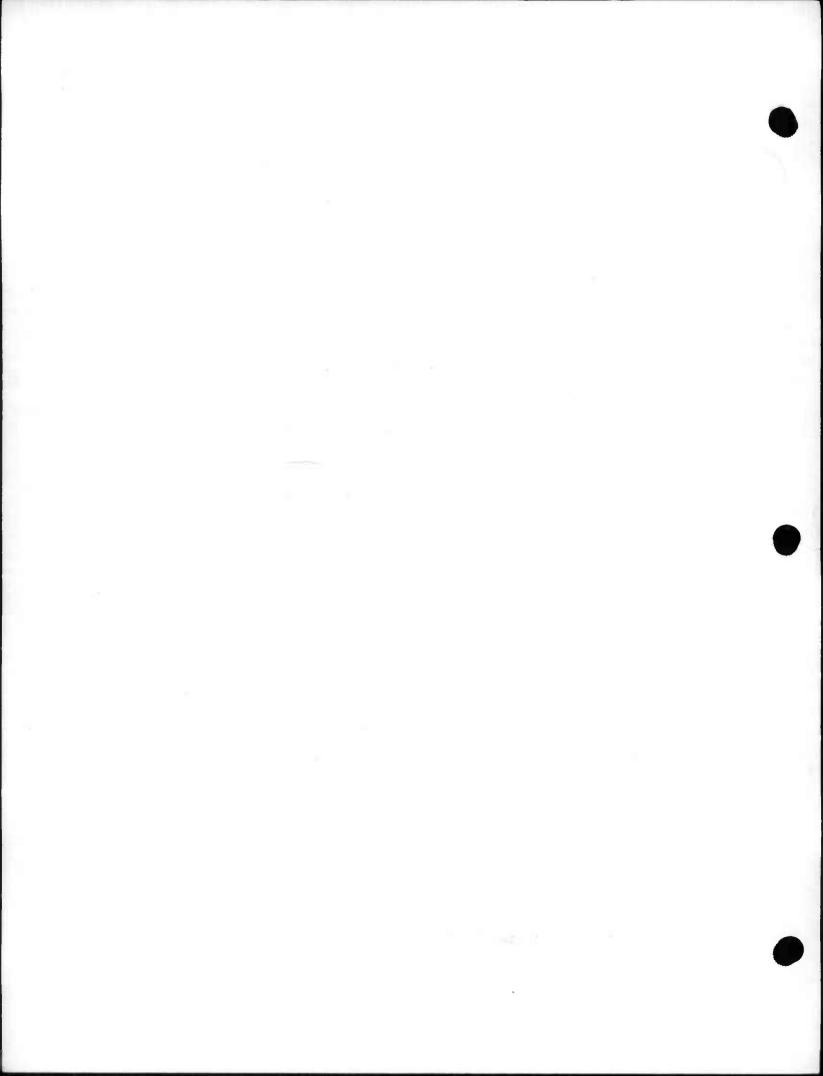
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	1 - FOR STATE OF N				OF DEA		NTAL HYGIENE REG. NO.		90	33221	
	1. DECEDENT'S NAME (First, Middle, Last)				0. 22/		. DATE OF DEATH		3. Т	IME OF DEATH	
-:	Alverda Green	McCarte	r				November		1990	6.29 DM	
	4. SOCIAL SECURITY NUMBER 5. SEX	6. AGE (In yrs. last		IF UNDER 1	EAR IF UNDE		DATE OF BIRTH		8. BIRTHPLAC	CE (State or Foreign	
	217-07-2873 1 D M 2XXF	87	YRS.	MONTHS (HOURS	MIN.	(Month, Day, Year) Oct 8,19	003	Mars	basi	
	9a. FACILITY NAME (If not institution, give street and number)		_	9b. CITY, T	OWN OR LOCAT				TY OF DEATH		
DIRECTOR	Rt 2 Box 118 B			Tra	ppe			Та	albot		
E	10a. STATE 10b. COUNTY		10c. CIT	Y, TOWN OR	LOCATION				10d	. INSIDE CITY	
E	Maryland Talbot		Tr	appe						LIMITS? YES 2 X X NO	
	10e, STREET AND NUMBER			0110	101, ZIP COE	DE .		10a, CITIZ	EN OF WHAT		
RA	Rt 2 Box 118 B				2167	7.2			US	1000	
FUNERAL		T EVER IN U.S. ARM	IED	13. W			ORIGIN? (Specify Yea	or No—		merican Indian.	
BY FL	1 Naver Married 2 Merried FORCES? 1 Wildowed 4 Divorced FYES, GIVE W	YES 2 NO	If yes, specify Cuban, Mexican, Puerto Rican, etc.) Black, White,							White	
	15. DECEDENT'S EDUCATION	16a DEC	EDENT'S	USUAL OCC	IPATION		16b, KIND OF BUS	INESS/INOL	ISTRY		
	(Specify only highest grade completed)	(GIV	e kind of Do NOT u	work done dui se retired.)	ing most of work	ing	1000 1000				
7	Elementary/Secondary (0-12) College (1-4 or 5 +		Hom	emak	or.						
COMPLETED	17. FATHER'S NAME (First, Middle, Last)		11011	Cilian		THER'S NAME	(First, Middle, Maiden 5	Sumame)			
Ö	John Green						a Horner				
BE	19s. INFORMANT'S NAME (Type/Print)	19h	MAILING	ADDRESS (Street and Number		ite Number, City or Town		Code		
2	Alive V. Outten						ppe, Md.				
	20a. METHOO OF DISPOSITION				of cemetery, cre				City or Town, S	State	
	Burial 2 Cremation 3 Removal from State	other plea	100								
	A Donation 5 Other (Specify) Dorchester Memorial Park Cambridge, 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Thomas Funeral										
	110 0										
	your ferrer			/	OO FOO	cust	St. Camp	riag	je, M	d. 21613	
	23. PARTy. Enter the diseases, or complications the shock, or heart failure. Liet only one ceu		th. Do	not enter the	e mode of d	ying, euch	ee cerdiec or reepir	atory arre	est,	Approximate Interval Between	
			1-							Onset and Death	
	resulting in death) a. Yespiratory Taclute.										
	DUE TO (OR AS A CONSEQUENCE OF):										
Z	IMMEDIATE CAUSE (Finel disease or condition resulting in death) a. YESDI Y atory to Lute. Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of):										
CERTIFICATION	If eny, leeding to immediate	(OR AS A CONSEQ	UENCE C	HF):							
3	CAUSE (Disease or Injury	(00.40.4.00)									
E	thet initiated evente	(OR AS A CONSEC	DENCE C	N-):					i		
E I	d										
	PART ii. Other aignificent conditione contributing to	death but not re	euting	in the und	erlying cause	given in Pa	art I. 24a. WAS AN			RE AUTOPSY FINDINGS	
5	Congestive te	pert -	a	Jul	2.		PERFOR	. 1	CO	ILABLE PRIOR TO IPLETION OF CAUSE	
8	Aprilia Strong	20	-				1 YES 2	XIII		DEATH? YES 2 NO	
Σ	HOTHL SILIE.	310					-		''-	1ES 2 NO	
PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL				26. PLACE OF	DEATH (Chec	k naty one)				
2	EXAMINER? HOSPITAL:	T ED 10 0.1		OTHER:	. /	1					
¥	27. MANNER OF DEATH 28s. DATE OF	ER/Outpatient 3	28b. TII	4 Nursir	g Homa 8c. INJURY AT	4	Other (Specify)	I III DV OCC	TIRED		
	Netural 5 Pending (Month, D			JURY	WORK?	- 11	.ou. Degombe now i		-		
BY	Accident Investigation	F INJURY — At hor	na farm	etmat lasto			281, LOCATION (Street a	ard Alumbar	or Overal Doub	Alismbar	
	3 Suicida 8 Could not be building,	alc. (Specify)		atteet, lactor	y, ornea		City or Town, State)	no nomber	or note note	, cournous,	
COMPLETED								_			
A I	(Check only										
0	MEDICAL EXAMINER: On the basis of a	xamination and/or in	westigati	on, in my opi	nion, death occ	ured at the ti	me, date and place, and	d due to the	a cause(a) and	d manner as stated.	
29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, You								nth, Day, Year)			
TO B	Tall I XI	w	1	2		9711	254	•	11.1	4.40	
F	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CALL	OF DEATH (STEN	zn (iyp	e, Print)		_	- 1/	P		110 0	
	A.K. WILKE M	V. 4	a	M	ARUL	7MI)	3VX	<u>.</u> U	SE.	4021617	
	31. DATE FILED (MONID, Day, Year) 32. REGISTAL	P'S SIGNATURE	70.	1.00					,		
	1400 CI 30 30	W HINT WOOD	- Var	In-Cores							

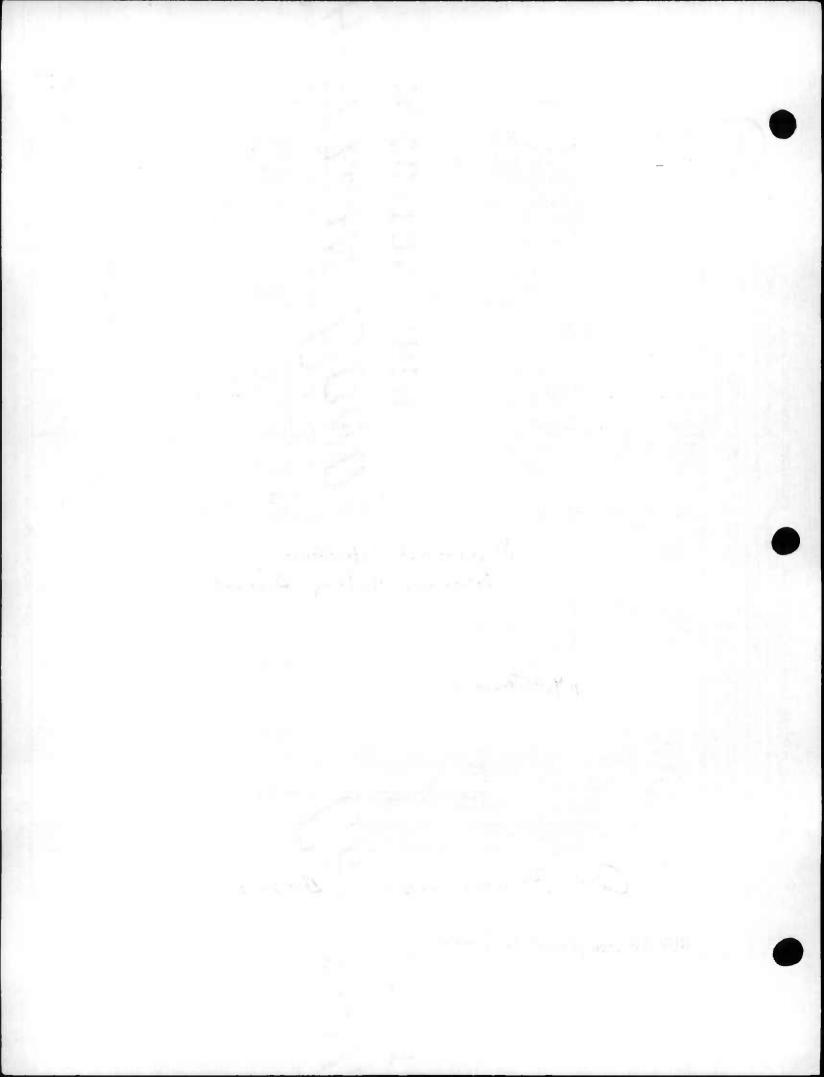
DHMH-18 Rav 1/89



	REGISTRAR		CE	RIFIC	AIE OF	DEATH	RI	EG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)						2. OATE OF D	DEATH DAY	YEAR	3. TIME OF OEATN	
- 1	Grace W.	Moulden					Nov.	14, 1		4:30 a M	
- 1	4. SOCIAL SECURITY NUMBER		GE (in yrs. lest		UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF B (Month, De)		8. BIRT	HPLACE (State or Foreign	
	213 68 7425	1 M 2 Tx F 8	4	YRS. MOI	THS DAYS	HOURS MIN.		3, 190		MD	
	9e. FACILITY NAME (If not institution, give	street end number)		9b	CITY, TOWN	OR LOCATION OF DE	ATH	9c.	COUNTY OF	DEATN	
=	Pleasant Living	Conv. Cente	r	_							
51	RESIDENCE OF DECEDENT	-		Edgewater AA							
DIME	10n. STATE 10b. COUN	ry			OWN OR LOCA	TION				10d. INSIDE CITY LIMITS?	
	MD	AA		Edge	ewater					1 TYES 2 NO	
4	10e. STREET AND NUMBER				10	. ZIP CODE		10g	. CITIZEN OF	WHAT COUNTRY?	
FUNEHAL	144 Washington					21037			USA		
ָּבָּן לְּ	11. MARITAL STATUS	12. WAS DECEDENT EVE FORCES? 1 1 Y	ER IN U.S. ARM	ED		ENDENT OF HISPAN ecify Cuban, Maxica					
À A	1 Never Married 2 Merried 3 Wildowed 4 Divorced	IF YES, GIVE WAR O				2 NO Specify		city:			
	15. DECEDENT'S ED	I	40- 850		IAL OCCUPATION	201	401 1/01	D OF BUSINES		white	
<u>"</u>	(Specify only highest grad	le completed)	(Gh)	e kind of work Do NOT use re	done during me	ast of working	100. KIN	D OF BUSINES	S/INDUSTRT		
ן כ	Elementary/Secondary (0-12)	College (1-4 or 5 +)									
COMPLEIED	17. FATHER'S NAME (First, Middle, Lest)		р	roprie	SCOT	18. MOTHER'S NA		retail		/= 2111 22 2	
		~~ **									
밁	Mordecai Armi	der	196	MAILING AO	OBESS /Street	Rosie		1Ch	to Zin Codel		
2	Ethel Parks									, MD 20779	
	20a. METHOD OF DISPOSITION					metery, crematory or	, IIac				
	1 Buriel 2 of Cremetion 3 Red	moval from State	other plac	00)	n Crem		20c. LOCATION — City or Town, State Alexandria, VA				
	21. SIGNATURE OF FUNERAL SERVICEL	CENSEE	7	POTTOG		ND ADDRESS OF FA	CILITY	HICK	andr 1a	, AU	
Rausch Funeral Home, Owings, MD 2073											
_	1011-111194	21 1148	-								
	23. PART I. Enter the disesses, or shock, or heart fellure	. List only one cause D		ith. Do not	enter the mo	ode of dying, suc	h as cardiac	or respirator	y arrest,	Approximate interval Between	
	IMMEDIATE CAUSE (Final	1	1	,	1	1				Onset and Death	
	disesse or condition resulting in desth)	s. Kesy U	noll	200	lin	er					
		DIVE TO (OR	AS A CONSEO	UENCE OF):	CE OF):					121-	
S	Sequentially list conditions,	b. DUE TO MR	AS A CONSEQU	LEWIS OFF	20	12 M					
CERTIFICATION	if sny, lesding to immediate cause. Enter UNDERLYING	12	ano	ti	of .					more	
5	CAUSE (Disease or Injury that Initiated events	CDUE TO (OR	AS A CONSEQ	UENCE OF):	20					1000	
	resulting in desth) LAST	-			70 fb					'	
<u> </u>		d									
CAL	PART II. Other significant condition	ons contributing to des	th but not re	suiting in t	he underlylr	g cause given in	Part I. 244	. WAS AN AUTO		b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO	
	- Trocke	red By	Acr	we	_		1 (YES 2	0	COMPLETION DF CAUSE OF DEATH?	
ME			U							1 - YES 21-NO	
Z											
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		10		LACE OF DEATH (Ch	neck only one)				
	1 TES 2 TAND	1 Inputient 2 ER/	Outpatient 3		THEB!	ne 5 🗆 Rasidence	8 Other (Sp	ecffy)			
F	27. MANNER OF DEATH	28a. DATE OF INJU (Month, Day, Ye		28b. TIME O	F 28c. IN	JURY AT ORK?	28d. OESCRI	BE NOW INJUR	Y OCCURED		
BY	1 Natural 5 Pending 2 Accident Investigation				M 1 🗆	YES 2 NO					
	3 Suicide 8 Could not b	28e. PLACE OF IN- building, etc.		ne, farm, stre	et, tactory, offi	Cm .	26t, LOCATIO City or To	N (Street and N wn, State)	umber or Rura	l Route Number,	
E	4 Homicide determined						<u> </u>				
2	29a. CERTIFIER 1 CERTIFYING PHY	SICIAN: To the best of my I	knowledge, des	ith occurred a	it the time, dat	a and place, end due	to the cause(a) and manner	nn stated.		
COMPL	one) —	NER: On the besia of axemi	nation and/or in	nvestigation, i	n my opinion,	death occured at the	time, data and	place, and du	to the couse	e(e) and menner as stated.	
	29b. SIGNATURE AND TITLE OF	iefs /				29c. LICENSE NU	MBER	290	I. DATE SIGNE	D (Morlin, Day, Yogr)	
BE	1 - m. 116	loue of	0			17180	129		141	VD0 90	
2	30. NAME AND ADDRESS OF PERSON	HO COMPLETED CAUSE O	F DEATN (ITEM	1 27) (Type, Pri	int)		-				
	l	9									
	31. NOVE 1 97. 1990 A	Cha Sudiasine	and wife								
	MON TO 1220 9										



	1. DECEDENT'S NAME (First, Middle, Last	1					2. DATE OF	DEATH	YEA		н
1		CKEEL					11	18	90	12:14	N
1	4. SOCIAL SECURITY NUMBER 244-09-0728	1 □ M 2 反 F	8. AGE (In yrs. Is	YRS.	F UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF (Month, L	30 1	9 N°.		
ECTOR	98. FACILITY NAME (If not institution, give 409 M STREET RESIDENCE OF DECEDENT				, , , ,	JEN BURI		9	ANNI	E ARUNDE	L
DIR		NNE ARUN	IDEL	10c. CITY,		BURNIE				10d. INSIDE CITY LIMITS? 1 YES 2	
NERAL	100. STREET AND NUMBER 409 M STREE					1. ZIP CODE 21060			U.	S.A.	
BY FUNE	11. MARITAL STATUS 1 Never Merried 2 Married 3 Widowed 4 Divorced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE W	YES 2 2	BMED	If yes, sp	CENOENT OF HISPA becify Cuben, Mexico 3 2 X NO Specif	n, Puerto Ric	(Specify Yes or an, etc.)		RACE — American India Black, White, etc. Specify: WHITE	n,
COMPLETED	16. DECEDENT'S ED (Specify only highest grad Elementary/Secondary (0-12)	Cotlege (1-4 or 8 +	·)	Give kind of wo e. Do NOT use		ON OST OF WORKING LANAGER		OD MA		TURING	
BE CON	17. FATHER'S NAME (First, Middle, Lest) JULIAN P. STAI	NLEY				18. MOTHER'S NA ALICE					
TO 8	198. INFORMANT'S NAME (Type/Print) CHARLES S. HI					and Number or Rural) MD. 2106	1
	20s. METHOD OF DISPOSITION 1. Burlel 2 Cremation 3 Ra 4 Donation 8 (Other Specify)	0	20b. PLACE other I	of disposition of the dispositio	FION (Name of ca EN MEM	metery, cremetory or IORIAL I	PARK			NIE, MD.	
	21. SIGNATURE OF FUNERAL SERVICE I	ICENSED C	refor	un	RAYM	ND ADDRESS OF FA IOND C. CRAIN F	FINK	FUNE W. GL	RAL I	HOME 210	51
CERTIFICATION	23. PART I. Enter the diseases or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arresponds to the shock, or heart feliure. List only one cause on each line. IMMEDIATE CAUSE (Fined disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): CAUSE (Disease or injury that initiated events resulting in death) LAST									Interval B	
MEDICAL	PART II. Other algnificant condition	Textens		resulting in	the underlying	ng cause given in		4e. WAS AN AU PERFORME I YES 2X	D?	24b. WERE AUTOPSY FI AMALABLE PRIOR COMPLETION OF CO OF DEATH? 1 YES 2 1	AUSE
				28. PLACE OF DEATH (Check only one)							
ICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHER:						
Y PHYSICIAN:	EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 8 Pending	1 Inpatient 2 28a. DATE OF (Month, D	INJURY	3 DOA	OTHER: 4 Nursing Hot OF 28c. IN RY W	PLACE OF DEATH (CI	6 🗆 Other (Specify)	URY OCCURE	D	
ED BY	EXAMINER? 1 YES 2 XNO 27. MANNER OF DEATH	1 □ Inpatient 2 □ 28a. DATE OF (Month, D) 28a. PLACE O	INJURY	28b. TIME	OTHER: 1 Nursing Hor OF 28c. IN NY 1	JURY AT ORK? YES 2 NO	6 Other (RIBE HOW INJ		D ural Route Number,	
LETED BY	EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 12 Netural 8 Pending Investigation 3 Suicide 8 Could not b	28a. DATE OF (Month, D 28a. PLACE Of building.	INJURY ay, Year) PF INJURY — At 1 etc. (Specify) my knowledge, 4	3 DOA 28b. TIME INJU	OTHER: 4 Nursing Hot OF 28c. IN RY M 1 reet, factory, offi-	me 5 KResidence JURY AT ORK? YES 2 NO Ce	6 Other (28d, DESC 28f, LOCAT City or	RIBE HOW INJU TON (Street and Town, State)	Number or Re	ural Route Number,	ated.
BE COMPLETED BY	EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 12 Netural 8 Pending Investigation 2 Accident Could not be determined 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINED 29b. SIGNATURE AND TALE OF CERTIFIER 29b. SIGNATURE OF CERTIFIER 29b. SIGNATURE OF CERTIFIER 29b. SIGNATURE OF CERTIFIER 29b. SIGNATURE OF CERTIFIER 29b. SIGNATURE OF CERTIFIER 29b. SIGNATURE OF CERTIFIER 29b. SIGNATURE OF CERTIFIER 29b. SIGNATURE OF CERTIFIER 29b. SIGNATURE OF CERTIFIER 29b. SIGNATURE OF CERTIFIER 29b. SIGNATURE OF CERTIFIER 29b. SIGNATURE OF CERTIFIER 29b. SIGNATURE OF CERTIFIER 29b. SIGNATURE OF CERTIFIER 29b. SIGNATURE OF CERTIFIER 29b. SIGNATURE OF CERTIFIER 29b. SIGNATURE OF CERTIFIER 29b. SIGNATURE OF CERTIFIER 29b. SIGNATURE OF CERTIFIER 20b. SIGNATURE OF CERTIFIER 20b. SIGNATURE OF CERTIFIER 20b. SIGNATURE OF CERTIFIER 20b. SIGNATURE OF CERTIFIER 20b. SIGNATURE OF CERTIFIER 20b. SIGNATURE OF CERTIFIER 20b. SIGNATURE OF CERTIFIER 20b. SIGNATURE OF CERTIFIER 20b. SIGNATURE OF CERTIFIER 20b. SIGNATURE OF CERTIFIER 20b. SIGNATURE OF CERTIFIER 20b. SIGNATURE OF	28a. DATE OF (Month, D building, SICIAN: To the basie of a	injury ley, Year) Finjury — At 1 etc. (Specify) my knowledge, examination and/o	29b. TIME INJU	OTHER: 6 Nursing Hol OF 28c. in W 1 reet, factory, offi I at the time, det , in my opinion,	me 5 KResidence JURY AT ORK? YES 2 NO Ce	8 Other (28d, DESC 28f, LOCAT City or time, date a	TON (Street and Town, State) (e) and manner and place, and c	Number or River as stated, due to the can	ural Route Number,	sted.
COMPLETED BY	EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 12. Netural 8 Pending Investigation 2 Accident 8 Could not be determined 29s. CERTIFIER (Check only one) 2 MEDICAL EXAMINE 29b. SIGNATURE AND DICE OF CERTIFIER 30. NAME AND ADDRESS OF PERSON V JONATHAN P. FO	28a. DATE OF (Month, D building, SICIAN: To the basie of a	INJURY At 1 etc. (Specify) my knowledge, a mainstion and/o	29b. TIME INJU	OTHER: 6 Nursing Hol OF 28c. In W 1 I	The State of the S	281. LOCAT City or to the cause time, date a	TON (Street and Rown, State)	Number or River as stated. Sue to the case 9d. DATE SIG	ural Route Number, use(s) and manner as s INED (Month, Day, Year)	isted.



tika.		FOR STATE REGISTRAR	STATE OF M			MENT OF H	REALTH AND	MENTA	L HYGIEN	91	0 3	33224
	7	DECEDENT'S NAME (First, Middle, Lest)	D.	McCor.	KLE			MONT			3. 1 190	TIME OF DEATH
blu	ש	3. SOCIAL SECURITY NUMBER 3. 79 - 52 - 8571 4. FACILITY NAME (ti not institution, give st	5. SEX 1 M 2 F	6. AGE (In yrs. les	YRS.	MONTHS DAYS	HOURS MIN.	P.BRI	OF BIRTH h, Day, Year) VHRY 24	0.7	i∈N.	CE (State or Foreign
1, 2, 3 should	RECTOR	GINGER COVE	HEALTH	CENTE	- 1	ANNAP		EAITI	·	ANNE	Λ	UNDEL
t. Pages	DIRE	Maryland Ann	ne Arun	del	10c. CITY,	Annapa						I. INSIDE CITY LIMITS? YES 2 🔀 NO
physician. burial-transit permit. Pages	FUNERAL	100. STREET AND NUMBER 3101 River Co	rescent	Drive		101	21401				S.A	COUNTRY?
the the	BY	11. MARITAL STATUS 1 Never Married 2 🔀 Merried 3 Widowed 4 Divorced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE W	T EVER IN U.S. AR	NO	If yes, sp	CENDENT OF HISPA lectify Cuban, Mexica 3 2 NNO Specific	nn, Puerto		or No- 14		American Indian, hite, etc.
2 2 2	COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5 +	(G	ive kind of wo Do NOT use	USUAL OCCUPATION ork done during more retired.)		168	Defer		TRY	
by the hospital be detached to		17. FATHER'S NAME (First, Middle, Last)	2/ 0	1.3				NAME (First, Middle, Maiden Surname)				
tained		Francis Pickir 190. INFORMANT'S NAME (Type/Print)	ig McCo		Molly Kain 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 3101 River Crescent Drive, Anna							21401
ay be		Eleanor McCol		20b. PLACE			r Cresc	ent		CATION - CIT		
0 0 -		1 □ Buriel 2 □ Cremetion 3 □ Reme Onetion 5 □ Other (Specify)	1/	Motr	poli		remator		Ale	exand	ria,	VA
24 hours after death. F filled in by the funeral tion, or removal.		Lenglal of	Ly	1		Taylo	or Fune Glouces	ral ter	St.,	Innap	olis	1401 ,MD
		23. PART I. Enter the diseases, or canock, or heert failure. IMMEDIATE CAUSE (Finel disease or condition resulting in death)	List Dnly one ceu	t caused the de see on each line Spillat (OR AS A CONSE	B.			ch ee cer	diec or reapi	ratory arres	t,	Approximate Interval Between Onset end Death
2 0 E				ABLTES):						
Clan for t	CATION	Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE COLOR AS A CONSCOUENCE OF): Color										
th certificate anding phy Hygiene p	RTIFIC	CAUSE (Disease or injury that initiated events resulting in deeth) LAST			A CONSEQUENCE OF):							
e law requires that the death has been signed by the atten Dept. of Health and Merital H	JICAL	PART II. Other algolificant condition	e contributing to	deeth but not	resuiting ir	n the underlyin	g ceuse given in	Part I.	24a. WAS AN PERFOR	RMED?	CO	RE AUTOPSY FINOINGS MLABLE PRIOR TO MPLETION OF CAUSE OEATH?
law requires as been sign of Heal											1 (YES 2 NO
SICIAN: The Iscertificate has the State De	SICI/	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 ☐ YES 2 ₹ 100	HOSPITAL:	☐ ER/Outpatient 3		OTHER:	LACE OF DEATH (Co					
NG PHYSICIA frer this certification with the	PHY	27. MANNER OF DEATH 1 Netural 5 Pending	28e. DATE OF (Month, D		28b. TIME INJU	OF 28c. IN.	JURY AT ORK? YES 2 NO	v	SCRIBE HOW I	NJURY OCCUI	RED	
TTEND! TOR: A after de		2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE (building,	OF INJURY — At he are. (Specify)	ome, farm, at				CATION (Street of Town, State)	and Number or	Rural Route	Number,
TO THE HOSPITAL OR A TO THE FUNERAL DIRECT De filed within 72 hours	COMPLETED	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSI 2 MEDICAL EXAMINE										d manner as stated.
O THE HI O THE FI e filed wi	R	296. SIGNATURE AND TITLE OF CENTIFIER	lesar 1	MD			29c. LICENSE NU D 3071			29d. DATE S		onth, Day, Year)
FFA	10	SOLNAME AND ADDRESS OF PERSON WH FOMO D. TA	+CICSUN	MA			87 DL,	AUN) APOC	15,00	() 2	21401
		NOV 23 1990 July	ha Davidoon	APPENDING .								

TO BE

·	FOR STATE REGISTRAR 1. DECEDENT'S NAME (First, Middle, Last)		MARYLAND /				DEAT			REG. NO	IE	90	33225
		MANZANEI	RA						Novem	D.	11,	1990	
	4. SOCIAL SECURITY NUMBER 214 84 7317	5. SEX 1 M 2 XF	6. AGE (In yrs. les	st birthday) YRS.	IF UNDE	DAYS	IF UNDER :	MIN.	7. DATE OF (Month, De Febru	HPLACE (State or Foreign try) rgentina			
IOR	9a. FACILITY NAME (If not institution, give Howard County Ger		pital			o lum	bia	N OF DE	EATH	DEATH			
FUNERAL DIRECTOR	100. STATE 100. COUNT Maryland Hov			y, town	or Locat	ION			10d, INSIDE C LIMITS? 1 1 YES 2				
ERAL	100. STREET AND NUMBER 5009 Hesperus Dr	ive				101	ZIP CODE						WHAT COUNTRY? States
BY	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced		IT EVER IN U.S. AR			It yea, sp	ENDENT OF	Specifi	NIC ORIGIN? (S in, Puerto Rice y: entina	n, etc.)	E — American Indian, ck, White, etc.		
COMPLETED	16. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5 +) 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) HOUSEWIFE												
	17. FATHER'S NAME (First, Middle, Last) Jose Enciso						18. MOTH	ER'S NA	ME (First, Midd Lisa I	Me Malden	Surname)		
199. INFORMANT'S NAME (Type/Print) P Elena I Manzanera 190. MAILING ADDRESS (Street and Number or Rural Route No. 5009 Hesperus Drive Col								Route Number, Columb	ber City or Rown, State Zip Code) mbia Md 21044				
	20a. METHOD OF DISPOSITION 1	moval from State	20b. PLACE Meti	of dispo	emat	ory	netery, cremi	atory or		20c. LO	Cation -	chy or J ISVII	own, Stata Le
	21. SIGNATURE OF FUNERAL SERVICE L	10	take		Ha	rry		tzke	Funer bia Pi				City
	23. PART I. Enter the disease, or shock, or head failure IMMEDIATE CAUSE (Final disease or condition resulting in death)	complications the	use on each line	ð. -					ch as cardled		olratory si	rrest,	Approximate interval Between Oneet and Death
CERTIFICATION	Sequentisity list conditions, if any, leading to immediate cause. Enter UNDERLYING												
ERTIFIC	CAUSE (Disease or injury that initiated events resulting in death) LAST	d.	(OR AS A CONSE	OUENCE C	F):								
MEDICAL C	PART II. Other significent condition	ons contributing to	desth but not	resulting	in the u	nderlyln	g cause g	iven in		PERFO		24	b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
		/											
SICI	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 YOU	HOSPITAL:	☐ ER/Outpatient 3	3 □ DOA	OTHE	R:			6 Other (S	inec(fy)			
BY PHYSICIAN:	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	28a. DATE Of (Month, I		26b. TH		28c. INJ	URY AT PAK?		28d. OESCR	,,,	INJURY O	CCURED	
	3 Suicide 6 Could not be determined	26e. PLACE (building	OF INJURY At he, atc. (Specify)	ome, farm,	street, fac	ctory, offic	•		28t. LOCATI City or 1	ON (Street fown, State	and Numbi	er or Rural	Route Number,
COMPLETED	ane)	SICIAN: To the best of											(a) and manner as stated.
) BE C	29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year)										(Month, Day, Year)		

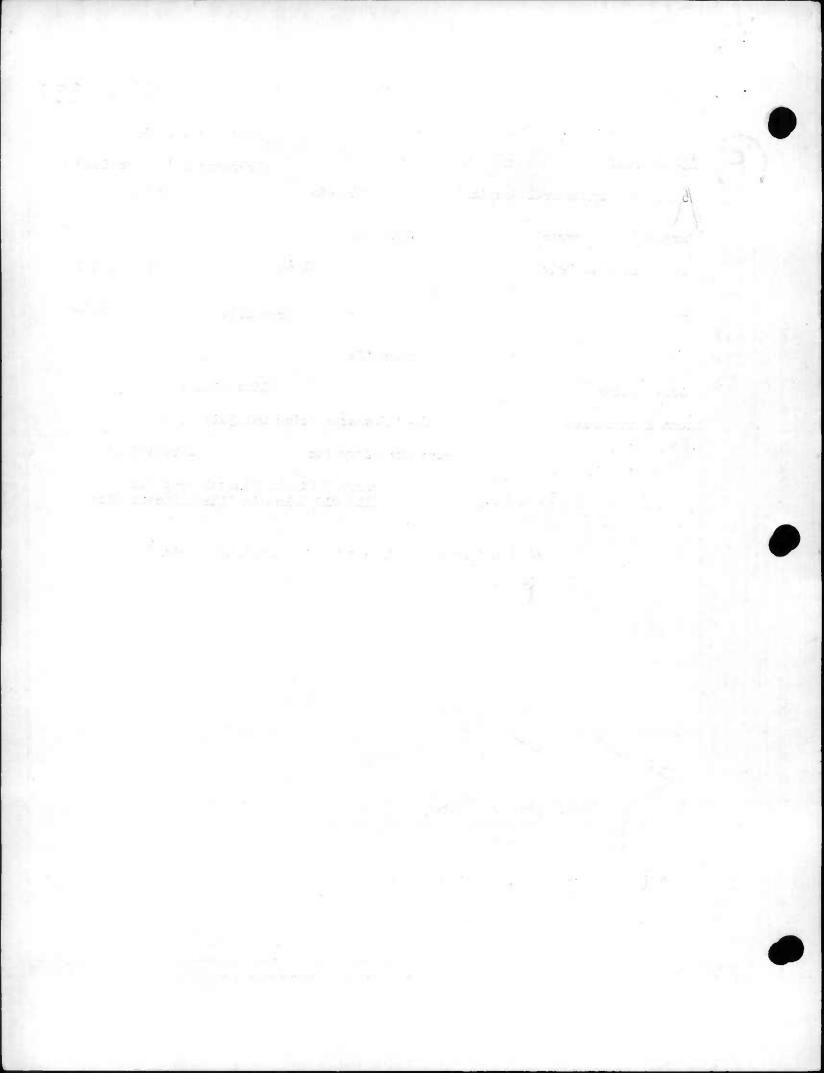
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32. REGISTRAR'S SIGNATURE

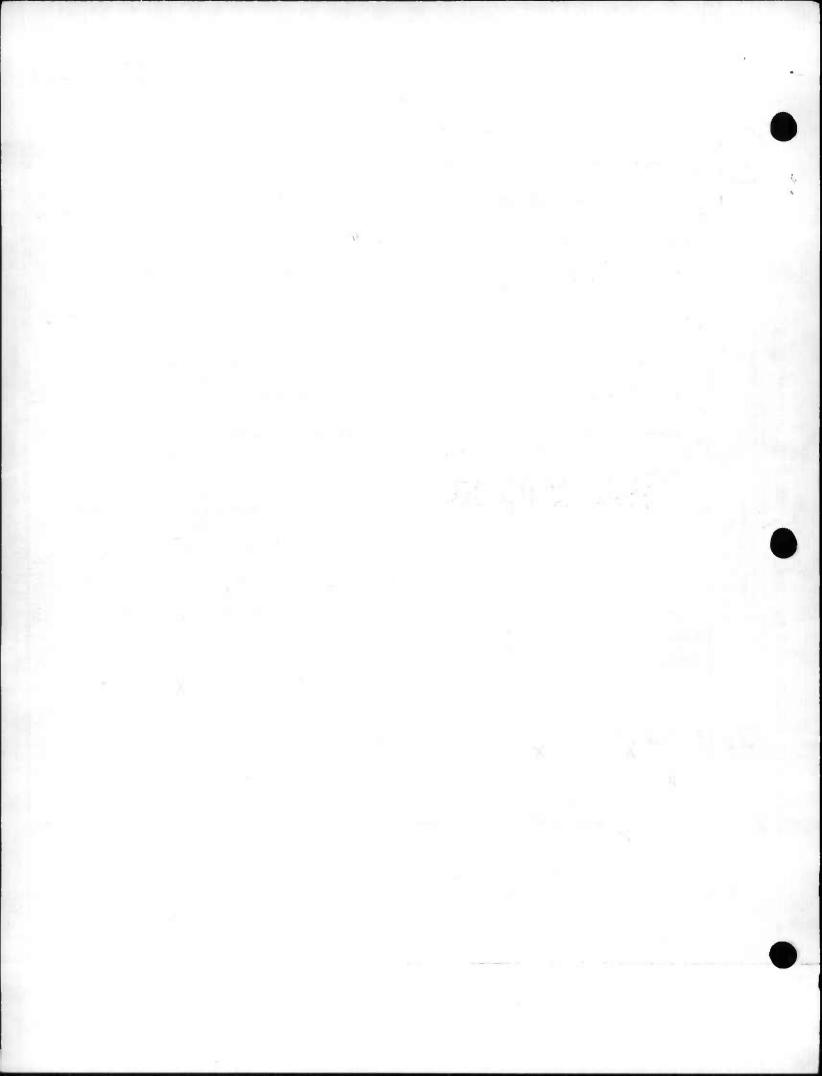
give Davidson-Randalle



funeral director, page 5 should be detached for use as the burial-transit permit, Pages 1, 2, 3 sho

6, BALTIMORE, MARYLAND	TO THE HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within 2-, nours after death. Page 6 may be retained by the hosp	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache be fled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
131	execute	and co	matic
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	ficate be	physician ne prior	er trau
o'	certif	Hygier.	r oth
۵.	death	ental	ury, o
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Ž	JR AT	IRECT NUIS A	em 2
Ω	TAL	ALD 72 he	H
	TO THE HOSPI	TO THE FUNE! be filed within	IMPORTANT

1. DECEDENT'S NAME (First, Middle,		Pri	scil	la			2. DATE O	D.	AY 10	YEAR	3. TIME OF DEATH								
4. SOCIAL SECURITY NUMBER 220-104198	5. SEX	RIE 8. AGE (In yrs. las		IF UNDER 1		F UNDER 24 HRS. HOURS MIN.	7. DATE O			BIRTH Country	10:25 a PLACE (State or Foreign RYLAIND								
9a. FACILITY NAME (If not institution	give atreet and number)			9b. CITY, 1		R LOCATION OF DE	ATH	17 19	9c. COUNT	TY OF D									
RESIDENCE OF DECEDER 10a. STATE 10b. C				y, town or BERLAI		ION			10d. INSIC LIMIT 1 XX YES										
100. STREET AND NUMBER 36 WEBER STRE				-	21502				S.A	HAT COUNTRY?									
11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	1 Never Married 2 Married FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES			11	yes, spe	ENDENT OF HISPAT Incity Cuban, Mexica 2 NO Specify	in, Puarto Ri		a or No—	14. RACE Black Speci	- American Indian, White, etc.								
15. DECEDENT (Specify only highes Elementary/Secondary (0-12)		(G	live kind of Do NOT u	CEDENT'S USUAL OCCUPATION We kind of work done during most of working DO NOT use retired.) ERAL ELECTRIC				166. KIND OF BUSINESS/INDUS											
17. FATHER'S NAME (First, Middle, LA JOSEPH H. KOR	,					18. MOTHER'S NA ADA LA		ddle, Maiden	Surname)										
196. INFORMANT'S NAME (Type/Print) 196. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) BARBARA BORTS 431.2 EAST 72nd STREET CLEVETAND, OHTO 4/105																			
20a. METHOD OF DISPOSITION 1 M Burlel 2 Cremation 3 L 4 Donation 5 Other (Specific	20b. PLACE	OF DISPO		e of cer	netery, cremetory or	CLEV	20c. LC	CATION — C BERLA	ity or To	wn, Stata									
21. SIGNATURE OF FUNERAL SERV	ICE LICENSEE	Think	-	SI	LCO	D ADDRESS OF FA K-MERKIT FCATUR S	T FUN												
IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentielly list conditions, if any, leading to immediate	a. DUE T	O OR AS A CONSE	Λ	8/nr	201	Tory	A	re	A	T	Interval Betwo								
cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST	O (OH AS A CONSE	Defrance or.																	
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 X NO								24b	WERE AUTOPSY FINDIN AMALABLE PRIOR TO COMPLETION OF CAUS OF DEATH? 1 YES 2 NO										
	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 VES 2 A NO 1 Vincettant 2 FR/Outpettant 3 DOA 0 THER: OTHER: O																		
	1 Inpetient 2	27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY AT WORK? 1 Natural 5 Pending 28a. DATE OF INJURY (Month, Day, Year) 1 VES 2 NO																	
EXAMINER? 1 VES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pendin	28a. DATE (Month,	OF INJURY								2 Accident Investigation 3 Suicide 6 Could not be determined 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28e. PLACE OF INJURY — At home, farm, street, factory, office City or fown, State)									
EXAMINER? 1 VES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pendin 1 Netural Investit 2 Accident Investit 3 Suicide 6 Could	g 28a. DATE ((Month, gration 28e. PLACE building)	OF INJURY — At he	IN	JURY M	1 🗆	YES 2 NO				or Rural i	Route Number,								
EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pendin 2 Accident Investi 3 Suicide 6 Could 4 Homicide 6 Could 4 Homicide CERTIFYING	g 28a. DATE ((Month, gration 28e. PLACE building)	OF INJURY Day, Year) OF INJURY — At hig, etc. (Specify) of my knowledge, de	ome, farm,	JURY M street, fecto	1	YES 2 NO	City o	r Town, State	anner as state	ed.									
EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pendin 2 Accident Investi 3 Suicide 6 Could 4 Homicide 6 Could 4 Homicide CERTIFYING	g 28a. DATE (Month, petion of be ined 28e. PLACE buildin	OF INJURY Day, Year) OF INJURY — At hig, etc. (Specify) of my knowledge, de	ome, farm,	JURY M street, fecto	1	YES 2 NO	o to the cause time, date	r Town, State	enner as state	ed.									



TO THE HOSPITAL OF THE FUNERAL DE FINE WITHIN 72 HOURS IN IMPORTANT: If IN

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 3. TIME OF DEATH 2. DATE OF DEATH MONTH YEAR JOHN ROBERT MENCER JR. 1990 November 24, PM 4:30 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. OATE OF BIRTH a. BIRTHPLACE (State or Foreign (Month, Day, Year) 08-21-1931 DAYS HOURS 59 XX M 2 F 728-01-2856 YRS. DIRECTOR 9a. FACILITY NAME (If not institution, give street and number) 9c. COUNTY OF DEATH 9b. CITY, TOWN OR LOCATION OF DEATH Memorial Hospital Cumber land Allegany RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10a. STATE 10b. COUNTY 10d. INSIDE CITY MD Allegany Cumberland. 1 YES XX NO FUNERAL 10e STREET AND NUMBER 10g. CITIZEN OF WHAT COUNTRY? 10f. ZIP CODE Route 4 Box 7A 21502 USA 11. MARITAL STATUS

1 Never Married

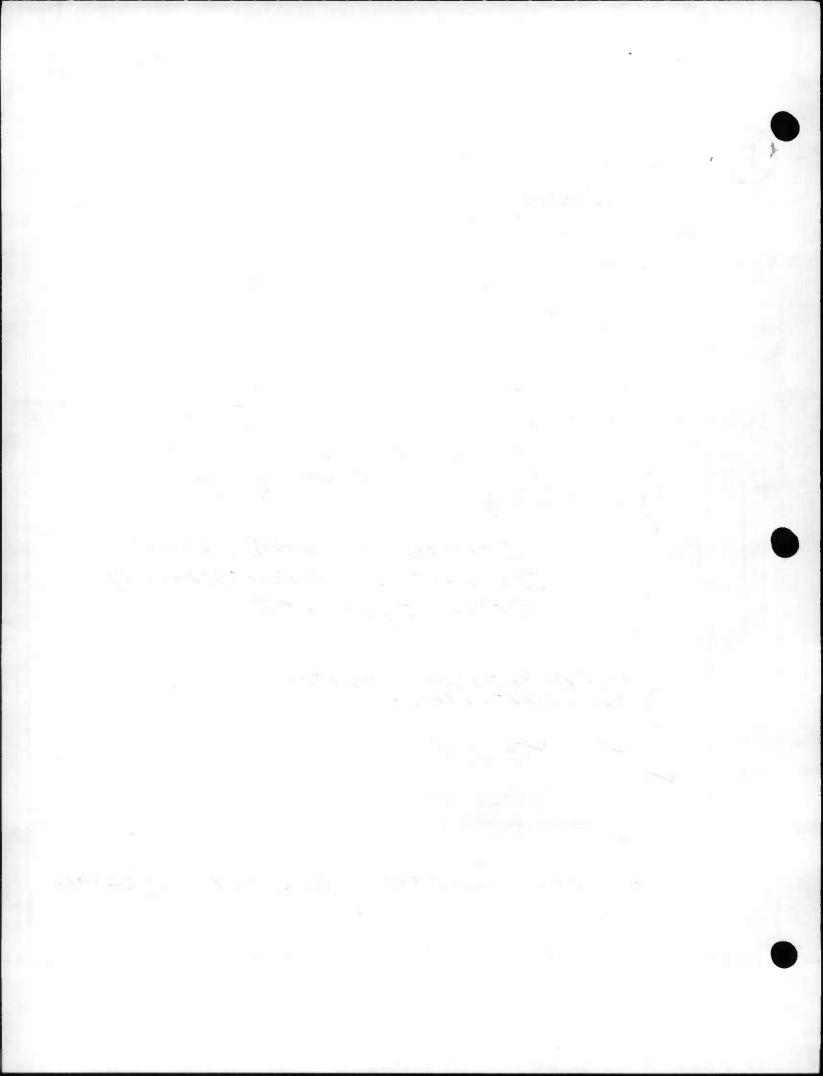
Married 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? YE YES 2 NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-If yea, apecify Cuben, Maxican, Puerto Rican, etc.) 1 YES AND Specify: 14. RACE — American Indian, Black, White, etc. IF YES, GIVE WAR OR DATES BY 3 Widowed 4 Divorced white Korean COMPLETED 16a, DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life, Do NOT use retired.) 15. DECEDENT'S EDUCATION ecity only highest grade complete 16b. KIND OF BUSINESS/INDUSTRY (Spe Elementary/Secondery (0-12) College (1-4 or 5+) retired Economy Wholesale Grocery 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Melden Surname) John Robert Mencer, Sr. Beulah M. Smith BE 19b. MAILING ADDRESS (Street end Number or Rural Route Number, City or Town, State, Zip Code) 19e. INFORMANT'S NAME (Type/Print) 2 Mrs. Shirley P. Mencer Route 4 Box 7A Cumberland, MD 21502 20b. PLACE OF DISPOSITION (Name of cometery, cremetory or Mtcher free man Cemetery 49e. METHOD OF DISPOSITION
1 Burlel 2 Cremation 3 Removal from State 20c. LOCATION - City or Town, State Cumberland, MD 4 Donation 5 Other (Specify) . 21. SIGNATURE OF FUNERAL SERVICE LICENSEE Scarpelli Funeral Home Xcan Cumberland, MD 21502 23. PART Finier the diseases, or complications took caused the deeth. Do not enter the mode of dying, such as cardiac or respiretory strest, Approximata shock, or heart fellure. List only one ceuse on each line. Interval Between **Onset and Death** IMMEDIATE CAUSE (Final disease or condition resulting in death) ON Sequentially list conditions. DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CERTIFICAT CAUSE (Disesse or Injury DUE TO (OR AS A CONSEQUENCE OF that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS MEDICAL PERFORMED? AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 YES 2 A PULMONALE 1 | YES 2 | NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 28. PLACE OF DEATH (Check only one) OTHER:
4 Nursing Home 5 Residence 6 Other (Specify) 1 TES 2 The npatient 2 - ER/Outpatient 3 - DOA 28a. DATE OF INJURY (Month, Day, Year) 26b. TIME OF 27. MANNER OF CEATH 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCUREO 1 Natural 5 Pending 1 YES 2 NO BY 2 Accident 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Sulcide 6 Could not be COMPLETED 4 Homicide 1 CENTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end piece, and due to the cause(e) end manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, date end place, and due to the ceuse(s) end mer SIGNATURE AND TITLE OF CERTIFIER 29d. DATE SIGNED (Month, Dgf. Year) BE 2

018169

ESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print

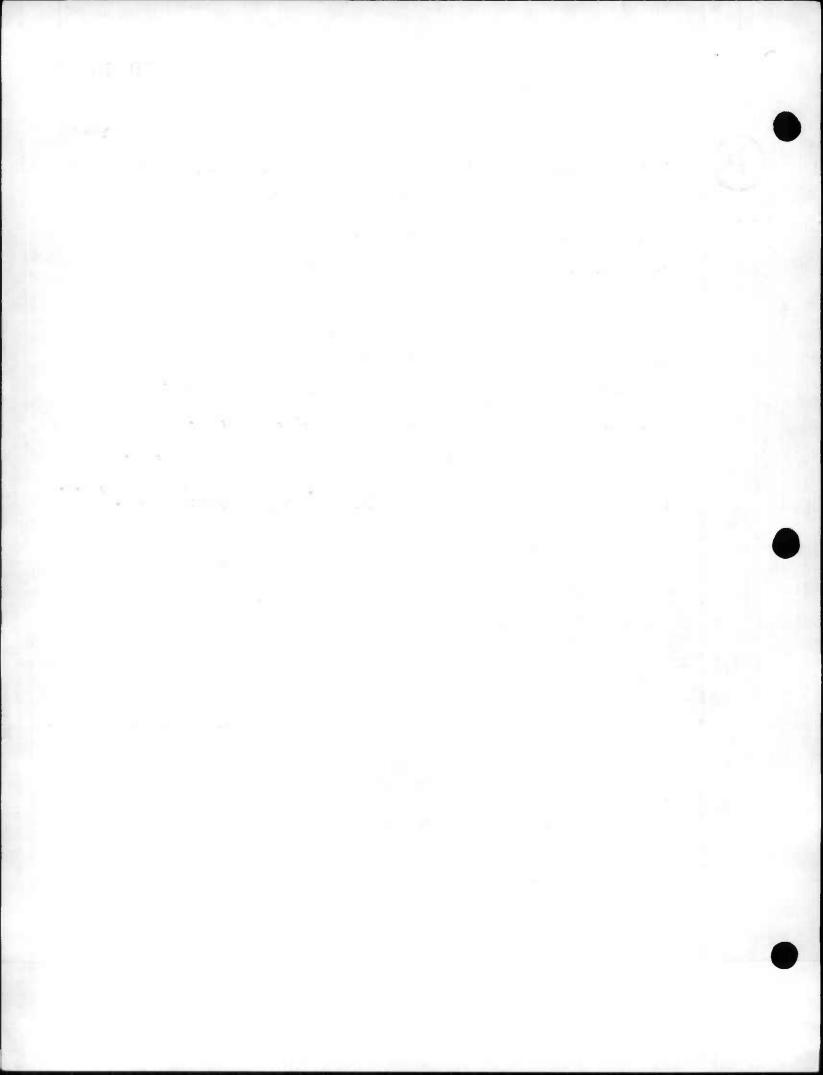
James Raver Memorial Hospital Cumberland, Md. 21502

32. REGISTRAR'S SIGNATURE



OHMH-18 Rev 1/89

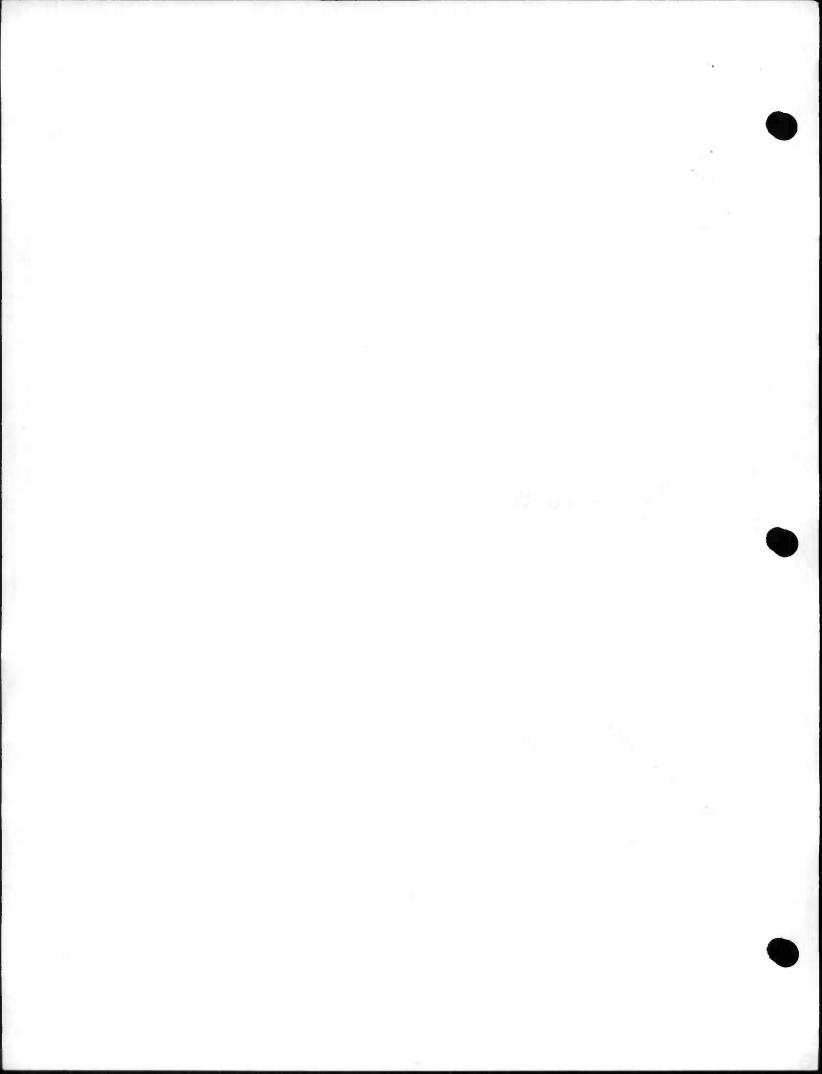
	ME (First, Middle, Last)							MONT	2. OATE OF OEATH MONTH DAY Y			3. TIME OF DEATH	
13	Debo:	rah	Ann	M	cBrid	e		11.	19-90		, EAN	7:00 PM	
4. SOCIAL SECURIO		5. SEX	6. AGE (in yrs	s. lest birthday) YRS.	IF UNDER 1 Y		F UNDER 24 HRS. OURS MIN.	(Mont	OF BIRTH	19/19	Countr	IPLACE (State or Foreign y) nnsylvania	
	(If not institution, give		ital		96. CITY, TOWN OR LOCATION OF DEATH Havre de Grace					9c. COU	9c. COUNTY OF CEATH Harford County		
RESIDENCE C 100. STATE Maryland	10b. COUN				ty, town or location e de Grace				75.			10d. INSIDE CITY LIMITS? 1 YES 2 X NO	
10e. STREET AND		ghway					P CODE .078				IZEN OF V	WHAT COUNTRY?	
11. MARITAL STATU 1 Never Merried 3 Widowed 4	2 Merried		NT EVER IN U.S 1 YES 2 WAR OR DATES	2 NO If yes, specify Cuban, Mexican						e or No—	14. RACI Black Whij	E — Americen Indien, k, White, etc.	
I Stamonton (Page	15. OECEDENT'S EDitectly only highest gradendery (0-12)			(Give kind of v	vork done dun	ing most o	of working	161	16b. KIND OF BUSINESS/INDUSTRY				
Jacob	E (First, Middle, Lest) Philip K	etner		пС	AIRTIAK		в. мотнек's з Barbai		Middle, Maider	77.5			
190, INFORMANT'S						AG ADDRESS (Street and Number or Pural Route Number, City or Town, State, Zip Code) Sycamore Drive, Joppa, Md. 21085							
20e, METHOD OF E	DISPOSITION Cremation 3 - Rec		oth	ser nincel						осатіон — Горра	_		
resulting in dea	disease or condition resulting in death) Contact gunshot wound of chest Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of):												
that initiated ev		In the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO					24b. WERE AUTOPSY FINDIN AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? CXYES 2 \(\) NO						
PART II. Other	th) LAST		o death but r	not resulting	In the unde	erlying o	cause given	in Part I.	PERFO	PRMED?	248	AMAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH?	
PART II. Other	elgnificant conditions in all coho	DISM HOSPITAL:			OTHER:	26. PLAC	CE OF DEATH (Check only o	PERFO	PRMED?	246	AMAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH?	
PART II. Other Chron	elgnificant conditions all coho	HOSPITAL:	∰ YP /Outpatie	nt 3 DOA	OTHER: 4 Nursin	26. PLAC ng Home 8c. INJUR WORK	CE OF DEATH (5 □ Residence TY AT	Check only o	PERFC 1 YES ine) or (Specify) SCRIBE HOW	PRMED? 2 NO NO NO NO NO NO NO NO NO NO NO NO NO N	CCURED	ANALABLE PRIOR TO COMPLETION OF CAUSO OF DEATH?	
25. WAS CASE REFEXAMINER? 25. WAS CASE REFEXAMINER? 27. MANNER OF DI 1 Netural 2 Accidente 4 Homicide 4 Homicide	elgnificant conditions all coho	HOSPITAL: 1 Inpatient 2 28e. DATE 0 11-1 28e. PLACE	XNOutpetie FINJURY Day, Year) 9-90	28b. TIM S: 4:	OTHER: 4 Nursin	26. PLAC ng Home 8c. INJUR WORK 1 YE	CE OF DEATH (Check only o	PERFO YES OF (Specify) SCRIBE HOW F inf CATION (Street or Fown, State	PRMED? 2 NO 2 NO 2 NO 2 NO 2 NO 2 NO 2 NO 3 NO 3 NO 3 NO 3 NO 3 NO 3 NO 3 NO 3	COURED d WO	ANALABLE PRIOR TO COMPLETION OF CAUSO OF DEATH?	
25. WAS CASE REFEXAMINER? 25. WAS CASE REFEXAMINER? 27. MANNER OF DI 1 Netural 2 Accidente 4 Homicide 4 Homicide	elgnificant condition all cohologic all coho	HOSPITAL: 1 Inputiont 2:	XR/Outpetion F INJURY Day, Year) 9-90 OF INJURY — g, atc. (Specify)	28b. TIM 1N. 5:4 At home, farm,	OTHER: 4 Nursin BE OF 2 UNRY OPM street, factor home	26. PLAC by Home Bc. INJUR WORK 1 YES y, office	S Pesidence TY S 2 XXO	Check only of a local only of the second of the second only of the second on the secon	PERFORMANCE TO SPECIFY SCRIBE HOW F inf CATION (Street OF ROWN, State T Puls CATION (Street ADMIN (Stre	INJURY OC LICTER tend Number as sta	COURED d WO or or Flural HGWY ated.	ANALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? NEXTER 2 NO	
PART II. Other Chron 25. WAS CASE REF EXAMINER? 27. MANNER OF DI 1 Netural 2 Accident 2 Accident 4 Homicide 29e. CERTIFIER (Check only 1 one) 29b. SIGNATURE A	erred to Medical No EATH 6 Pending Investigation 6 Could not be determined CERTIFYING PHY MEDICAL EXAMI	HOSPITAL: 1 Inpution t 2 28e. DATE 0 (Month, 11-1 28e. PLACE building VSICIAN: To the best of NER: On the basis of	STANOutpatien of INJURY Day, Year) 9-90 OF INJURY — , atc. (Specify) of my knowledge examination en	28b. TiM IN. 5 : 4 At home, farm, ge, death occurr	OTHER: 4 Mursin BURY OPM street, factor home and at the tim on, in my opi	26. PLAC og Home 8c. INJUR WORK 1 YES y, office	S Pesidence TY S 2 XXO	Check only of a Check only of	PERFORMANCE TO SPECIFY SCRIBE HOW F inf CATION (Street OF ROWN, State T Puls CATION (Street ADMIN (Stre	INJURY OC LICTOR OF A SALE	COURED d WO or Furel Hgwy nted. the causel TE SIGNET	ANALABLE PRIOR TO COMPLETION OF CAUSO OF DEATH? NEXYES 2 No Fund Route Number. Harford	
PART II. Other Chron 25. WAS CASE REF EXAMINER? ***XES* 2 2 27. MANNER OF DE 1 Accident ***2 Accident **2 Accident ***2	ERRED TO MEDICAL NO EATH 5 Pending Investigation 6 Could not be determined CERTIFYING PHY	HOSPITAL: 1 Inpution 226e. DATE O (Month, 11-1) 28e. PLACE building SICIAN: To the best of the public of th	SENTOutpetion FINJURY Day, Year) 9-90 OF INJURY — g, atc. (Specify) of my knowledg examination en	at home, ferm,	OTHER: 4 Mursin BE OF 2 UNITY O'PM street, factor home at the tim on, in my opi	26. PLAC by Home 8c. INJURE WORK 1 YEt y, office e, date ar nion, dear	S = Residence TY S = 2 XXD and place, end of th occurred at the second of the second	Check only of a Sel Oth Sel 28f. Lo Che Che Che Che Che Che Che Che Che Che	PERFO PE	INJURY OC LICE OF SALE	CCURED d WO or or Rural Hgwy ated. the cause 11-	ANALABLE PRIOR TO COMPLETION OF CAUSO OF DEATH? **COMPLETION OF CAUSO OF DEATH OF D	



TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

TO BE COMPLETED BY FUNERAL DIRECTOR

1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM CERTIFIC			MENTAL HYGIEN						
1. DECEDENT'S NAME (First, Middle, L	susan Eliz	aboth MoC	iiro		2. DATE OF DEATH		3. TIME OF DEATH				
Sua Clipa	Susaii Eliz	abeur McG	irre		MONTH D	8 90	2 11:30 A M				
4. SOCIAL SECURITY NUMBER	8. SEX 8. AGE (In yrs. last birthdey) IF	UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH		BIRTHPLACE (State or Foreign				
218-96-17	29 10 M 2 PF	7 YRS. MOI	NTHS DAYS	HOURS MIN.	(Month, Day, Year)	3 '	Baltimore, MD				
90. FACILITY NAME (If not institution,	give street and number)	, 9b	CITY, TOWN O	R LOCATION OF DE	ATH	9c. COUNTY					
FAllston Go	encral Hosp	ila/ F	FAIlsto	on, m	2,2104	1 H	reford				
RESIDENCE OF DECEDEN		40. 0077		OCATION 10d. INSIDE CITY							
			OWN OR LOCAT				LIMITS?				
Maryland	Harfor	a l	Edgewoo				1 TYES 2 NO				
10e. STREET AND NUMBER			10f.	ZIP CODE			OF WHAT COUNTRY?				
1810 Har	nson Road	ALLIE ADMED	12 WM C DEC	21040	IIC ORIGIN? (Specify Ye	U.S.A.					
1X Never Merried 2 Merried	Naver Merried 2 Merried FORCES? 1 YES 2 NO				n, Puerto Rican, etc.)	8 OF NO- 14.	Black, White, atc.				
3 Widowed 4 Divorced	I IF YES, GIVE WAR OR DATES				1 TYES 2 X NO Specify: Specify: Whit						
15. DECEDENT'S	EDUCATION	16a, DECEDENT'S US	UAL OCCUPATION	ON .	16b. KIND OF BU	1 1					
(Specify only highest Elementary/Secondary (0-12)	grade completed) College (1-4 or 5 +)	(Give kind of work life. Do NOT use re	done during mostired.)	st of working	1000						
12	1	Homem	aker		In hon	ne.					
17. FATHER'S NAME (First, Middle, Las	0	110111011		18. MOTHER'S NA	ME (First, Middle, Maide						
Daniel McC	Juire			Eliz	abeth Dri	scoll					
19e. INFORMANT'S NAME (Type/Print)		19b. MAILING AD	ORESS (Street e		Route Number, City or To		^{de)} 32084				
Mrs. Elizabet							. Augstine,Fla				
20a. METHOD OF DISPOSITION		D. PLACE OF DISPOSITION				DCATION — City					
1 Buriel 2 Cremetion 3 4 Donation 8 Other (Specify)	Removal from State	other place) R. A. Feri					er, Pa.				
21. SIGNATURE OF FUNERAL SERVICE			22. NAME AN	ND ADDRESS OF FA	CILITY		· ·				
▶M 0	11-10				Funeral		P.A.				
Harry	Un Diovan	m			21001-33						
23. PART I. Enter the diseases shock, dv haert fall	, or complications that cause lure. List only one cause on a		anter tha mo	de of dying, auc	h aa cardiac Or res	piratory srrest	t, Approximata				
IMMEDIATE CAUSE (Final	A	- 1	13		0111	21	Onset and Death				
disease or condition resulting in death)	MENTS	MATIC	u	LON	CANC	erc	4 4R				
	DUE TO (OR AS	A CONSEQUENCE OF):		*							
Sequentieily list conditions,	ь										
if any, leading to immediata cause. Enter UNDERLYING	DUE TO (OR AS A	A CONSEQUENCE OF):									
CAUSE (Diseese or injury	C. DUE TO (OR AS	A CONSEQUENCE OF):									
that initiated events resulting in death) LAST	50E 10 (01 A3)	CONSEQUENCE OF J.					j				
	d										
PART II. Other algnificant cond	ditiona contributing to death i	out not resulting in t	the underlyin	g ceuse given in		N AUTOPSY	24b. WERE AUTOPSY FINDINGS				
					7.0	PRMED!	AVAILABLE PRIOR TO COMPLETION OF CAUSE				
					1 □ YES	74.10	OF DEATH?				
					-		1 TES 2 INO				
25. WAS CASE REFERED TO MEDIC	AL .		26 Bi	LACE OF DEATH (C)	neck only one)						
EXAMINER?	HOSPITAL:		THER:								
27. MANNED OF DEATH	Inpetient 2 ER/Out	28b. TIME C		URY AT	6 ☐ Other (Specify) 28d. DE\$CRIBE HOW	IN HIRY OCCUR	DED.				
1 Natural 5 Pending	(Month, Day, Year)	INJUR	Y WC	ORK? YES 2 NO							
Accident investige	28e, PLACE OF INJUR	Y At home, ferm, stre			281. LOCATION (Stree	t and Number or	Rural Route Number.				
4 Homicide 6 Could n	or building, etc. (Spe	ncify)	,		City or Town, Stat	a)					
288. CENTIFIER , CERTIFYING	PHYSICIAN: To the best of my know	riedge, death occurred	at the time date	and place and du	to the cause(s) and m	anner as stated					
Couldn't mad	AMINER: On the besie of examination										
	1			and the second second							
256. BIGHATURE AND TITLE OF CER	11/0/	120		29c. LICENSE NU	MUER	29d. DATE S	SIGNED (Month, Pay, Year)				
30, NAME AND ADDRESS OF PERSO	ON WHO COMPLETED CAUSE OF DI					1 ///	11110				
JOFAN PE	DWMOS, "	N. 8	112	BELAN	2 100	Bur	2/047				
" " 10 2 0 90 " "	32. REGISTRAN'S SIGN	Prode 00									



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DHMH-16 Rev 1/89

BALTIMORE, MARYLAND 21203-3146

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

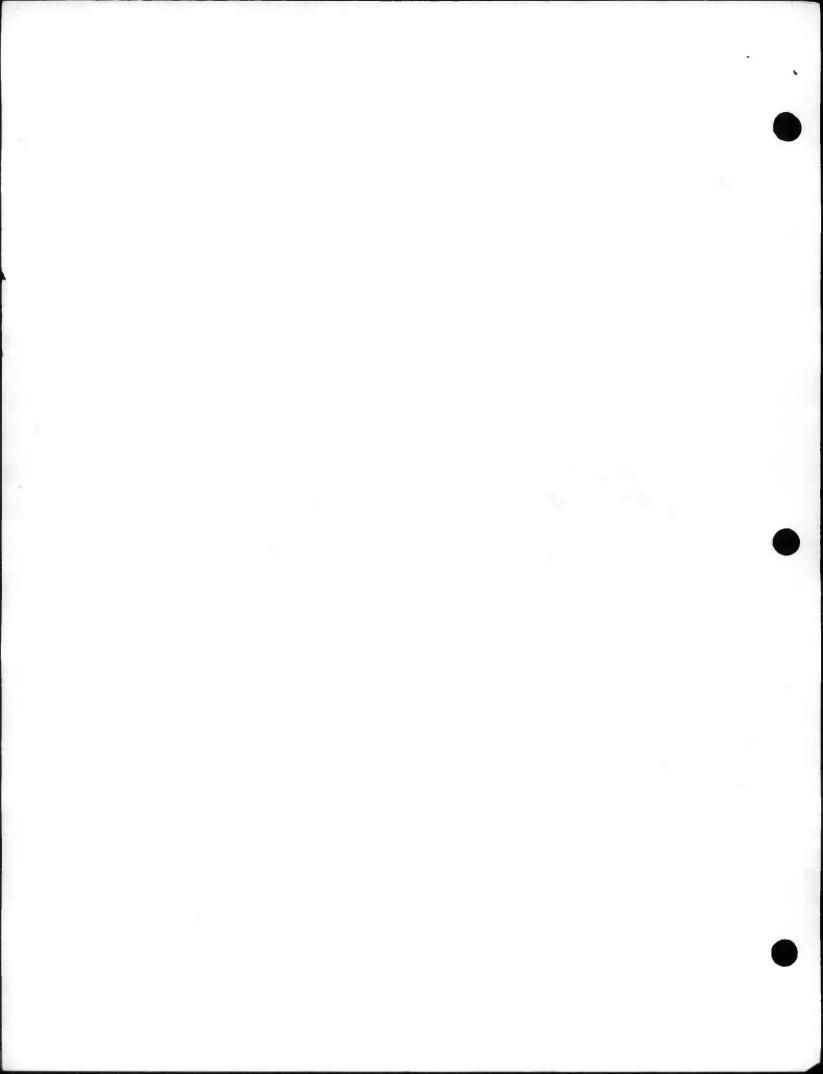
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Arriours after death. Page 6 may be retained by the hospital or attending physician.
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunial-transit permit;
be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.
IMPORTANT: If Item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

								C	0	332	30
	FOR STATE REGISTRAR	STATE OF MARYLAND			OF HEALTH AN	D MEN1	REG. NO.	E			
	1. DECEDENT'S NAME (First, Middle, Last)						TE OF DEATH		3. T	TIME OF DEA	TH
	Thomas Edgar	Miller Jr					vember			6:00	PM
- 1	4. SOCIAL SECURITY NUMBER		. last birthday)	IF UNDER 1	YEAR IF UNDER 24 HR	8 7 DA	TE OF BIRTH		BIRTHPLA	CE (State or F	
- 3	220-52-3052	12					16/194	8 1	Country)	e de	Grad
- 8	9e. FACILITY NAME (If not institution, give at	met and number)		oh CITY T	OWN OR LOCATION OF		10/104	9c. COUNTY			MD
00					PUCAIN				•	PID	
2	657 Hances Poi	nt Road		Nor	th East			Cec	<u>il</u>		
<u>입</u>	10a. STATE 10b. COUNTY		10c. CI	TY, TOWN OR	LOCATION				100	, INSIDE CIT	Y
BIRECTOR	Maryland Cec	;]	NT.	orth	Foot				1,5	LIMITS?	l NO
	10e. STREET AND NUMBER	11	1 146	OI CII	101, ZIP CODE			10a, CITIZE		COUNTRY?	
FUNERAL	657 Hances Poi	nt Road			21901				S.A		
Z	11. MARITAL STATUS	12. WAS DECEDENT EVER IN U.S	ARMED	13 WA	S DECEMBENT OF HIS	SPANIC OR	GIN? (Specify Ver			American Ind	len
四	FORCES? 1 X YES 2 NO If yes, specify Cuben, Maxican, Puerto Rican, etc.) Black							Black, WI	ilte, etc.		
BY	3 Widowed 4 Divorced	7/1/66 to 6/		10	YES 2 KY NO SE	oecity:			Specify:	ite	
0	15. DECEDENT'S EDUC	CATION 16e	. DECEDENT'S	USUAL OCC	UPATION		18b. KINO OF BUS	SINESS/INDUS			
	(Specify only highest grade Elementary/Secondary (0-12)	completed) College (1-4 or 5+)	(Give kind of life, Do NOT a		ing most of working						
7	1.2		Super	inten	dent		Const	ructi	on		
COMPLETED	17. FATHER'S NAME (First, Middle, Lest)		apor.			NAME (Ele	st, Middle, Malden		.011		
		lam Cm			Concelling to the second						
品	Thomas E. Mil. 19a. INFORMANT'S NAME (Type/Print)	rer, sr.	405- 444-11-141	O ADDRESS (Street and Number or Ri		ene Ja		a elet		
2	Michael M. Mil	1							,		4004
					es Point			CATION — CH			190
	20a. METHOD OF DISPOSITION 1 Description Burlet 2 A Cremetton 3 Decree	ovet from State othe	er place)			OF					_
	4 Donetlow 5 Other (Specify) 21. SIGNATURE OF PURERAL BERNICE LIC	R.A	. Fe		& Co.			st Ch	este	er, P	A
	21. SIGNATURE OF PUREHAL SERVICE LIC	ind///			ME AND ADDRESS OF			_			
	· Motor V. Ca				rouch Fu 27 S. Ma				act	MD	210
	23. PART I. Entar the diseasea, or o			not antar th	na mode of dying,	such aa c	ardiac or reap	ratory arres	it,	Approxim	nate
		List only one cause on each	lina.							Intarval E Onset an	
	IMMEDIATE CAUSE (Final disease or condition	. ESOPHAGEAL	dha	100	LUTTA .	Ur. T	ACTACIO	<		11110001110	
	resulting in death)	DUE TO (OR AS A COI	NSEQUENCE (KEK DEI:	WITH	16/1	DIVI)			
				. ,.						ĺ	
CERTIFICATION	Sequantially list conditions,										
A	If any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A CO		,							
윤	CAUSE (Disease or Injury that Initiated avents	C. DUE TO (OR AS A CO	NSEQUENCE (OF):							
E	reaulting in death) LAST										
W.		d									
7	PART II. Other algorificant condition	s contributing to death but n	ot resulting	In the und	arlying cause giver	n In Part I	. 24s. WAS AN			RE AUTOPSY I	
5							1 TYES		CO	MPLETION OF DEATH?	
										YES 2	NO
~											
A	25. WAS CASE REFERRED TO MEDICAL				26. PLACE OF DEATH	f (Check on	ly one)				
PHYSICIAN: MEDICAL	EXAMINER? 1 YES 2 NO	HOSPITAL: 1 Inpatient 2 ER/Outpatier	M 3 □ DOA	OTHER:	ng Home 5 🗆 Reside	B [6	Other (Passibil				
¥	27. MANNER OF DEATH	28a. DATE OF INJURY	28b. TI		8c. INJURY AT		DESCRIBE HOW	INJURY OCCU	RED		
	1 Natural 5 Pending	(Month, Day, Year)	10	JURY	WORK?						
BY	2 Accident Investigation	26s. PLACE OF INJURY — A	ht home, form	street factor		_	LOCATION (Street	and Number o	Purel Bout	. Number	
ED	3 Suicide 6 Could not be 4 Homicide determined	building, atc. (Specify)	at Home, rain,	atreet, lector	y, ornes		City or Town, State		North Mode	rumon,	
ET											
P	CONSCRIPTION OF THE PROPERTY O	CIAN: To the best of my knowledge	e, death occur	rred at the tim	e, deta and place, and	dua to the	cause(a) and ma	nner aa atated	1.		
COMPLET	one) 2 MEDICAL EXAMINE	R: On the beals of examination and	d/or investigat	ion, in my opi	nion, death occured a	t the time,	deta and place, a	nd due to the	ceuse(e) en	d manner as	atated.
E C	296. SIGNATURE AND TITLE OF CERTIFIER	A			29c. LICENSE	NUMBER		29d, DATE	SIGNED (M	onth, Day, Year	7)
00	MAMANKENNIA	MO ENERGE	NXY F	HYSICI	AN D370	693		▶ 11	113/	90	
2	30. NAME AND ADDRESS OF PERSON WH	O COMPLETEO CAUSE OF DEATH	(ITEM 27) (Typ	e, Print)	11/016	1			-4		

HOSPITAL OF CELL COUNTY

Julia Davidson-Randall

12 +1 VA MARIAN BENNER 31. DATE FILEO (Morith, Day, Year) NOV 1 5 '90



TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 8 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. BALTIMORE, MARYLAND 21203-3146 IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO BE COMPLETED BY FUNERAL DIRECTOR

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

FOR

CTATE OF MADVIAND / DEPARTMENT OF MEATUR AND MENTAL MACHINE

	1 - STATE REGISTRAR	SIMIE OF IT			ICATE (DEATH		REG. NO.			
	1. DECEDENT'S HAME (First, Middle, Last)	Helen		N	2001	1		2. DATE OF MONTH No Vendo	DEATH		YEAR	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In yrs, les	t birthday)	IF UNDER 1 YE	N FAR	IF UNDER 24 HRS.	7 DATE OF	DIOTH		990	1/1/2 M IPLACE (State or Foreign
	228-24-1210	1 🗌 M 2 🖾 F	75	YRS.		AYS	HOURS MIN.	Mar.	28,	1915	Countr	
5;	PENINSULA GENERAL	HOSPITAL			SALI	ŠBI	R LOCATION OF DE JRY	EATH		9c, CO	COMI (EATH
	RESIDENCE OF DECEDENT 10a, STATE 10b, COUNTY	,		10c, CIT	Y, TOWN OR L	OCAT	ON					10d. INSIDE CITY
5	Virginia Accor	nack			lfa							LIMITS?
וארווטר	100. STREET AND NUMBER R. F. D. I	-B			101.	ZIP COOE 23410				TIZEN OF V	VHAT COUNTRY?	
	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Olvorced	TEVER IN U.S. AR TEVER IN U.S. AR TEVER 2 K 10 TEVER IN U.S. AR TEVER IN U.S. AR		If ye	s, spe		n, Puarto Rici	C ORIGIN? (Specify Yea or No— Puerto Ricen, etc.) 14. RACE — Ame Black, White, Specify.B1			E — American Indian, k, White, etc. hy:Black	
1 1 1 2	15. OECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12) Elementary	(G	ive kind of Do NOT u	usual occu work done during se retired.)	ng mos	t of working	16b. KIND OF BUSINESS/INOUSTRY House Work					
	17. FATHER'S HAME (First, Middle, Lest) John Jo	ones					18. MOTHER'S NA		dle, Maiden	Sumame)		
2 2	100. IHFORMANT'S HAME (Type/Print) Louis Martin	19				x 246-1					23410	
	20s. METHOO OF DISPOSITIOH 1 Burisl 2 Cremation 3 Rame 4 Donation 5 Other (Specify)	oval from State		PLACE OF DISPOSITION (Name of cemetery, cremetory or other place) Mt. Zion Painter								
21. SIGNATURE OF FUNERAL SERVICE LICENSEE **Neith E. H. whaton F. 1									omac	e, Vi	rgiı	nia 23301
En la Callon	Sequentially list conditions,	e. Chronicous Tourist one Cause To OUE TO OUE TO Con gle Due To Due To Due To OUE TO O	Obs (OR AS A CONSE	ovelouence of	tive /	Pu	lmnon		1		errest,	Approximate interval Between Onset and Death
יבטוסער ס	PART II. Other significent condition	s contributing to	deeth but not i	resulting	In the under	rlying	j ceuse given in		4a. WAS AH PERFOR	RMED?	Y 24t	N. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
												111 - 142 7.7
	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPHAL:			OTHER:		ACE OF DEATH (Ch					
THE STORY WE	1 YES 2 NO 27. MAHHER OF DEATH 1 Natural 5 Pending	28a. DATE OF (Month, D	IHJURY	28b. T/8	ME OF 28 JURY	c. IHJ WO	s 5 Residence URY AT RK? /ES 2 NO	6 Other (5		HJURY O	CCURED	
200	2 Accident Investigation 3 Suicide 8 Could not be determined	28a. PLACE O building,	F IHJURY — At he atc. (Specify)	ome, farm,					IOH (Street Town, State)		per or Rural	Route Number,
COMPLETED	29s. CERTIFIER (Check only one) 2 MEDICAL EXAMINE	CIAH: To the best of R: On the basis of a										a) and manner as stated.
200	36. SIGNATURE AND TITLE OF CERTIFIES	taul	MA				D 35	WBER 48	5			(Month, Day, Year) 16-90
4	JAMES R. GAUL, A					SA	LISBURY	, M.	0. 2	180	/	
)	SAMES R. GAUL, A 31. DATE FILED (MONTH). Day, Year) NOV 21 '90	32. REGISTRA	Tavidson-A	andell	2.							

1 . . .

DIVISION OF VITAL RECORDS, P.O. BOX 13146, TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 frouts after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial be filed within 72 hours after death with the State Dept. of Health and Merital Hygiene prior to burial, cremation, or removal.
IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

1 - STATE REGISTRAR	STATE OF MARYL		TMENT OF H ICATE OF		MENTAL HYGIENE REG. NO.				
1. DECEDENT'S NAME (First, Middle, Lest)					2. DATE OF DEATH		3. TIME OF DEATH		
DELOBE	S T.	MAA	SHALL		MONTH DAY				
4. SOCIAL SECURITY NUMBER		(In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	8. BIR	THPLACE (State or Foreign		
492-32-4118	1 🗆 M 2 🕕	60 YAS.	MONTHS DAYS	HOURS MIN.	(Month, Day, Year) Sept. 8,		issouri		
98. FACILITY NAME (If not institution, give s PENINSULA GENERAL			96. CITY, TOWN OR LOCATION OF DEATH SALISBURY 96. COUNTY OF DEATH WICOMICO						
RESIDENCE OF DECEDENT									
10a. STATE 10b. COUNT	4	200	Y, TOWN OR LOCAT	TON			10d. INSIDE CITY LIMITS?		
Virginia Ac	comack	S	Sanford				1 - YES 2 NO		
10e. STREET AND NUMBER			10	ZIP CODE		10g. CITIZEN OF	WHAT COUNTRY?		
Rural (Box	8)			23426		USA			
11. MARITAL STATUS	12. WAS DECEDENT EVER				IIC ORIGIN? (Specify Yea	or No- 14. RA	CE - American Indian, ick, White, etc.		
1 Never Married 2 Married	FORCES? 1 YES			ecity Cuban, Maxical 2 NO Specify	n, Puarto Rican, atc.)	100	ecify:		
3 💢 Widowed 4 🗌 Divorced							white		
15. DECEDENT'S EDU (Specify only highest grade		16a. DECEDENT'S	USUAL OCCUPATION	ON set of working	16b. KIND OF BUS	INESS/INDUSTRY			
Elamentary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT us	work done during mo ne retired.)	or working					
12		USDA	Inspect	or					
17. FATHER'S NAME (First, Middle, Last)					ME (First, Middle, Maiden	Sumame)			
(unknown)	Linsey				(Unknow	n)			
19a. INFORMANT'S NAME (Type/Print)	Liliacy	19b. MAILING	ADDRESS (Street a	and Number or Rural F	Route Number, City or Town				
Bruce Marshall		7140	Killir	aton I	Foutain,	Colora	do 80817		
20a. METHOD OF DISPOSITION	20	b. PLACE OF DISPOS				ATION — City or			
1 XBurial 2 Cremetion 3 Ram	naval fances Chate	other place)			em. Oa				
4 Donation 5 Other (Specify) 21, SIGNATURE OF FUNERAL SERVICE LI		owning.		DOIST CO		к патт	, va.		
21. SIGNATURE OF FUNERAL SERVICE LI	DENSEE				ERAL HOME	7			
SINTS	Melsa				64. Pocon		/d. 21851		
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST		A CONSEQUENCE OF	F):		REST FAILURE SEPSIS	<i>-</i>			
PART II. Other significant condition	ns contributing to deeth				PERFOR		Ab. WERE AUTOPSY FINDIN AVAILABLE PRIOR TO COMPLETION OF CAUSE DF GEATH? 1 YES 2 NO		
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	LUCCRITAL			LACE OF OEATH (Ch	eck only one)				
1 YES 2 NO	HOSPITAL: 1 Sajnpatient 2 ER/Ou	tpatient 3 🗆 DOA	OTHER: 4 Nursing Hor	ne 5 🗆 Rasidenca	6 Other (Specify)				
27. MANNER OF DEATH	26a. DATE OF INJURY (Month, Day, Year)			JURY AT ORK?	28d. DESCRIBE HOW II	NJURY OCCURED			
1 Netural 5 Pending	(Mortin, Day, rear)	183		YES 2 NO					
2 Distalda	28e. PLACE OF INJUR		street, factory, offi	ie.	281, LOCATION (Street a	nd Number or Rur	el Route Number,		
4 Homicide 6 Could not be detarmined	building, atc. (Sp	еспу)			City or Town, State)				
(Crisci drily	SICIAN: To the best of my kno								
	ER: On the basis of axaminati	on and/or investigation	on, in my opinion,	seath occured at the	time, date and place, an	u due to the caul	etal and menner as stated		
29b. SIGNATURE AND TITLE OF CERTIFIE		/		29c. LICENSE NUI	MBER	29d. DATE SIGN	ED (Month, Day, Year)		
Dennis 1	Chodne	chi		020	212	11/	14/90		
30. NAME AND ADDRESS OF PERSON W. Dennis J. Chodn	icki, MD - L	OCUST & (Quincy S	ts.,Sali	sbury, Md.	21801			
31. DATE FILEO (Month, Day, Year)	32. REGISTRAR'S SIG	INATURE Randall	?						

•	- STATE REGISTR
,	1. OECEOENT'S
	Mag
ı	4. SOCIAL SECU

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR			EHILL	ICALE	= Ur	DEA	ιп	RE	EG. NO.			
,	1. OECEOENT'S NAME (First, Middle, Last)										γ	YEAR	TIME OF OEATH
	Maggie		niel	iels			11			1 14 9		:25 A ^M	
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (In yrs		last birthday)	_	IF UNDER 1 YEAR			7. DATE OF BIRTH			8. BIRTHPLACE (State or Fo Country)	
2	232 12 2380	1 🗌 M 2 💢 F	92	YRS.	MONTHS	DAY8	HOURS	MIN.	(Month, Day	19/9	8	Kent	ucky
CTOR	9a. FACILITY NAME (If not institution, give street and number)				9b. CITY, TOWN OR LOCATION OF DEATH				тн		9c. COUNTY OF DEATH		
S.	Berlin Nursing Home				Berlin					Worcester			
5	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNT	L 40. 017							Lin	d. INSIDE CITY			
DIRE		10C. CIT	10c. CITY, TOWN OR LOCATION						LIMITS?				
	Maryland Worcester				Snow Hill				40° CITITEN OF N				YES 2 NO
FUNERAL	513 S. Church Street				101. ZIP			21863			10g. CITIZEN OF WHAT COUNTRY? USA		
N	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. AR				ARMED 13. WAS DECENDED				ENDENT OF HISPANIC ORIGIN? (Specify Yea				American Indian,
	1 Never Married 2 Married FORCES? 1 YES					If yes, specify Cuban, Maxican, 1 ☐ YES 2 💢 NO Specify:			, Puerto Rican, atc.)		Black, W	hite, etc.	
BY	3 K Widowed 4 Olvorced IF YES, GIVE WAR OR DATES				To res 2 K No				nary.			Specify:	White
	15. DECEDENT'S EDU (Specify only highest grade				USUAL OCCUPATION vork done during most of working			16b. KIND OF BUSINESS/INDUST			USTRY		
E	Elementary/Secondary (8-12)	+)	We. Do NOT u	se retired.)	retired.)								
COMPLETED	8			Hom			memaker			Own Home			
Ö	17. FATHER'S NAME (First, Middle, Last)			16. 7					ER'S NAME (First, Middle, Malden Surname)				
BE	Crocket Hall				Lina Ha					all			
2	19a. INFORMANT'S NAME (Type/Print)			19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code						,			
۴	Bonnie Age			410 S. Church St., Snow Hill, Marylan									
	20a. METHOO OF DISPOSITION 120 Burial 2 Cremetion 3 Ram	other	place)		TION (Name of cometery, crematory or					CATION -			
	4 Donation 6 Other (Specify) Spri				inghill Memory Gard							oron, Maryland	
	21. SIGNATURE OF FUNEMAL SERVICE LICENSEE				22. NAME AND ADDRESS OF FACILITY Dennis Funeral Home								
	Many of									21863			
	23. PART I. Enter the diseases, or	Complications the	at caused the	death. Do									Approximata
	shock, or heart failere. IMMEDIATE CAUSE (Final	ne.	10.							Interval Between Onset and Death			
- 1	disease or condition resulting in death)	M6m4 — SEQUENCE OF):											
	resulting in death)												
z	Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF):												
CERTIFICATION	Sequentially list conditions, if sny, leading to immediate												
2	CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF):												
삠	that initiated events DUE TO (OR AS A CORSEQUENCE OF): resulting in death) LAST									i I			
E		d											-
	PART II. Other significant condition	t resulting in the underlying cause given in				Part 1, 24a. WAS AN AUTOPSY PERFORMED?				ERE AUTOPSY FINDINGS			
EDICAL							1 YES 2 NO			CC	OMPLETION OF CAUSE F DEATH?		
										YES 2 NO			
5									_				
¥	25. WAS CASE REFERRED TO MEDICAL	=11	-			28. F	LACE OF	DEATH (Che	ck only one)				
Sic	EXAMINER? 1 YES 2 NO	HOSPITAL: 1 Inpatient 2	☐ ER/Outpatient	3 🗆 DOA	OTHE 4 図 Nu		me 6 🗆 F	Residence (6 Other (Sp	eclfy)			
PHYSICIAN: M	1 YES 2 NO 1 Inpatient 2 ER/Outpetient 3 DOA 4 Nursing Home 6 Residence 6 Other (Specify) 27. MANNER OF DEATH 28e, DATE OF INJURY (Month, Dey, Near) 28b. TIME OF INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED INJURY												
ВУ	1 Netural 5 Pending 2 Accident Investigation		M 1 YES 2 NO			□ NO							
	3 Suicide 8 Could not be	home, farm,					281. LOCATION (Street and Number or Rural Route Number, City or Town, State)						
I	4 Homicide detarmined building, etc. (Specify)												
PLE	29a. CERTIFIER 1 CERTIFYING PHYS	SICIAN: To the best	of my knowledge,	death occur	red at the	time, dat	e and plac	e, and dua	to the cause(s	a) and ma	nner as ata	ited.	
COMPLETED	one) 2 MEDICAL EXAMINER: On the basis of axamination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and menner as stated.												
	296. SIGNATURE NUMBER 29d. DATE SIGNED (Mor										fonth, Day, Year)		
) BE	D02026 11/14/									90			
10	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF GEATH (ITEM 27) (Type, Print)												
	Federico G. Arthes, M.D. #3 Bay St., Berlin, MD 21811												
	31. DATE FILED (Month, Day, Year)	AR'S SIGNATUR	E			_							
1	NOV 1 6 '90	Frelia Do	vidron Pr	. 1 00									

1 - FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

8-44-8107

RESIDENCE OF DECEDENT

31. DATE FILED (Month, Day, Year)

NOV 1 4 '90

9a. FACILITY NAME (If not institution, give street and number)

PENINSULA GENERAL HOSPITAL

MARSHALL

1 🗌 M 2 😭 F

8. AGE (In yrs. last birthday)

YRS.

5. SEX

ADDIE

4. SOCIAL SECURITY NUMBER

DIR	Winginia Wo	a a m a a la	NTO	w Chu	rah			LIMITS? 1 YES 2 NO				
III PERMIT	Virginia Accomack 10. STREET AND NUMBER			W CIIU.	10g. CITIZEN	OF WHAT COUNTRY?						
FUNERAL	Depart House Control				22415		USA					
뿔	Route #1, Box	III C ADMED	12 WAS DEC	23415 CENDENT OF HISPANIC	OBIOINS (Specify Vo.		RACE — American Indian,					
2	1 Never Married 2 Married FORCES? 1 YES 2 X			If yes, sp	ecify Cuban, Maxican,		100 140- 14.	Black, Whita, etc.				
B	3 Wildowed 4 Divorced	TES	1 TYES	3 2 No Specify:			Specify: white					
8	15, OECEOENT'S	FOLICATION	16a, DECEDENT'S U	SUAL OCCUPATION	SINESS/INDUST							
E	(Greaty billy rightest grade completed)			(Give kind of work done during most of working iffe. Do NOT use retired.)				~				
	Elementary/Secondary (0-12)	Homemak	rer									
COMPL	17. FATHER'S NAME (First, Middle, Last		Homeman	18. MOTHER'S NAME (First, Middle								
		Marshall										
88		Marsharr	105 11411 1140 4	Clara Wilkerson								
2	19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)											
-	Mildred M. Wessells Route #1, Box 1R, New Church, Va.											
20s. METHOD OF DISPOSITION 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or other place) 20c.							CATION — City					
	4 Donation 5 Other (Specify)		Groton C				Hallwo	ood, Va.				
21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY MELSON FUNERAL HOME P. O. Boy 64. Pocomoke M.												
	Sutts	Milson			Box 64,		ω _M ο	. 21851				
	23. PART I. Enter the diseases,	or complications that caused	the death. Do no	t anter the mo	oda of dving, euch	es cardiac or resp	iratory srrest					
	shock, or heart faile	ure. List only one cause on a	ech ilna.	1)	, /	,	Interval Betwe				
	IMMEDIATE CAUSE (Finel disease or condition											
	resulting in death)	Nacce	- 111100	activic	9 10	and by		1 acert				
		DUE TO (OH AS A	CONSEQUENCE OF):	•		J						
S	Sequentially list conditions,	b	CONSEQUENCE OF									
F	if eny, leading to immediate DUE TO (OR AS A CONSEQUENCE OF):											
S	cause, Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF):											
Ē	that initiated events resulting in death) LAST											
CERTIFICATION		d										
	PART II. Other significant cond	itions contributing to death b	ut not resulting in	the undariyin	ng ceuse given in P			24b. WERE AUTOPSY FINDING				
MEDICAL	Kouxul frii	LUNO LI GODA	(2160	paling		1 YES	FORMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE				
		, , , ,					_ ···	OF DEATH?				
								, , , , , , , , , , , , , , , , , , , ,				
AN	25. WAS CASE REFERRED TO MEDICA	AL I		28 B	LACE OF DEATH (Chan	k only one)						
SICIAN:	28. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) 29. PLACE OF DEATH (Check only one) 29. PLACE OF DEATH (Check only one) 29. PLACE OF DEATH (Check only one) 29. PLACE OF DEATH (Check only one) 29. PLACE OF DEATH (Check only one) 29. PLACE OF DEATH (Check only one)											
¥	1 YES 2 NO	28s. DATE OF INJURY					INJURY OCCUR	EO				
	1 Netural 5 Pending (Month, Day, Year) INJURY WORK?											
B⊀	2 Accident Investigat	ON LOCATION OF	LOCATION (Street and Number or Rural Route Number									
B	3 Suicide 6 Could no	and Number or I	sural Houte Number,									
MPL	29a. CERTIFIER (Check only) CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data end place, and due to the cause(a) and menner as stated.											
Accident S Pending Investigation S S Pending S Pending Investigation S Pending S												
E C	29b. SIGNATURE AND TITLE OF CENT	296. SIGNATURE AND TITLE OF CENTIFIER 29d. DATE SIGNED (Month, Day, Year)										
0	door	Well	11 V	w	11)219	7.53)	1/290				
30, NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Since Print)												
	100 POWER	ST. SALI	SBUNY	. 12	0 2180	f		•				
	1000000	- 1 - 1 - 1		1 1 -	- 4 4							

32. REGISTRAR'S SIGNATURE

una waydoon Randoll

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

IF UNDER 1 YEAR

100 CITY TOWN OR LOCATION

DAYS

SALISBURY

IF UNDER 24 HRS.

MIN.

HOURS

9b. CITY, TOWN OR LOCATION OF DEATH

33234

1990

9c. COUNTY OF OEATH

WICOMICO

3. TIME OF DEATH 00501M

8. BIRTHPLACE (State or Foreign

Virginia

10d. INSIDE CITY 1 TES 2 NO

24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?

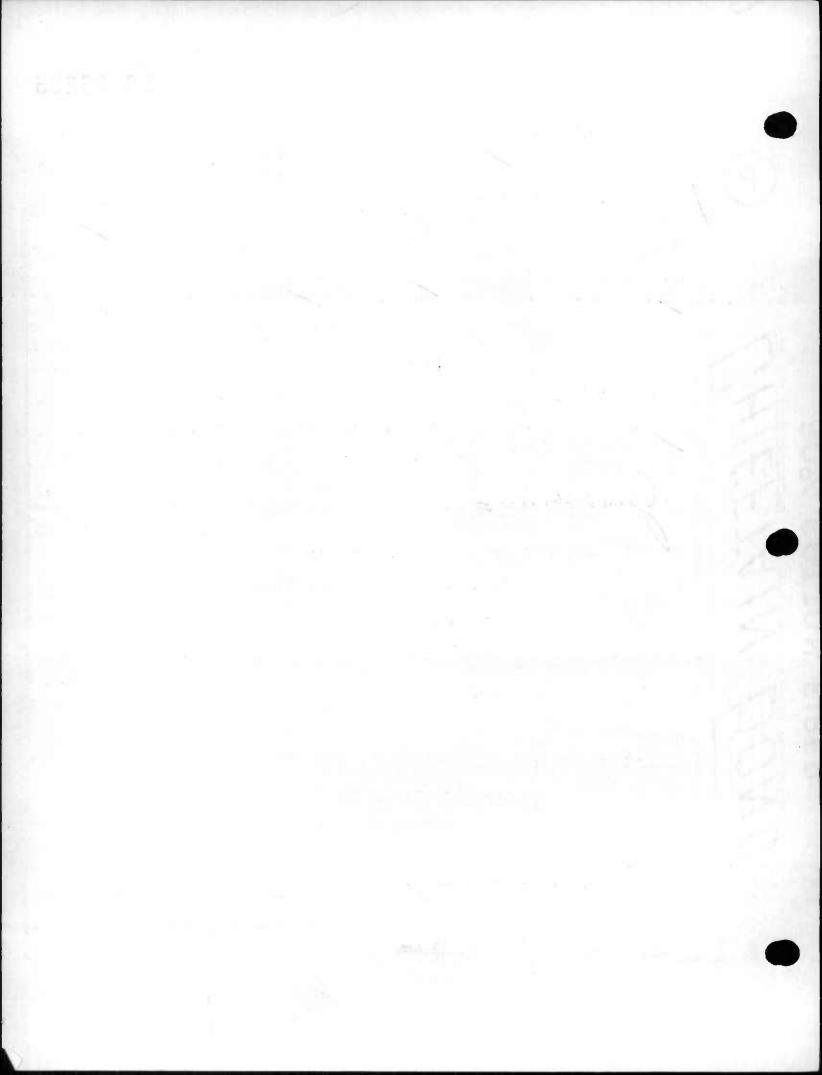
Approximate Interval Between Onset and Death 0001

2. DATE OF DEATH MONTH DAY

1808m381

7. DATE OF BIRTH (Month, Day, Year) 3/4/85

FOR STATE REGISTRAR	STATE OF MARYLA		ENT OF HEALTH AND ATE OF DEATH	MENTAL HYGIENE REG. NO.	90 33235
1. DECEDENT'S NAME (First, Middle, Lest) Doris	L. Milligan			2. DATE OF DEATH MONTH DAY	year 90 11:05A
4. SOCIAL SECURITY NUMBER 216-40-4189 9a. FACILITY NAME (If not institution, give	1 0 M 2 0 F	YRS. MON	INDER 1 YEAR IF UNDER 24 HRS. THE DAYS HOURS MIN. CITY, TOWN OR LOCATION OF D	7. DATE OF BIRTH (Month, Day, Year) 7 - 4 - 1900	8. BIRTHPLACE (State or Foreign Country) Maryland 9c. COUNTY OF DEATH
Wicomico Nu		30.	Salisbury	ZAIN	Wicomico
100. STATE 10b. COUNT Marvland Wic	omico		WN OR LOCATION		10d. INSIDE CITY LIMITS? 1 YES 2 NO
10e. STREET AND NUMBER			101. ZIP CODE		10g. CITIZEN OF WHAT COUNTRY?
Rt. 50, & Boot 11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES	2 NO	2 18 0 1 13. WAS DECENDENT OF HISPA If yes, specify Cubert, Mexico 1 YES 2 NO Specify	an, Puerto Rican, etc.)	U.S. r No- 14. RACE - American Indian, Black, White, etc. Specify: White
15. DECEDENT'S EDI (Specify only highest grad Elementary/Secondary (0-12)	JCATION s completed) College (1-4 or 5+)	16a. DECEDENT'S USU. (Give kind of work of life. Do NOT use reti	done during most of working red.)	16b. KIND OF BUSIN	
17. FATHER'S NAME (First, Middle, Last)			18. MOTHER'S N	AME (First, Middle, Melden Su	mame)
Elijah Powel:		19h MAII ING 400	Anni	e Adams	State Zin Crule)
Mrs, Catherine 20a. METHOD OF DISPOSITION 1 Davial 2 Cremation 3 Ref 4 Donation 5 Other (Specify) 21. Donation of Funeral Service L 22. PART Enter the diseases, or shock, or heart failure IMMEDIATE CAUSE (Final disease or condition resulting in deeth) Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING	complications that caused Liet only one cause on ea a. Acute M DUE TO (OR AS A Arterio.	PLACE OF DISPOSITION Offer piece) t. Andrei M00295 the deeth. Do not each line. yocardio COMSEQUENCE OF):	N (Name of comotory, crematory or NS EDISCODA 22. NAME AND ADDRESS OF F HINMAN FUI PRINCESS enter the mode of dying, eu	l Cem Pr. ACILITY neral Home anne, md. ch ea cardiac or reapira	21853
CAUSE (Disease or Injury that initiated events resulting in death) LAST	d	CONSEQUENCE OF):	ne undartying cause given i	n Part I. 24e. WAS AN AI PERFORM	ED? AVAILABLE PRIOR TO COMPLETION OF CAUSE
25. WAS CASE REFERRED TO MEDICAL					1 YES 2 NO
EXAMINER?	HOSPITAL: 1 Inpetient 2 ER/Output		26. PLACE OF DEATH (C HER: Nursing Home 5 - Residence		
27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF		28d. DESCRIBE HOW INJ	JURY OCCURED
3 Suicide 8 Could not be datarmined	28e. PLACE OF INJURY building, etc. (Speci		t, factory, office	201. LOCATION (Street and City or Town, State)	d Number or Rural Route Number,
one)			the lime, data and place, and do		er as stated. due to the cause(s) and manner as stated.
296. SIGNATURE AND TITLE OF CERTIFIED STATES OF PERSON W		7	29c, LICENSE NI DO2O2		29d. DATE SIGNED (Month, Day, Year) 11/13/90
Federico G 31. DATE FILED (Month, Day, Year)		. 3 Bay S		laryland 21	811



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SION OF VITAL RECORDS, P.O. BOX 13146,	The state of the s
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31. DATE FILED (Month, Day, Year) NOV 1

'90

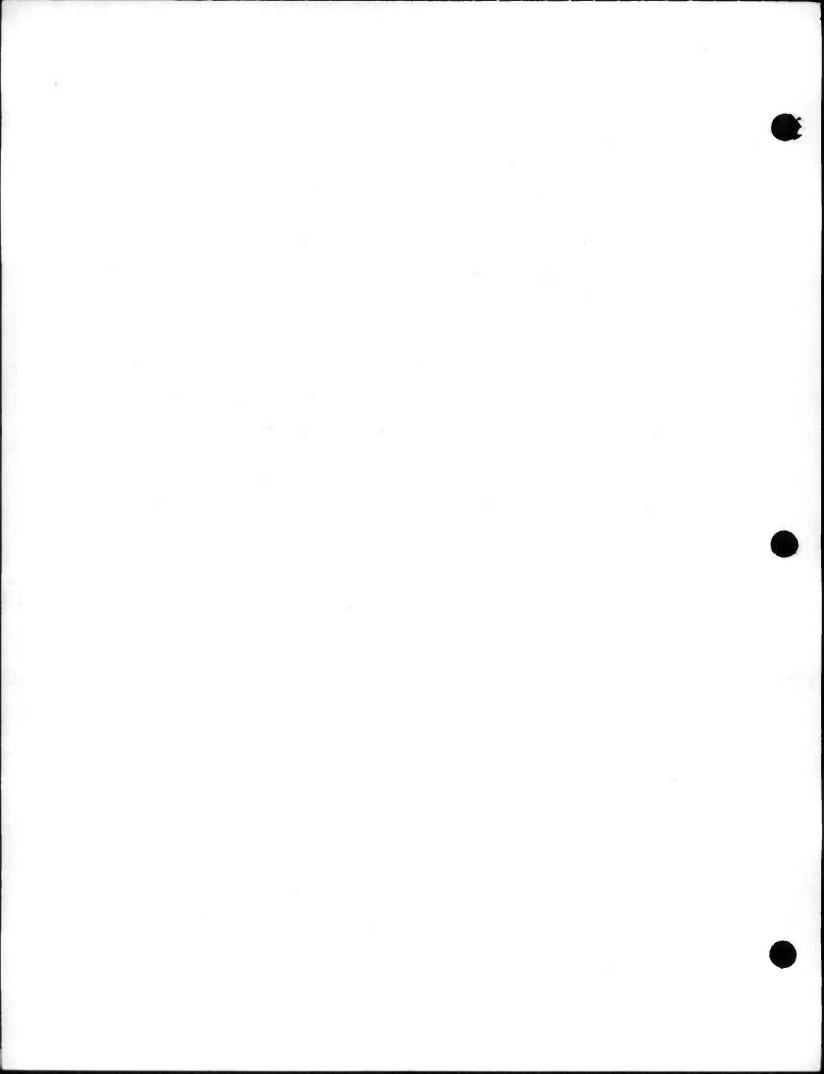
wison-gandale

DHMH-16 Rev 1/89

	FOR STATE REGISTRAR	STATE OF MARYL				EALTH AND DEATH	MENTAL	HYGIEN REG. NO.	E 90	-3323	
ì	1. DECEDENT'S NAME (First, Middle, Last) KATHLEEN		- 1	Mc	Go	wan	WONTH	OF DEATH DA		3. TIME OF DEATH	
1	4. SOCIAL SECURITY NUMBER 176-05-4865	1 🗆 M 2 🕽 🗜	In yrs. lest birthday)	IF UNDER	DAYS	Day, Year)	(bar) Country)				
E	98. FACILITY NAME (If not institution, give str PENINSULA GENERAL	HOSPITAL		SA.	LISBI	R LOCATION OF EURY	DEATH		9c. COUNTY WICO	OF DEATH MICO	
DIRECTOR	10a. STATE 10b. COUNTY MARYLAND WI	COMICO	10c. CI	SALI	SBUR				10d. INSIDE CITY LIMITS? 1 YES 2 1 NO		
FUNERAL	100. STREET AND NUMBER 505 DOUGLAS ROAD				10f.	2 180	1		10g. CITIZEN	USA	
BY	11. MARITAL STATUS 1XXNever Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 NO		If yes, spe	ENDENT OF HISP/ icity Cuban, Maxic 2 X NO Spec	an, Puerto R		or No- 14.	. RACE — American Indian, Black, White, atc. Specify: WHITE	
OMPLETED	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12) 12 YEARS		16a. DECEDENT'S (Give kind of life. Do NOT	work done	during mos		16b.		J /COUF		
6 m	17. FATHER'S NAME (First, Middle, Last) WILLIAM		McGOWAN	LIAKI		16. MOTHER'S N			Sumame)	OUGH	
일	19a. INFORMANT'S NAME (Type/Print) PATRICIA L. McGOW	AN-NIECE				AVE, SA					
ad 150m	20s. METHOD OF DISPOSITION 1 / 1 / 1 / 1 / 1 / 2 Cremation 3 Remote 4 Donation 5 Other (Specify)	16/90 ovel from State P	20b. PLACE OF DISPOSITION (Name of cemetery, crematory or other place) PARSONS CEMETERY					SALISBURY, MD			
examiner must	21, SIGNATURE OF FUNERAL SERVICE LIC	Mourus		H	OLLO	DADDRESS OF FUN WAY FUN NOW HIL	ERAL			MD 21801	
event, the medical	Approximete interval Betwee Onset and Dead Ideas or complications and caused the death. Do not enter the mode of dying, such as cardiac or respiretory arreat, interval Betwee Onset and Dead Ideas or condition on the cause on each line. Approximete interval Betwee Onset and Dead Ideas or condition on the cause of										
	DUE TO (OR AS A CONSEQUENCE OF): Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):										
CERTIFICATION	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	c	AS A CONSEQUENCE OF):								
이는데	resulting in deeth) LAST										
		d.		in the sur	- 441		- 8-4		ALETO BOY	Late Manage Manage Control	
뤰됩	PART II. Other aignificant condition	ds contributing to death b	out not resulting	in the u	nderlying	g cause given i	n Part i.	24a. WAS AN PERFOR	RMED?	24b. WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO	
	PART II. Other aignificant condition		out nDt resulting		26. PL	g cause given i		PERFOR	RMED?	AMAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?	
or Item 23 shows any inju-	PART II. Other aignificant condition	HOSPITAL: 1 Inpetient 2 Der/Outp		OTHE 4 Nu	26. PL	ACE OF DEATH (C	check only on	PERFOI 1 YES 2 e) r (Specify)	RMED?	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 3 NO	
marked, or item 23 shows any inju BY PHYSICIAN: MEDICAL	PART II. Other aignificant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL: 1 Inpatient 2 FER/Outs 28a. DATE OF INJURY (Month, Day, Year) 28a. PLACE OF INJURY	petient 3 DOA 28b. Ti	OTHE 4 Number of JURY	26. PL R: rsing Hom 28c, INJ WO 1 \(\)	ACE OF DEATH (Company)	28d. DES	PERFOR	RMED?	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 3 NO	
28 IS MATKED, OF ITEM 23 SHOWS BHY INJU- TED BY PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 3 Suicide a Could not be detarmined	HOSPITAL: 1 Inpetient 2 PER/Outs 28a. DATE OF INJURY (Month, Day, Year) 28a. PLACE OF INJURY building, etc. (Special	petient 3 DOA 28b. Ti	OTHE 4 Nur ME OF NJURY M street, fac	26. PL R: reing Hom 28c. INJ WO 1 1 1	ACE OF DEATH (Come 5 - Residence VIII) PAT 19K7 YES 2 - NO	28d. DES	PERFORM 1 YES 2 e) (Specify) CRIBE HOW (ATION (Street or Town, State)	RMED?	AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 3 NO RED Rural Route Number,	
28 IS MATKED, OF ITEM 23 SHOWS BHY INJU- TED BY PHYSICIAN: MEDICAL	PART II. Other aignificant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	HOSPITAL: 1 Inpatient 2 PER/Outs 28s. DATE OF INJURY (Month, Day, Year) 28s. PLACE OF INJURY building, etc. (Special Clan: To the best of my known.	petient 3 DOA 28b. Ti If — At home, farm riedge, death occu	OTHE 4 Nut ME OF SJURY M street, fac	26. PL R: reing Hom 26c. INJ WO 1 1 1	ACE OF DEATH (Company) The Solution of the Company	28d. DES 28d. DES 28l. LOC. City	PERFORM 1 YES 2 (Specify) CRIBE HOW I ATION (Street or Town, State)	INJURY OCCUP and Number or oner as stated.	AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO RED Rural Route Number,	
28 IS MATKED, OF ITEM 23 SHOWS BHY INJU- TED BY PHYSICIAN: MEDICAL	PART II. Other aignificant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 3 Suicide a Could not be detarmined 29e. CERTIFIER (Check only) 1 CERTIFYING PHYSI	HOSPITAL: 1 Inpatient 2 PER/OUTY 28s. DATE OF INJURY (Month, Day, Year) 28s. PLACE OF INJURY building, etc. (Special Clans: To the best of my know ER: On the basis of examination	petient 3 DOA 28b. Ti If 7 — At home, farm city) riedge, death occur on and/or investigat	OTHE 4 Number of	26. PL R: reing Hom 28c. INJ WO 1 \[\] \tag{tory, office} time, date opinion, d	ACE OF DEATH (Come 5 Residence URRY AT PROTECTION OF STATE OF THE COME OF THE COME OF THE COME OF THE COME OF THE COME OF THE COME OF THE COME OF THE COME OF THE COME OF THE COME OF THE COME OF THE COME OF THE COME OF T	heck only on a Other 28d. DES 28J. LOC City us to the cause time, data	PERFORM 1 YES 2 (Specify) CRIBE HOW I ATION (Street or Town, State) see(a) and me and place, ar	AMED? MINJURY OCCUP and Number or nner as stated. d dus to the c	AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 3 NO RED	
IPORTANT: If item 28 is marked, or item 23 shows any inju BE COMPLETED BY PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 VES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 3 Suicide a Could not be determined 29e. CERTIFIER (Check only one) 29b. SIGNATURE AND TITUS OF CERTIFIER 20b. SIGNATURE AND TITUS OF CERTIFIER 20c. CERTIF	HOSPITAL: 1 Inpatient 2 PER/OUTY 28s. DATE OF INJURY (Month, Day, Year) 28s. PLACE OF INJURY building, etc. (Special Clans: To the best of my know ER: On the basis of examination	petient 3 DOA 28b. Ti If 7 — At home, farm city) riedge, death occur on and/or investigat	OTHE 4 Number of	26. PL R: reing Hom 28c. INJ WO 1 \[\] \tag{tory, office} time, date opinion, d	ACE OF DEATH (Come 5 Residence URRY AT PROTECTION OF STATE OF THE COME OF THE COME OF THE COME OF THE COME OF THE COME OF THE COME OF THE COME OF THE COME OF THE COME OF THE COME OF THE COME OF THE COME OF THE COME OF T	heck only on a Other 28d. DES 28J. LOC City us to the cause time, data	PERFORM 1 YES 2 (Specify) CRIBE HOW I ATION (Street or Town, State) see(a) and me and place, ar	AMED? MINJURY OCCUP and Number or nner as stated. d dus to the c	AMAILABLE COMPLETS OF DEATHS OF DEATHS 1 — YES RED Rural Route Number Rural Route Number Rural Route Number Rural Route Number Rural Route Mumber Rural Route (a) and manner Rural Route (b) and manner Rural Route (c) and manner Rural Route (d) and manner Rural Route (d) and manner Rural Route (d) and manner Rural Rural Route (d) and manner Rural	

DIVISION OF VITAL RECORDS, P.O. BOX 13149, TO THE HOSPIAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-rouns after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL OMECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, be fleet within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	registrar CERTIFICATE OF DEATH REG. NO.
	1. DECEDENT'S NAME (First, Mightle, Leist) HELEN G: Mª Kinley 2. DATE OF DEATH MONTH DAY YEAR NOVEMBER 16 1990 M
2	4. SOCIAL SECURITY NUMBER 5. SEX 1 M 2 F F SQ. YRS. 8. AGE (In yrs. lest birthday) F UNDER 1 YEAR F UNDER 24 HRS. 1 M 2 F SQ. YRS. 8. AGE (In yrs. lest birthday) F UNDER 1 YEAR F UNDER 24 HRS. 1 MONTHS DAYS HOURS MIN. 7. DATE OF BIRTY (Morth, Day, Year) Country)
(E)	Peninsula General Hospital 9b. CITY, TOWN OF LOCATION OF DEATH Salisbury, MD 9c. COUNTY OF DEATH Wicomico
	RESIDENCE OF DECEDENT
UNE	100. STATE 100. COUNTY 100. OUTY 100. OUTY, TOWN OR LOCATION TO COMOKR - RAHO DRY IT 20. 101. INSIDE CITY LIMITS? 10 VES 2 1 VES
UNERAL	100. STREET AND NUMBER 20 X 199 REHSEHH Rd. 101. ZIP COOE 109. CITIZEN OF WHAT COUNTRY? USA
פא רטי	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 1 Never Merried 2 Warried 3 Widowed 4 Divorced 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No- If yes, specify Cuban, Megican, Puerto Rican, atc.) 1 YES 2 WAR OR OATES 14. RACE — American Indian, Black, White, etc. Specify:
ED	15. DECEDENT'S EDUCATION (Specify only Tighest grade completed) 16a. DECEDENT'S USUAL OCCUPATION (She kind of work done during most of working life, Do NOT use retired.) 16b. KIND OF BUSINESS/INOUSTRY
COMPLE	Elementary/Secondary (0-12) College (1-4 or 8+) SEAFORD WOLLRE SEAFORD
200	17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Majdog Surname) FLORES CONVAY
0	19b. MAILING AOORESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) RC LINES RAILING AOORESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)
	201 USPRIOD OF DISPOSITION 202 LOCATION - City or Town, State 203 PLACE OF DISPOSITION (Name of cometery, crematory or City or Town, State 204 Disposition 5 Other (Specify)
A	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACEDTY 22. NAME AND ADDRESS OF FACEDTY 23.
\	Pussell foots tooks timed Home
1	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or reapiratory arrest, ahock, or heart failure. List only one cause on each line. Approximate interval Between
	IMMEDIATE CAUSE (Final Onset and Death
	disease or condition resulting in desth) - s. Leval Prulue 2° metantatu
	DUE TO (OR AS A CONSEQUENCE OF):
5	Sequentially list conditions, If any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF):
5	cause. Enter UNDERLYING CAUSE (Disease or Injury
CERTIFICATION	that Initiated events resulting in death) LAST d.
- 1	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS
DICAL	PERFORMED? AMAILABLE PRIOR TO COMPLETION OF CAUSE 1 YES 2 NO OF DEATH?
Ξ	1 U YES 2 U NO
A P	25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one)
PHYSICIAN:	EXAMINER? 1 YES 2 NO 1 Pagetient 2 ER/Outpetient 3 DOA 4 Nursing Home 5 Residence 6 Other (Specify)
1	27. MANNER OF DEATH 28s. DATE OF INJURY 28b. TIME OF 28c. INJURY AT 28d. DESCRIBE NOW INJURY OCCURED MAINTEN WORK?
2	1 Netural 5 Pending 2 Accident Investigation M 1 YES 2 NO
	3 Suicide 8 Could not be 4 Nomicide 8 Could not be determined 28e. PLACE OF INJURY — At home, farm, atreet, factory, office building, atc. (Specify) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)
COMPLETED	29s. CERTIFIER (Check only one) 1 CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and menner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, dash occurred at the time, data and place, and due to the cause(e) and manner as stated.
O BE C	296. SIGNATURAL OF CERTIFIER 296. LICENSE NUMBER 296. DATE SIGNED (Morgh, Day, Year) 11 16 9 0
=	TO HAME AND ADDRESS OF PERSON, WNO COMPLETED CAUSE OF OEATH (ITEM 27) (Typo, Print) OR NSSO 145 F. CARROLL ST. SALISBURY MO
2	31. DATE FILED (MONTH, Day, Year) 32. REGISTRAR'S SIGNATURE Fichia Savidson-Randelle



	FOR STATE REGISTRAR	TATE OF MARYLAND	/ DEPARTMENT OF		MENTAL HYGIEN	-	0 33238			
	1. DECEDENT'S NAME (First, Middle, Last) 4. SOCIAL SECURITY NUMBER 5. S	irginia	Melv	in	2. DATE OF DEATH DA	7 9	0 11:05 M			
4	219-34-3512	M 2 🔭 57	YRS. MONTHS DAY	'S HOURS MIN.	(Month, Day, Year) 02/11/33	Cr	HRTHPLACE (State or Foreign ountry) "umpton, MD			
TOR	Me morial Ho	spital	9b. CITY, TOV	Ston	ATH	Ta 1				
DIRECTOR	10e. STATE 10b. COUNTY Maryland Caro	line	10c. CITY, TOWN OR LO	nton		10d. INSIDE CITY LIMITS? 1 YES 2 NO				
¥.	90.8A Gay Street			101. ZIP CODE 2162	20		OF WHAT COUNTRY?			
BY FUNE	Marriad 2 Marriad	WAS DECEDENT EVER IN U.S. AI FORCES? 1 TYES 2 TYPE FYES, GIVE WAR OR DATES	NO If yes	DECENDENT OF HISPANI , specify Cuben, Mexicen YES 20040 Specify:	IC ORIGIN? (Specify Year, Puerto Rican, etc.)	or No— 14.	RACE — American Indien, Black, White, etc. Specify: White			
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade complete)	(cled)	ECEDENT'S USUAL OCCUP Give kind of work done during in. Do NOT use retired.) Housewi	most of working	18b. KIND OF BUS	SINESS/INDUST	RY			
NO.	17. FATHER'S NAME (First, Middle, Last)				AE (First, Middle, Meiden	Surneme)				
BE	William B. Co.				n Elizabe					
2	190. INFORMANT'S NAME (Typo/Print) Donna M. Sherwoo		9b. MAILING AODRESS (Str	eet and Number or Rural R x 83, Chu	CONCESS!					
	20e. METHOD OF DISPOSITION XIXBuriel 2 Cremation 3 Removal f	20b. PLACE	E OF DISPOSITION (Name o			CATION — City				
	4 Donetion 8 Other (Specify)	Mary	land Vete	rans Ceme	etery Hu	ırlock	, Maryland			
	21. SIGNATURE OF FUNERAL SERVICE LICENSE	Unlan	Tom Chu	e and address of fac Helfenberch Hill	ein Funer Marylar	nd 21	623			
	23. PART i. Enter the diseesee, or comp ahock, or heart failure. List	lications that ceused the d only one cause on each iln	leath. Do not enter the ne.	mode of dying, such	es cerdiec or respi	ratory errest,	Interval Between			
	iMMEDIATE CAUSE (Finei disease or condition resulting in deeth)	Coundra DUE TO (OR AS A CONSE	COUENCE OF:	est			Onset and Death			
NO	Sequentially list conditions, DIE TO OR AS A CONSEQUENCE OF									
CERTIFICATION	if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	DUE TO (OR AS A CONSE	EQUENCE OF):							
ERI	resulting in deeth) LAST									
PHYSICIAN: MEDICAL	PART II. Other significent conditions con	Part i. 24e. WAS AN PERFOF 1 - YES 2	RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?						
2					_		1 YES 2 NO			
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	OSPITAL:	OTHER:	8. PLACE OF DEATH (Che	ock only one)					
14Si		Inpatient 2 - ER/Outpetient 28e. DATE OF INJURY	3 DOA 4 Nursing	Home 5 Residence	8 Other (Specify) 28d, DESCRIBE HOW I	NJURY OCCUR	ED			
BY PI	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJURY	WORK?						
8	3 Suicide 8 Could not be determined	28e. PLACE OF INJURY — At h building, etc. (Specify)	nome, farm, street, factory,	office	281. LOCATION (Street City or Town, State)		tural Route Number,			
COMPLET	29e. CERTIFIER (Check only one) 1 CERTIFVING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(e) end manner as stated. 2 MEDICAL EXAMINER: On the basis of axamination and/or investigation, in my opinion, death occurred at the time, date end place, end due to the cause(e) end manner as stated.									
Ö	(Othern off)		r investigation, in my opinio	on, death occured at the	time, date end place, er	nd due to the ca	use(e) end manner as stated.			
BE	29b. SIGNATURE/AND TITLE OF CERTIFIER	the basis of examination and/or	Me	29c. LICENSE NUM D145	IBER		GNEO (Month, Day, Year)			
	20. SIGNATURE AND TITLE OF CERTIFIER 30. NAME AND ADDRESS OF PERSON MHO CO	the basis of examination and/or	EM 27 (Type, Print)	29c. LICENSE NUN	IBER	29d, DATE SI	GNEO (Month, Day, Year)			

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

12

		nit. Pages 1, 2, 3 should	46.94
ON OF VITAL RECORDS, P.O. BOX 13146, BALTIMORE, MARYLAND 21203-3146	DING PHYSICIAN: The law requires that the death certificate be executed within Jurs after death. Page 6 may be retained by the hospital or attending physician.	After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should hearth with the State Deut, of Health and Mental Hydiene prior to burial, cremation, or removal.	s marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY FUNERAL DIRECTOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL H	HYGIENE	90	33239
CERTIFICATE OF DEATH	REG. NO.		

1 - FOR STATE REGISTRAR		STATE OF MARYL	ND / DEPARTM CERTIFIC	ENT OF H	EALTH AND I	MENTAI	HYGIENE REG. NO.	90	30	3239
1. DECEDENT'S NAME (First		cKennev				MONTI		, 199	AR	IME OF DEATH
4. SOCIAL SECURITY NUMBER 451-03-585	SER 6.	BEX 6. AGE (, ,,	UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE (Mont) NOV	OF BIRTH	6.1		E (State or Foreign
90. FACILITY NAME (If not in 1316 Fen			96		er Spri			9c. COUNTY		omery
RESIDENCE OF DEC	10b. COUNTY		10c. CITY, TO	OWN OR LOCA	TIÓN					INSIDE CITY LIMITS?
Maryland 100. STREET AND NUMBER	Mo	ntgomery	Si	ver Si	ring . zIP CODE			10g. CITIZEN		YES 2 NO
1316 Fenwick Lane 1. Marital Status 1. Marital Status 1. Nover Married 2 Married Start Widowed 4 Divorced 1. Was Decedent Ever in U.S. Armed Forces? 1 Yes 2 No If yes, specify Cuben, Mexican, Puerto Rican, etc.) 1. Was Decedent Ever in U.S. Armed Is was Decedent of Nispanic Origin? (Specify Yea or No- If yes, specify Cuben, Mexican, Puerto Rican, etc.) 1. Was Decedent Ever in U.S. Armed If yes, specify Cuben, Mexican, Puerto Rican, etc.) 1. Was Decedent Ever in U.S. Armed If yes, specify Cuben, Mexican, Puerto Rican, etc.) 1. Was Decedent Ever in U.S. Armed If yes, specify Cuben, Mexican, Puerto Rican, etc.) 1. Was Decedent Ever in U.S. Armed If yes, specify Cuben, Mexican, Puerto Rican, etc.) 1. Was Decedent Ever in U.S. Armed Is was Decedent Ever in U.S. Armed Is was Decedent In It yes, specify Cuben, Mexican, Puerto Rican, etc.) 1. Was Decedent Ever in U.S. Armed Is was Decedent Ever in U.S. Armed Is was Decedent In It yes, specify Cuben, Mexican, Puerto Rican, etc.) 1. Was Decedent In It yes, Specify Is was Decedent In It yes, Specify U.S. Armed I										merican led a, lie, stc. White
(Specify online Elementary/Secondary (I	EDENT'S EDUCAT y highest grade cor 0-12)	mpleted) College (1-4 or 5 +)	18s. DECEDENT'S USI (Give kind of work life. Do NOT use re	done during me tired.)			KIND OF BUS		TRY	
1-12	licida I nett	N/A	Homema	aker	16. MOTHER'S NA		wn hom			
	s F. Ho	tchkiss			Eloise I			umeme)		
19e. INFORMANT'S NAME (Type/Print)	-	19b. MAILING AD	DRESS (Street	and Number or Rural	Route Num	ber, City or Town			
Roma L. A1					Court P	otom			354	
20a. METHOD OF DISPOSIT 1A Buriel 2 Cremetic 4 Donatton 6 Other	(Specify)	if from State	other place) Memorial	Park	Cemetery			his,		State
21. SIGNATURE OF JUNEAU	service LICEN	Eule	ion		nd address of Fa s/Rinald		800 Nev	v Hamp	. Ave	S.S.Md.
23. PART I. Enter the depote shock, or himmediate cause (findisees or condition resulting in death)	aart fallure. Lis	it only one couse on a						atory arrest		Approximate interval Between Onset and Dasth
Sequentially list condi- if any, leading to imme cause. Enter UNDERLY CAUSE (Disease or Inju- that initiated events resulting in death) LAS	ing ing	DUE TO (OR AS A	CONSEQUENCE OF):	۵۷	Herr	>	Die	200	Ø '	
PART II. Other signific	ent conditions	contributing to deeth b	ut not resulting in	the underlyin	g cause given in	Part I.	24s. WAS AN PERFOR 1 TYES 2	MED?	AMA COI OF	RE AUTOPSY FINDINGS ILABLE PRIOR TO IPLETION OF CAUSE DEATH? YES 2 NO
25. WAS CASE REFERRED	TO MEDICAL			26. F	LACE OF DEATH (C)	neck only o	ne)		1	
EXAMINER?		OSPITAL:		THER:	ne 5 Raeldence	6 🗆 Oth	er (Specify)			
	Pending Investigation	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME C	Y W	JURY AT ORK? YES 2 NO	28d. DE	SCRIBE NOW IF	JURY OCCUP	RED	
a D outstda	2 Accident Investigation 3 Suicide 6 Could not be 28. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) City or Town, State) 28. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify)									Number,
one)		AN: To the best of my know							ause(e) end	d manner ee stated.
29b. SIGNATURE AND TITL	FOF CEMPIEER	0	-Zu		29c. LICENSE NU		6	29d. DATE B	IGNED (Mo	nth, Day, Year)
30. NAME AND ADDRESS (OF REBSON WHO	1		•	CS 11211		RVR	7	eth	nd;
31. OATE FILEO (Month, Dey	16ar) 90	32 REGISTRAR'S SIGN								

	1 - FOR STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTM			ENTAL HYGIEN REG. NO	7 1	33240
	1. DECEDENT'S NAME (First, Middle, Last Nicholps	NICHOLAS ALB	ERT MARA	THON	on 1	1 12	-	3. TIME OF DEATH 645 PM
1	4. SOCIAL SECURITY NUMBER 578-22-6624 9e. FACILITY NAME (If not institution, give	12 M 2 □ F 6	6 YRS. MON		HOURS MIN.	Month, Day, Year)	1915	BIRTHPLACE (State or Foreign Country) Nashington. DC
CTOR	HOLY C POSS				Er Spr			of gomery
DIRE		Montgomery			Spring			10d. INSIDE CITY/ LIMITS? 1 YES 2 NO
FUNERAL	124 Marine Terr				20905			USA
BY	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN I FORCES? 1 VES IF YES, GIVE WAR OR DAT COAST GUATO	2 NO	If yes, spe	ENDENT OF HISPANIC ocity Cuben, Mexican, 2 NO Specify:		n or No-	RACE — American Indian, Black, White, etc. Specify: White
PLETED	15. DECEDENT'S ET (Specify only highest gre Elementary/Secondary (0-12) 1-12		(Give kind of work of the Do NOT use reti	tione during mo red.)		US Army		ain WRAMC
COMPL	17. FATHER'S NAME (First, Middle, Last) Louis	Marathon				E (First, Middle, Maiden		
TO BE	190. INFORMANT'S NAME (Type/Print) Elizabeth M. M	arathon			errace, Si			
	20a METHOD OF DISPOSITION 1 Surial 2 Cremetion 2 Re 4 Donation S Other (Specify)	movel from State	PLACE OF DISPOSITIO other place) Fort Linc	N (Name of cer Oln Ce	metery, cremetory or emetery			ood, Md.
	21. SIGNATURE OF PARENT SETFICE	Kushle	-		nd address of facil Ines/Rinal N.H. Ave.			e g, Md. 20904
CERTIFICATION	immediate cause (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	DUE TO (OR AS A C	ch line.		soma of C			t, Approximata Interval Between Oaset and Death
CERTII	that initiated events reaulting in death) LAST	d						
: MEDICAL	PART II. Other algorificant conditions of the condition o	one contributing to death bu					RMED?	24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		HER:	LACE OF OEATH (Chec			
	27. MANNER OF DEATH 1 Netural S Pending	28a. DATE OF INJURY (Month, Day, Year)	26b. TIME OF	28c. IN.		28d. DESCRIBE HOW	INJURY OCCU	RED
TED BY	2 Accident Investigatio 3 Suicide 6 Could not be determined	28e. PLACE OF INJURY - building, etc. (Specif	— Al home, farm, stree			28f. LOCATION (Street City or Town, State		Rural Route Number,
COMPLET	Cornect Gray	YSICIAN: To the best of my knowle NER: On the basis of examination						
BE	BOD SIGNATURE AND TITLE OF CERTIF	Brane (11)	1		29c. LICENSE NUME	DER	29d, DATE 5	BIGNED (Marith, Day, Year)
10	30 NAME AND ABDRESS OF PERSON	WHO COMPLETED CAUSE OF DEA	TH (ITEM 27) (Type, Prin	"08P+	YS CANDAIN	LANE R	OCKVII	4 Nu Zorgo
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNA	TURE Rande 10		- G-Green			(

DHMH-16 Rev 1/89

July 1

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mouns after death. Page 6 may be retained by the hospital or attending physician.

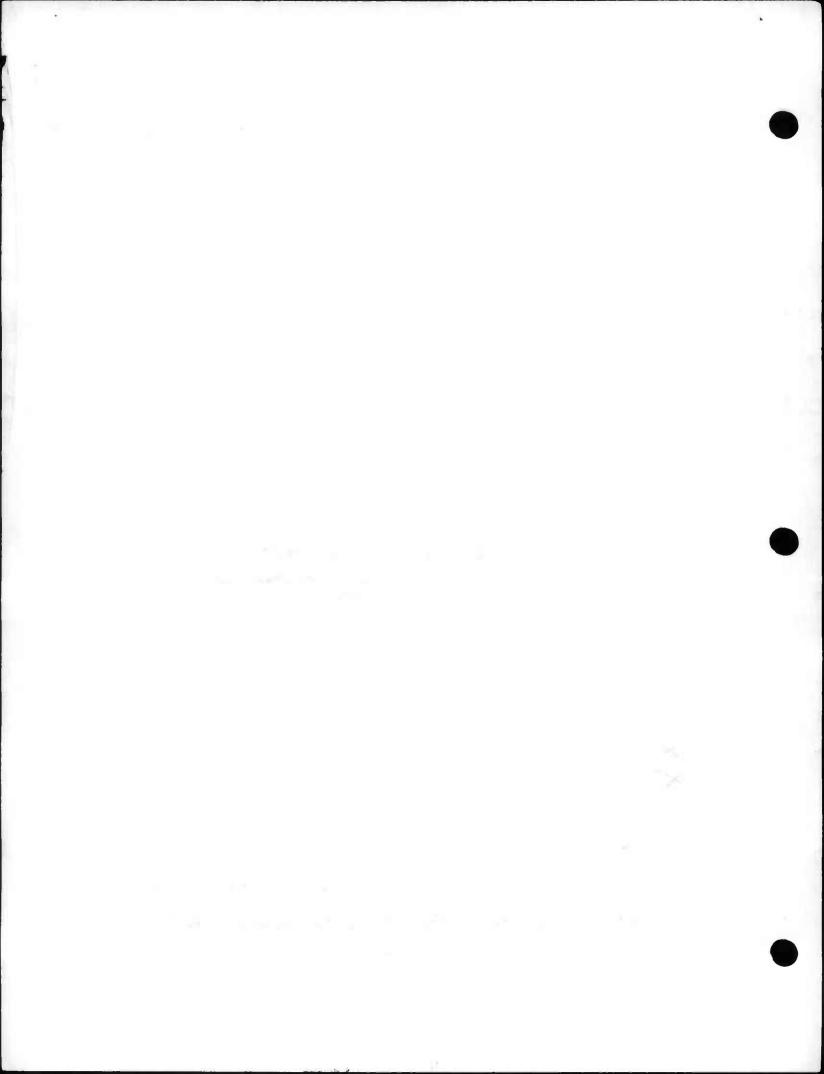
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. or Health and Mental Hygiene prior to burial, cremation, or removal. BALTIMORE, MARYLAND 21203-3146 DIVISION OF VITAL RECORDS, P.O. BOX 13146,

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

FOR STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH DAY									v .	VEAR	3. TIME OF DEATH			
	ELIZABETH ANNE M					GRATH					MONTH DAY 1-90 2			
	4. SOCIAL SECURITY NUME	ER	5. SEX 6. AGE (In yrs. last		t birthday)					7. DATE OF BIRTH (Month, Day, Year)		6. BIRTHPLACE (State or Foreign Country)		
į	128-26-9211					1935		W YORK						
	9a. FACILITY NAME (If not in	stitution, give s	treet and number)			9b. CITY	, TOWN	R LOCAT	TION OF DE	ATH		9c. COU	NTY OF D	EATH
OR	1910 GLEN		S ROAD			:	SILV	ER	SPRI	NG		M	ONTGO	OMERY
딦	RESIDENCE OF DEC	10b. COUNT	γ		10c. CIT	Y, TOWN (OR LOCA	ION						10d. INSIDE CITY
DIRECTOR	MARYLAND		MONTGO	MERV		SILVI			RING					LIMITS?
7	10e. STREET AND NUMBER		1101111001	ILIKI		71141	_	. ZIP COI				10g. CIT	IZEN OF V	WHAT COUNTRY?
FUNERAL	1910 GLE	EN ROS	SS ROAD					2	0910			1	USA	
S	11. MARITAL STATUS		12. WAS DECEDER	NT EVER IN U.S. AR				ENDENT	OF HISPAN	IIC ORIGIN? (S			14. RACE	- American Indian,
BY F	1 Never Married 2 X 3 Widowed 4 Divo	•		I ☐ YES 2 [X]I WAR OR DATES	NO.				Specify	n, Puerto Rica: /:	n, atc.)		Speci	fy:
		12000								mod so				WHITE
COMPLETED	(Specify onl	EDENT'S EDU y highest grade	completed)	(G	ive kind of a	work done	during mo	ON ast of work	dng	16b. KIN	ID OF BUS	INESS/INI	DUSTRY	
PE	Elementary/Secondary (t)-12)	College (1-4 or 5	+)	ECRET					Т	.в.м.			
NO.	17. FATHER'S NAME (First, M	liddle, Last)						18. MO	THER'S NA	ME (First, Midd)				
	JAMES J	. WI	REN					MA	RGARI	ŢΨ		NFT	VILLE	,
BE	19a. INFORMANT'S NAME (Type/Print)		19	b. MAILING	ADDRES	S (Street a			Route Number, (City or Town			
2	JAMES J. M	CGRATI	HUS (HUS	BAND)	1910	GLEN	RO	SS R	OAD,	SILVE	R SPH	RING	MAF	RYLAND 20910
	20s. METHOD OF DISPOSIT	ION	ovel from State	20b, PLACE	OF DISPOS	SITION (N	ame of ce	netery, cri	amatory or				City or To	
	1 Donation 5 Other			METRO	OPOLI						ALEX	KANDI	RIA,	VIRGINIA
	21. SIGNATURE OF FUNERA	L SERVICE LI	CENSEE /						COLT	LINS F	INFR	AT. HO	ME	INC
	Mula	XT	Degle											, MD 20901
	23. PART I. Enter the d	isseses, or	complications the	et coused the de	eth. Do r	not antai	the mo	de of d	ying, suc	h ss cardiec	or raspi	ratory ar	rest,	Approximate Interval Between
	IMMEDIATE CAUSE (Fin		List Gilly Gila Co											Onset and Dasth
	disease or condition resulting in deeth) s. Caroliac arrest													
	disease or condition resulting in deeth) s. Cardiac arrest DUE TO (OR AS A CONSEQUENCE OF): COTTO WORK DUE TO (OR AS A CONSEQUENCE OF):													
ON														
TA.	If any, leading to immediate cause. Enter UNDERLYING													
MEDICAL CERTIFICATION	CAUSE (Disease or Injuthat initiated events		DUE TO	OR AS A CONSE	OUENCE O	F):								
FH	resulting in death) LAS	T L	d											
2	PART II, Other significa	ant condition	ns contributing to	death but not	resulting	In the u	ndarivin	a cause	given in	Part I. 24	a. WAS AN	AUTOPSY	246	. WERE AUTOPSY FINDINGS
CA											PERFOR			AVAILABLE PRIOR TO COMPLETION OF CAUSE
										_ 1	YES 2	□ NO		OF DEATH? 1 ☐ YES 2 🕅 NO
_									Ç.	_				. L. ISS Z MI NO
IAN	25. WAS CASE REFERRED 1	O MEDICAL					28. P	LACE OF	OEATH (Ch	eck only one)				
Sic	1 YES 2 NO		HOSPITAL: 1 Inpatient 2	☐ ER/Outpatient 3	DOA	OTHE 4 No		Ta 5 🗆	Rasidence	8 Other (S	pecify)			
PHYSICIAN:	27. MANNER OF DEATH		28a. DATE O	F INJURY Day, Year)	28b. TIN	AE OF JURY	28c. IN	JURY AT		28d. DESCR	BE HOW I	NJURY OC	CURED	
ВУ	1 Natural 5 2 Accident	Pending Investigation	,		9/2	М		YES 2	□ NO					
	3 Suicide 8 Homicide	Could not be	28e. PLACE building	OF INJURY — At he j, etc. (Specify)	ome, farm,	street, fac	ctory, offi	en .		28f. LOCATIO	ON (Street a bwn, State)	and Numbe	or Rural	Route Number,
ETE		datermined												
1PL	TOTAL OTHY	TIFYING PHYS	SICIAN: To the best of	of my knowledge, d	eath occurr	red at the	time, dat	and pla	ca, and dua	to the cause(a) and man	nor as at	nted.	
COMPLETED	one) 2 MED	HCAL EXAMINE	ER: On the basis of	examination and/or	Investigation	on, in my	opinion,	death occ	cured at the	time, deta and	d place, an	d due to t	the cause(a) and manner as stated.
ш	29b. SIGNATURE AND TITLE	OF CERTIFIE	-					29c. LI	CENSE NUI	MBER		29d. DA	TE SIGNED	(Month, Day, Year)
TO B	90	The	Non	X	Me	0		100	28	146	S		11-	11-70
	30. NAME AND ADDRESS O	F PERSON WI	HO COMPLETED CA	USE OF OEATH (ITE		-								mo.
	31. DATE FILEO (Month, Day,	Manri	32 BEGIETE	AR'S SIGNATURE	321		10)	120	01	SIN	A	Col	15	spoces To
	NOV 1	4 800	Jul	ia Davidson	Rand	000								1
	1101				- A									



46	physician.	burial-transit permit. Pages 1, 2, 3 should		TO BE COMPLETED BY FUNERAL DIRECTOR
BALTIMORE, MARYLAND 21203-3146	er death. Page 6 may be retained by the hospital or attending	the funeral director, page 5 should be detached for use as the val.	il examiner must be notified at once.	TO BE COMPLETED BY
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

296. SIGNATURE AND TITLE OF GERTIFIER

'90

31. DATE FILED (Month, Day, Year)
NOV 16

Sherer MD 3947 Ferrara

32. REGISTRAR'S SIGNATURE
Julia Davidson Randalle

	FOR STATE REGISTRAR		STATE OF M	IARYLA					EALTH AND DEATH	MEN	TAL HYGII REG. I	NE (90	3	3242
!	1. DECEDENT'S NAME (First, Mic CONSTANCE					MERRE	ACH			2. D/	ATE OF DEATH	DAY	YEAR	3. 1	IME OF DEATH
	4. SOCIAL SECURITY NUMBER	-	5. SEX	6. AGE (II	In yrs. last bli		UNDER 1 Y	EAR	IF UNDER 24 HRS.	7. DA	TE OF BIRTH			HPLA	9:45 P. M
ļ	577-28-0514		1 🗆 M 2 💢 F				ITHS D	AYS	HOURS MIN.		PT . 4		Coun	try)	INIA
	9e. FACILITY NAME (If not institu	ition, give st	reet and number)						R LOCATION OF E	DEATH		9c. COL	INTY OF I	DEATH	
-	10502 HAYE		AVENUE				ILVI	ER	SPRIN	G		I I	4ONT(GOM	EKY
i		b. COUNTY			1	Oc. CITY, TO	OWN OR L	LOCATI	ON					10d	INSIDE CITY
	MARYLAND 100, STREET AND NUMBER	M	ONTGOMER	Y		SIL	VER		RING			I		_	YES 2 NO
	10502 HAYES	AVE	NIIF					101.	ZIP CODE 209	0.1		10g. CIT			COUNTRY?
	11. MARITAL STATUS		12. WAS DECEDEN	EVER IN	U.S. ARME	D			NDENT OF HISPA	ANIC OR				SA E – /	American Indian, ilta, atc.
	1 Hever Married 2 Mar 3 Widowed 4 Divorces		FORCES? 1 IF YES, GIVE W						cify Cuban, Maxic 2 NO Spec		rio Rican, etc.		Spec	city:	VHITE
ı	15. DECEDE		ATION		16e, DECEI	DENT'S USU	IAL OCCU	IPATIO	N		16b. KIND OF	RUSINESS/IN	DUSTRY	V	AUTIC
	(Specify only hig Elementary/Secondary (0-12)	1	College (1-4 or 5 +	,	(Give	kind of work NOT use re	done duri tired.)	ng mos	t of working						
	12				HOME	MAKEI	?								
ı	17. FATHER'S HAME (First, Middle JOHN	e, Last)	DANIEL						18. MOTHER'S N	AME (Fir	rst, Middle, Mai	den Sumame) DAM	DTM		
	19a. INFORMANT'S NAME (Type)	/Print)	DAMILL		19b. N	IAILIHG ADI	DRESS (S	itreet er	d Number or Rura	l Floute N	lumber, City or				-
	CHRISTY F. MI	ERRBA	CH (HUS	BAND) 105	02 H	YES	AV	ENUE, S	ILV	ER SPR	ING, 1	MARY	LAN	ND 20901
ı	20e, METHOD OF DISPOSITION 1 □XBurlal 2 □ Cremation	3 🗆 Remo	oval from State	-	other place		N (Name	of cem	etery, crematory or		20c.	LOCATION -	- City or T	lown,	Stata
	4 ☐ Donation 6 ☐ Other (Sp 21. SIGNATURE OF FUNERAL S	**	FNCEF	- P.	ARKLA	WN (CEME'	-	Y D ADDRESS OF F	ACH ITV		ROCKV:	ILLE	, N	IARYLAND
	Lamas	21	Doole	7			FRA	NCI	S J. CO	LLI	NS FUN				
١	23. PART I. Enter the dise					. Do not								P.,	Approximate
	IMMEDIATE CAUSE (Finei	t fellure.	Liet only one ceu			C 0.	. ,	0						į	interval Between Onset and Death
	disease or condition resulting in death)		B		G		16 6	~						_	5 mc
		_	DUE TO	(OR AS A	COHSEQUE	ENCE OF):									
	Sequentielly list condition if any, leeding to immedie			(OR AS A	COHSEQUE	EHCE OF):									
۱	cause. Enter UNDERLYING CAUSE (Disease or injury	¹ 【 ·	OHE TO	10D AC A	COHSEQUE	HOE OD.								_	
	that initieted events resulting in deeth) LAST	1	4.	(On AS A	CONSEGUE	ince ory.								į	
	PART II. Other aignificant	condition	e contributing to	death b	ut not rea	ulting in t	he unde	rlying	cause given i	n Part i	i. 24a. WAS	AN AUTOPSY	24	b. WE	RE AUTOPSY FINDINGS
	Bone	mex	astase:	5								FORMED?		CO	ALABLE PRIOR TO WPLETION OF CAUSE DEATH?
ı												T			YES 2 NO
	25. WAS CASE REFERRED TO M EXAMINER?	MEDICAL	HOSPITAL:	l me re			THER:		ACE OF OEATH (C						
	1 YES 2'NO		1 □ Inpatient 2 □ 26e. DATE OF	IHJURY		8b. TIME O	F 26	Bc. IHJI		_	DESCRIBE HO	W INJURY O	CCURED	_	
	1 Natural 6 Per 2 Accident Inv	nding eatigation	(Month, D	ay, Year)		INJURN		WO							
	3 Suicide 6 Co	uld not be ermined	28e. PLACE O building,	F INJURY atc. (Spec	— At home	, farm, stree	et, factory	, office	1		LOCATIOH (St City or Town, S		er or Rumi	l Floute	Number,
		YING PHYSI	CIAH: To the best of	my knowl	rledge, death	occurred a	t the time	e, date	and place, and de	ue to the	cause(s) and	menner sa st	ated.		
		L EXAMINE	R: On the basis of e	xamination	n and/or Inv	estigation, i	n my opin	nion, de	eath occured at th	ne time,	date and place	, and due to	the cause	(e) en	d menner as stated.

D 21910

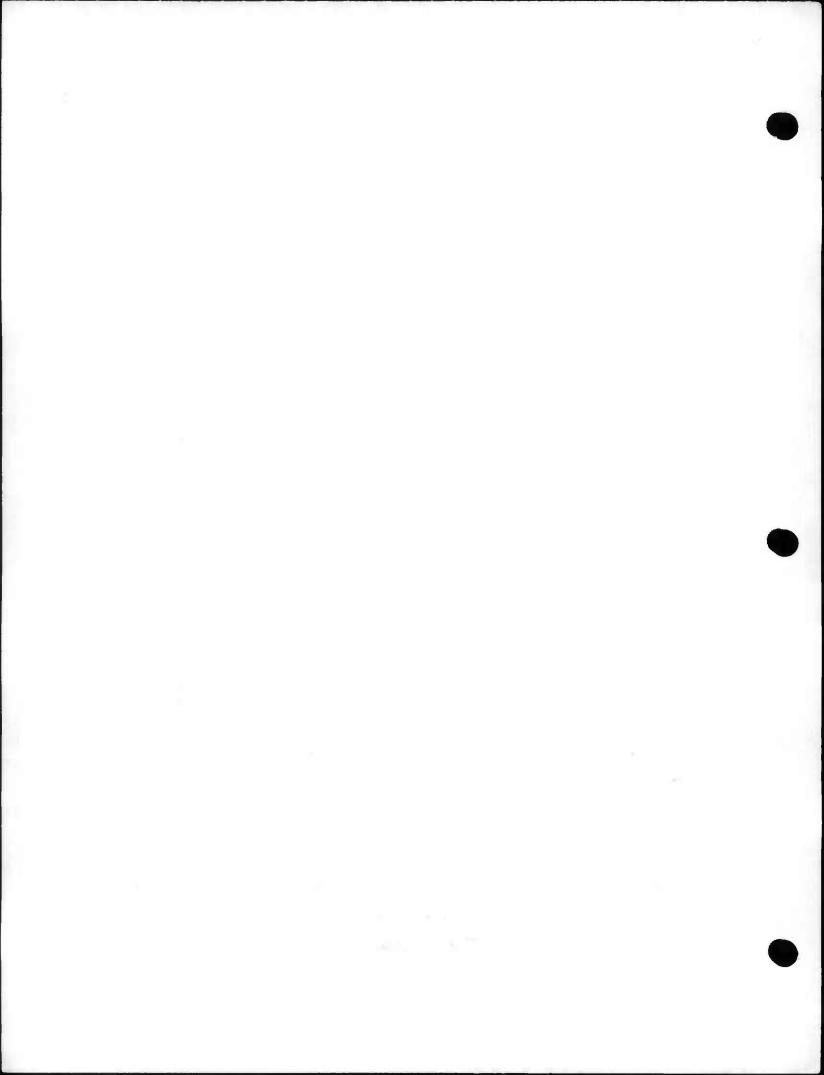
Dr

wheaton

20906

29d. OATE SIGHED (Month, Day, Year)

11/13/90



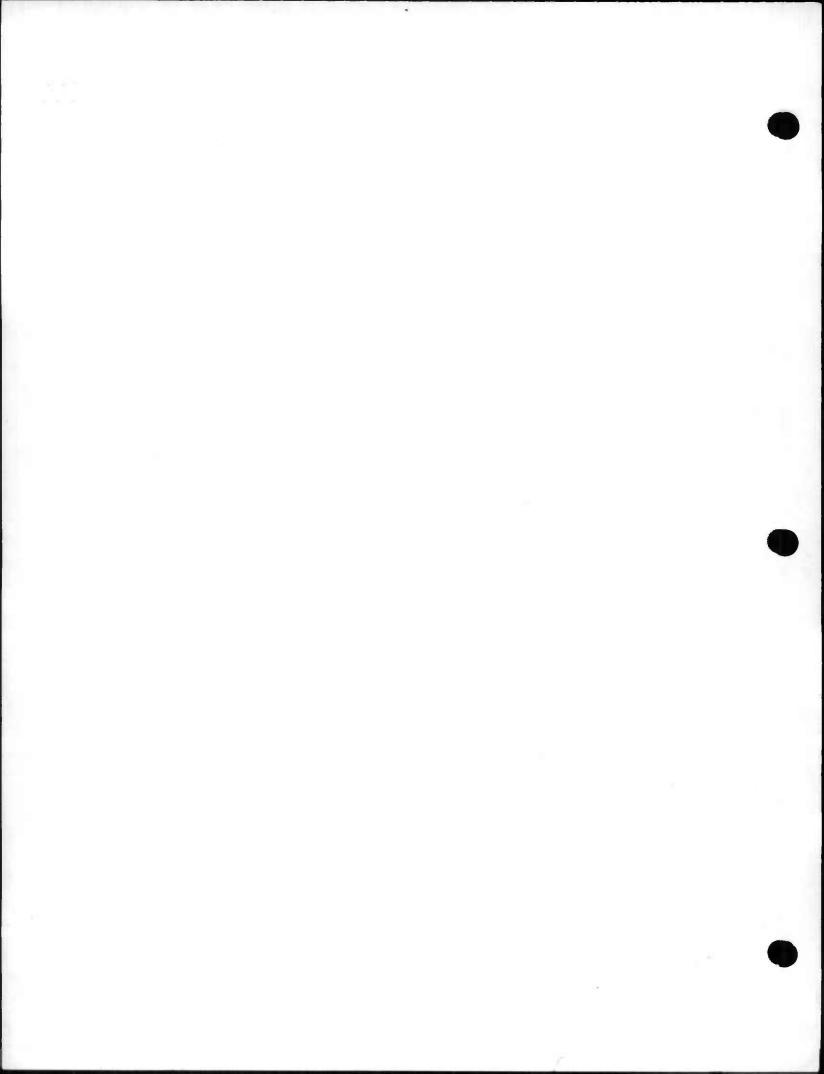
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guy	FOR 1 - STATE REGISTRAR	STATE OF MARYL		RTMENT OF I		MENTAL HYGIEI REG. NO	The state of the s	0 33243
)	DECEDENT'S NAME (First, Middle, Last) ROBERT MARTI	N McKISS	SON			2. DATE OF DEATH MONTH NOV. 17		3. TIME OF DEATH 18:30 PM
4		SEX 6. AGE (In yrs. last birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) NOV 15,		BIRTHPLACE (State or Foreign Country) Dhio
OR		end number) ane		96. CITY, TOWN Rocky	OR LOCATION OF DE	ATH	Monto	GOMERA
DIRECTOR	nesidence of decedent 10e. STATE 10b. COUNTY Maryland Montq	omerv		ry, town on Loca				10d. INSIDE CITY LIMITS? 1 YES 2 X NO
	10e. STREET AND NUMBER	ane			M. ZIP CODE 20852			of what country? ed States
BY FUNERAL		. WAS DECEDENT EVER II	2 XNO	If yes, s	CENDENT OF HISPAN	IIC ORIGIN? (Specify Yon, Puerto Rican, etc.)		RACE — American Indian, Black, White, etc. Specify: White
PLETED	15. DECEDENT'S EDUCAT (Specify only highest grade con Elementary/Secondary (0-12)		(Give kind of life. Do NOT o	s usual occupat work done during m ise retired.)	ost of working	166. KIND OF B		epartment
BE COMPL	17. FATHER'S NAME (First, Middle, Lest) Edward McKiss	on	,			ME (First, Middle, Meide Heista	n Surname)	
2	19a. INFORMANT'S NAME (Type/Print) Charlotte M. McKi		Same	as #10		Route Number, City or To		
	20e. METHOD OF DISPOSITION 1 Burial 2 Cremation 3 Remova 4 Donation 5 Other (Specify)	from State	other place)	uburban	ometery, crematory or Crematory	/ Si		y or Town, Stata pring, MD
	21. SIGNATURE OF FUNERAL SERVICE LICEN	B. ell	M008:	Rapp		Services, Silver S		MD 20910
	23. PART. Enter the diseases, or con shock, or heert feliure. Lie IMMEDIATE CAUSE (Final disease or condition resulting in death)	t only one cause on e	ach line.			h se cardiac or real		Interval Between
NOI	Sequentially list conditions, if any, leeding to immediate		A CONSEQUENCE (
RTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS	A CONSEQUENCE (OF):				
AL CE	PART II. Other significent conditions of	contributing to death t	out not resulting	in the underlyi	ng cause given in	Part I. 24a. WAS / PERF	IN AUTOPSY ORMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO
: MEDIC						1 YES	2 NO	OF DEATH? 1 YES 2 NO
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	OSPITAL:		26.	PLACE OF DEATH (C)	neck only one)		
PHYSICIAN:	27. MANNER OF DEATH 1 Natural 5 Pending	Inpatient 2 ER/Out	26b. TI	4 Nursing Ho ME OF 26c, II	me 5 Residence	6 Other (Specify) 28d. DESCRIBE HOV	INJURY OCCU	RED
TED BY	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, atc. (Spe			- 10	201. LOCATION (Stree City or Town, Sta		Rural Route Number,
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIA 2 MEDICAL EXAMINER:	and the Average of the Control of th						cause(s) and manner as stated.
BE	29b. SIGNATURE AND TITLE OF GENTIFIER	Kich	na	md	29c. LICENSE NU DO 5	MBER 94/	29d, DATE 8	SIGNED (Month, Day, Year)
0	30. NAME AND ADDRESS OF PERSON WHO C Robert L. Krichman	, M.D.	3305 N		re World	Blvd, Sil	ver Spr	ring, MD 20906
	NOV 19 390	32. REGISTRAR'S SIGN	NATURE PORTURE					

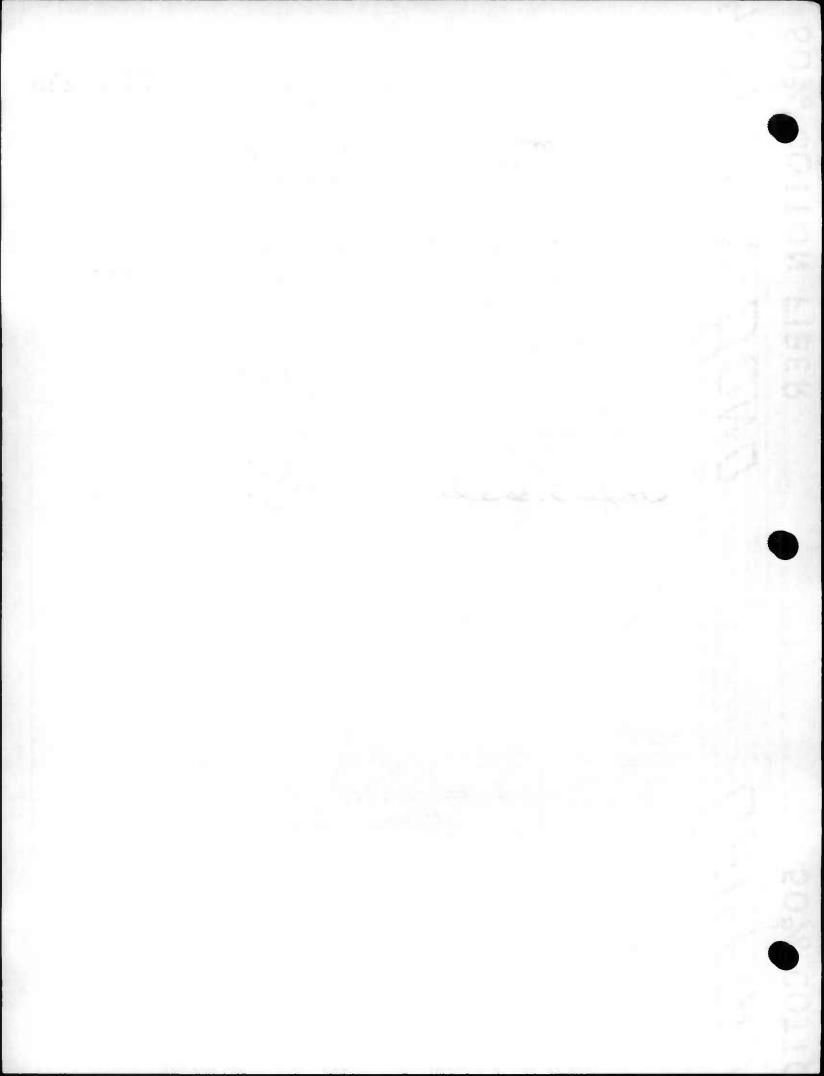
DIVISION OF VITAL RECORDS, F.C. BOX 15149,	MODE, MADILAND 21203-5140	
TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within the control and the death. Page 6 may be retained by the hospital or attending physician.	Page 6 may be retained by the hospital or attending physician.	
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IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	ner must be notified at once.	

6

	1 - STATE OF STATE OF	MARYLAND C	/ DEPART ERTIFIC				MENTAL	HYGIEN REG. NO.		90	33244
	1. DI CEDENT'S NAME (First, Middle, Lest)				,		2. DATE O	F DEATH			3. TIME OF DEATH
	Clarence F. Mo	ore					MONTH	. 1	.7	90	12:47 pm
	4. SOCIAL SECURITY NUMBER 5. SEX	8. AGE (In yrs. I		IF UNDER 1 YEA			7. OATE O	F BIRTH Day, Year)		8. BIRTHI	PLACE (State or Foreign
	220-12-2665 11 1 M 2 □ F	70	YRS.	FONTHS DAY	HOURS	MIN.		14. 1	920	1000	inia
	9a. FACILITY NAME (If not institution, give street and number)			9b. CITY, TOW	N OR LOCATI	ON OF DE				UNTY OF OR	
E E	Montgomery General Hospi	tal		01	ney				M	ontg	omery
5	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY		40. 0174	TOWN OR LO							10d. INSIDE CITY
뿔											LIMITS?
	Maryland Montgomery 10e. STREET AND NUMBER		Bur	tonsv:	101. ZIP COD			_	10- 00		1 YES 2 NO
FUNERAL DIRECTOR					2086						
빌	15721 Allnut Lane	NT EVER IN U.S. A	PMEO	12 MMC	ZUOD ECENOENT (HC OBIGINS	(Consider Van		4	States - American Indian,
5	1 Name Married 2 Married FORCES?	1 YES 2 X	NO	If yes,	specify Cuba	n, Mexico	n, Puerlo Ric	can, atc.)	or No	Black	, White, atc.
BY	3 Wildowed 4 Olivorced	WAR OR OATES		1,0	ES 2 X NO	Speciny	·			Specif	White
	15, OECEDENT'S EDUCATION (Specify only highest grade completed)	16a, I	DECEDENT'S U	SUAL OCCUP	ATION	40	16b. I	CIND OF BU	SINESS/IN	DUSTRY	
<u>u</u>	Elementary/Secondary (0-12) College (1-4 or	i+)	(Give kind of wo	retired.)	IIIOSI OF WORK	ry					
₹ I	7	La	borer				C	Consti	ucti	ion	
COMPLETED	17. FATHER'S NAME (First, Middle, Lest)				18. MOT	HER'S NA	ME (First, Mi	ddle, Maiden	Surname)		
BE (James F. Moore		-		M	ary	D. Do	ane			
TO E	19a. INFORMANT'S NAME (Type/Print)		19b. MAILINO								
-	Irene Smith						Gaith				land 20877
	20a, METHOD OF DISPOSITION 1 A Burial 2 Cremation 3 Removal from State	other	E OF DISPOSI			matory or				- City or To	
	4 Donation 5 Other (Specify)	_ Fore	st Oak								g, Maryland
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE				ANO AOORE					ral H	ome
	A.C. (tack		*		aither					0877	
	23. PART I Entry the diseases, or complications to			t anter the	mode of dy	ing, suc	h ss cardi	ec or resp	iratory a	rrest,	Approximate
	iMMEDIATE CAUSE (Finel	suse on each II	ne.								Interval Between Onset and Death
	disease or condition a 5 h	ock.									
	DUE 1	O (OR AS A CONS	SEQUENCE OF	:	-	1	0	1.			
Z	Sequentially list conditions,	el au	d of	asl	uc	1	Mae.	duf			
Ĕ	If any, leeding to immediate	O (OR AS A CONS	SEQUENCE OF		100	a		DIT			
2	CAUSE (Disease or injury	CO Q C	and a	ul	fores	ap	4-1	100	1000	_	,
Ë	that initiated events resulting in death) LAST	(On AS A CONS	OUENCE OF	to.	0.	1	0.1'	0.0	0,1	OL)	
CERTIFICATION	d. Acep	ven	الاسك	ruce	once	VIC	0	ug	Tel	1	
CAL	PART II. Other significant conditions contributing						Part I.	24s. WAS AN	AUTOPS	Y 24b.	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
	severe chronic obsta	true	Jul in	onary	dise	ase		T YES		1	COMPLETION OF CAUSE OF DEATH?
MEDI	probable Carcino ma Bund	. tad	us ar	light	Enrice	2 , /	al-				1 TYES 2 NO
	colina, addiction	to 1-	An Ba	do.	etard	ation	~1				
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL		guran		. PLACE OF	DEATH (CA	eck only one	e)			
SIC		☐ ER/Outpetient		OTHER: 4 Nursing	Home 5 🗆 R	asidenca	8 🗆 Other	(Specify)			
主	27. MANNER OF DEATH 28a. DATE	DE INJURY Day, Year)	28b. TIME	OF 28c	INJURY AT WORK?		28d. DE\$4	CRIBE HOW	INJURY O	CCURED	
8Y F	1 Vetural 8 Pending 2 Accident Investigation		222			□ NO					
	3 Suicide 8 Could not be 28a. PLAC	OF INJURY — At	home, farm, st	treet, factory,	office		281. LOCA City o	TION (Street or Town, State	and Numb	ber or Rural I	Route Number,
=	4 Homicide determined	2000									
COMPLETED	29a. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the best	of my knowledge,	death occurre	d at the time,	date and plac	e, and due	to the cau	ee(a) and ma	nner as a	nteted.	
N	0/10) 2 MEDICAL EXAMINER: On the basis of	axamination and/	or investigation	n, in my opinie	n, death occ	ared at the	time, deta	and place, a	nd due to	the cause(s) and manner as stated.
ECC	29b. SIGNATURE AND TITLE OF CERTIFIER	14.11	`		29c. LIC	ENSE NU	MBER		29d. D.	ATE SIGNED	(Month, Day, Year)
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2	30. NAME AND ADDRESS OF PERSON WHO COMPLETED C						•		1	11	
	C.R. FEINSTEIN	40 1	8 111	PRI	NCE	PH	114	PM	0	Inp	4Md 20832
	31. DATE FILED (Month, Day, Year) 32. REGIST	RAR'S SIGNATUR		., .	3 4		,	. 91		. , , ,	1
	11 17 9 ANN LU "91) 5	freha Das	400000	andell.						



	1. DECEDENT'S NAME (First, Joseph	Middle, Last)	Mic	chael			McAn	alle	n	2. DATE OF MONTH NOVEL	DAY		EAR	:10 PM
	4. SOCIAL SECURITY NUMB	BER	5. SEX	6. AGE (In yrs	s. lest birthday)	IF UNDE	B 1 YEAR	IF UNDER	24 HRS.	7, DATE OF	BIRTH		BIRTHPL	ACE (State or Foreign
	215-76-0519	33 X 10	1 <u>XX</u> M 2 □ F	28	YRS.	MONTHS	DAYS	HOURS	MIN.	5/1/6	52		Country) Mary	land
	9s. FACILITY NAME (If not in	stitution, give stre	et and number)			9b. CIT	Y, TOWN	OR LOCATI	ON OF DE	HTA		9c. COUNTY	OF DEA	тн
OR	10020 Penf		urt				P	otoma	ac			Mo	ntgo	omery
5	RESIDENCE OF DEC	10b. COUNTY			100 00	v Towal	OR LOCAT	TION					Lie	d. INSIDE CITY
DIRECTOR	Maryland		omery				otoma							UMITS?
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BY FUNERAL	11. MARITAL STATUS Never Martied 2 3 Widowed 4 Divo	Married	12. WAS DECEDEN FORCES? 1 IF YES, GIVE W	YES 2	₹D¥10	13.	If yes, sp		n. Mexicar	IC ORIGIN? (n, Puerto Ric		or No-	Black, V Specify:	American Indian, white, etc. White
TED		EDENT'S EDUCA y highest grade co		16a	Give kind of	work done	during mo	ON pet of worldr	ng	16b, K	IND OF BUSI	INESS/INDUS	TRY	
COMPLETED	Elementary/Secondary (0	1-12)	College (1-4 or 5 4		Delive			on			Prin	ting	Comp	any
CO	17. FATHER'S NAME (First, M	liddle, Lest)						120,000		ME (First, Mid	ldle, Maiden S			
BE (Thomas		F.		McAn				cia				avit	0
10	19a. INFORMANT'S NAME (7			TEN.	100 to 10							, State, Zip Co		
	Lucia McAna				·	_	_			Potom		aryla		20854
	20a. METHOD OF DISPOSITI	n 3 🗆 Remov	val from State	oth	ACE OF DISPO							CATION — CI		
	4 Donation 5 Other 21. SIGNATURE OF FUNERA			_ Mon	tgomer	-		OTIU			Be	thesd	a, M	aryland
						-	The Taranta							
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	23. PART I. Enter the dishock, or himmEDIATE CAUSE (Fird disease or condition resulting in death)	eert fallure. Li	emplications that let only one cau	#/ YX/	a death. Do	not ente	Robe Rock Aver or the mo	ert A cvill nue, ode of dy	e, I Rock	mphre nc ville	Mar	viand	20.	850-2805
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DIRECTOR

Ħ notified pe must examiner medical traumatic event, the other 0 injury, any Shows 23 this certificate h item 0 marked. L OR ATTENDING P L DIRECTOR: After the 2 hours after death v 28 item FUNERAL within 72 h = TO THE HOSPITA
TO THE FUNERAL
Be filed within 72
IMPORTANT: II

CERTIFICATE OF DEATH 2. DATE OF DEATH 1. DECEDENT'S NAME First, Middle, Last) 3. TIME OF DEATH Mildred Mischler 1991 5:20 E. 5. SEX A SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 6. BIRTHPLACE (State or Foreign Jan. 30, 1906 DAYS HOURS 215-38-2725 1 M 2XX 84 Ϊοwa YRS. 9s. FACILITY NAME (If not institution, give street and number) 96. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Suburban Hospital Bethesda Montgomery RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY 10a. STATE Maryland Montgomery Bethesda 1 YES XX NO FUNERAL 10e. STREET AND NUMBER 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 4900 Battery Lane, #307 20814 U.S.A. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 2 10 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Year or No-14. RACE — American Indian, Black, White, etc. If yes, specify Cuben, Maxican, Puerto Rican, etc.)

1 YES X NO Specify: FORCES? 1 YES 2 1 Never Married 2 Married Specify: ΒY White 3 🔀 Widowed 4 🗌 Divorced ED 18e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade comple COMPLET Elementary/Secondary (0-12) College (1-4 or 5+) Teacher Public schools 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Malden Surname) Miller Elizabeth Goetze Melchoir BE 19s. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Robert G. Mischler 2638 S. Troy Street, Arlington, Virginia 22206 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or 20c. LOCATION — City or Town, State Lincoln Mausoleum Brentwood, Maryland 22. NAME AND ADDRESS OF FACILITY
ROBert A. Pumphrey Funeral Home
Bethesda-Chevy Chase, Inc., 7557 Wisconsin
Avenue, Bethesda, Maryland 20814-3501 21. SIGNATURE OF FUNERAL SERVICE LICENSEE M00522 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdisc or respiratory strest, Approximate shock, or heart failure. List only one cause on each line. Interval Between **Onset and Death IMMEDIATE CAUSE (Final** disesse or condition IWK Phuemonia resulting in death) DUE TO (OR AS A CONSEQUENCE OF): 5 day Sepsis CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate couse. Enter UNDERLYING CAUSE (Disease or injury that initiated events Uremia DUE TO (OR AS A CONSEQUENCE OF) long dostructive pulmorary disease resulting in death) LAST frim PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 24a. WAS AN AUTOPSY PERFORMED? MEDICAL seri Heral vasular 1 TES 2 NO OF DEATH? 1 | YES 2 | NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one, HOSPITAL: OTHER: 1 TYES 2 NO 1 X Inpatient 2 - ER/Outpatient 3 - DOA 4 - Nursing Home 5 - Residence 8 - Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d, DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending 1 YES 2 NO BY 2 Accident 26s. PLACE OF INJURY — At home, farm, atreet, factory, office building, atc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Sulcide 6 Could not be ETED 4 Homicida 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated. COMPL 2 MEDICAL EXAMINER: On the besis of examination end/or investigation, in my opinion, death occured at the time, date and place, and due to the cause(a) and manner as stated. 296. SIGNATURE AND FITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIQNED (Month, Day, Year) BE D31282 11/17/9 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 8218 Wiscensin #105 HUR 31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE

who Davidson

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HOSPITAL

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3. TIME OF DEATH

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2. DATE OF DEATH

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BALTIMORE, MARYLAND 21203-3146

Page 6 may be retained by the hospital or attending physician. al director, page 5 should be detached for use as the burial-transit to notified Pe must examiner funeral death. completely filled in by the rial, cremation, or removal. after medical 9 cremation, the certificate be executed within event, n and com to burial, c traumatic been signed by the attending physician and Health and Mental Hygiene prior to shows any injury, or other traum the death MP. has by Dept. S The the State I HOSPITAL DR ATTENDING PHYSICIAN: 5 wher this ce eath with the After death DIRECTOR: Af hours after de item 28 is 1 FUNERAL DIN.
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VITAL RECORDS,

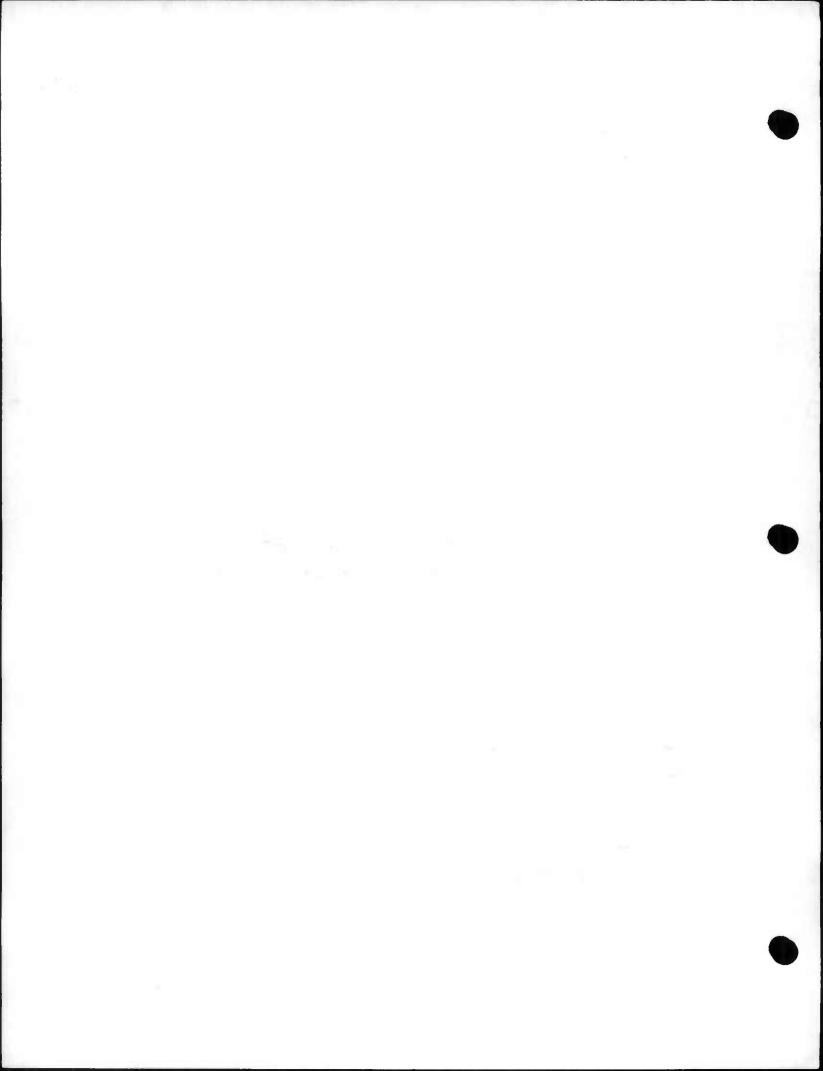
OF

DIVISION

4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR V IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign 1 🗌 M 2 😾 F 208-10-8045 YRS. APRIL 13 1895 PENNSYLVANIA 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY. TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR HOLY CROSS HOSPITAL SILVER SPRING MONTGOMERY RESIDENCE OF DECEDENT 10e STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY 1 YES 2 NO MARYLAND MONTGOMERY SILVER SPRING FUNERAL 10g. CITIZEN OF WHAT COUNTRY? 10e. STREET AND NUMBER 10f. ZIP CODE 1402 GRIDLEY LANE 20902 USA 12. WAS OECEOENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, OIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-14. RACE — American Indian, Black, White, stc. If yes, specify Cuban, Maxican, Puarto Rican, atc.)

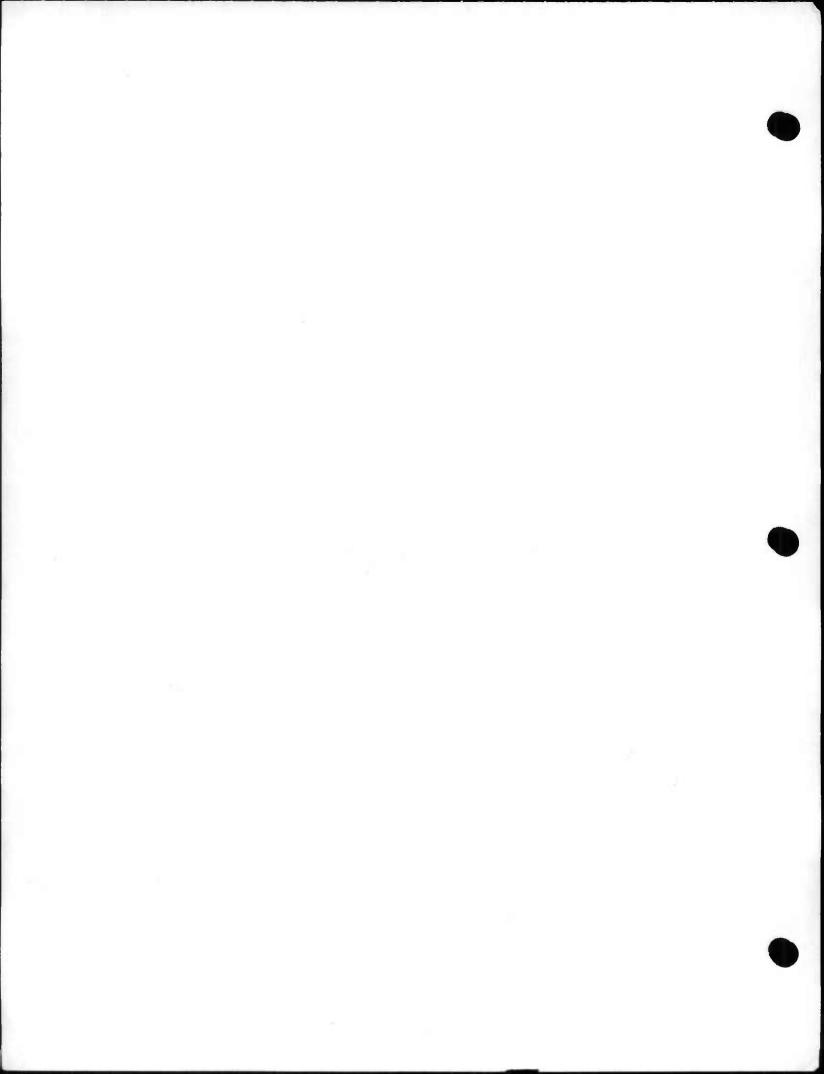
1 VES 2 2 NO Specify: 1 Never Married 2 Married Specify: BY 3 Widowed 4 Divorced WHITE COMPLETED 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION ecity only highest grade complete 16b. KIND OF BUSINESS/INDUSTRY (Spe Elementary/Secondary (0-12) HOMEMAKER 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname) ABRAM R. LOUCKS NETTIE BROWN BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILINO ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 VIRGINIA M. SMITH (DAUGHTER) 1402 GRIDLEY LANE SILVER SPRING, MARYLAND 20902 20a METHOD OF DISPOSITION

1 Burial 2 Cremation 3 Removal from State 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or 20c. LOCATION - City or Town, State 4 Donatton 5 Other (Specify) ALVERTON CEMETERY ALVERTON, PENNSYLVANIA 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY FRANCIS J. COLLINS FUNERAL HOME, INC. Line 500 UNIVERSITY BLVD., W. SIL.SPR., MD. 20901 23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiec or respiratory arrest, Approximate ahock, or heart fellure. List only one ceuse on each line, Interval Between Onset and Death IMMEDIATE CAUSE (Finel aspirator Blood disease or condition resulting in death) tro CERTIFICATION Sequentially list conditions. DUE TO (OR AS A CONSEQUENCE OF): If sny, lesding to immediate cause. Enter UNDERLYING CAUSE (Disesse or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significent conditions contributing to deeth but not resulting in the underlying cause given in Part I. 24a, WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS MEDICAL AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 TES 2 NO 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL: EXAMINER? OTHER: 4 Nursing Home 5 Residence 8 Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 28b. TIME OF INJURY 1 Natural 5 Pending Investigation м 1 YES 2 NO BY 2 Accident 26s. PLACE OF INJURY - At home, farm, street, factory, offica building, etc. (Specify) 281, LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 6 Could not be determined COMPLETED 4 Homicide 29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 296. SIGNATURE AND THELE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIONED (Month. Dev. Year) BE D08246 200 7.2 -16-90 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) auber P 8218 200 W124021W 20 4 32. REGISTRAR'S SIGNATURE 31. DATE FILED (Month, Day, Year) Lulia Davidson Randoll 1 190



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S	be filed within 72 hours after death with the State Dept. of Health and	IMPORTANT: If Item 28 is marked, or item 23 shows any in
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	REGISTRAR		U	Enill	ICATE	· OF	DEAL		- 1	REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)								2. DATE OF	DEATH			3. TIME OF DEATH
	Bluford W.	Muir							Nov.		1990	YEAR	11:53 A M
	4. SOCIAL SECURITY NUMBER	5. SEX	6, AGE (In yrs. I	net hirthday)	IF UNDER	+ VEAD	IF UNDER		7. DATE OF		1770	a BIDTI	IPLACE (State or Foreign
		1			MONTHS	DAYS	HOURS	MIN.	(Month, D	ay, Year)		Counti	y)
	216-44-3874		77	YRS.					Feb.	20,	1913	W.	ash., D.C.
	9a. FACILITY NAME (If not institution, give st	reet and number)			9b. CITY,	TOWN (OR LOCATIO	ON OF DE	ATH		9c. COU	NTY OF D	EATH
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<u> </u>	10a. STATE 10b. COUNTY			10c. CIT	Y, TOWN O	R LOCAT	ION						10d. INSIDE CITY
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¥	10e. BTREET AND NUMBER					101	. ZIP CODI	E			10g, CITI	ZEN OF V	WHAT COUNTRY?
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FUNERAL DIRECTOR	11, MARITAL STATUS	12. WAS DECEDENT			13. \	MAS DEC	ENDENT C	F HISPAN	IIC ORIGIN? (S	Specify Yes		14. RACI	E — American Indian,
	1 Never Married 2 Merriad	FORCES? 1 IF YES, GIVE W	YES 2	NO NO					n, Puerto Rica	in, etc.)			k, White, etc.
ВУ	3 🖺 Widowed 4 🗌 Divorced		II		١,	☐ YES	NO NO	Specin	/:			Spec	"y: White
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TE	(Specify only highest grade	completed)	164.	Give kind of le. Do NOT u	work done	during mo	ast of working	ng	100. KI	ND OF BUS	SINESS/IND	USINT	
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COMPLETED	17. FATHER'S NAME (First, Middle, Last)						18. MOTI	HER'S NA	ME (First, Midd	lle, Meiden	Sumame)		
C	Charles Muir						Car	w m 1 a	tta Br	olrot			
BE	19a. INFORMANT'S NAME (Type/Print)												
2			1						Route Number,				
_	Charles W. Muir			7217	Bybr	ook	Lan	e, C	hevy (hase	, MD	20	815
	20a. METHOD OF DISPOSITION		20b. PLAC	E OF DISPO	SITION (Na	me of ce	metery, cren	natory or		20c. LO	CATION -	City or To	own, State
	1 N Buriel 2 Cremetion 3 Rem	oval from State		place)	Mamar	of all	Dowl	le.		Pa	olered i	110	MD
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENCEE	laik.	Lawii			T ALL			KO	CKVI.	LIE,	MD
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-	23. PART I. Enter the diseases, or o					_							
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	shock, or heart failure. IMMEDIATE CAUSE (Final	List only one cau	se on each lin	ne.	Carci	noma	a pro	strat	/	or reap	ratory sr	rest,	Interval Between
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3. TIME OF OEATH 2244

MD 2190 Approximate Interval Between

Onset and Death 3 day

24b. WERE AUTOPSY FINDINGS

REG. NO.

2. DATE OF DEATH

1 - FOR STATE REGISTRAR

1. DECEOENT'S NAME (First, Middle, Last)

FRANCES ANN NOVOTNY

	4. SOCIAL SECURITY NUMBER 063-10-9454	5. SEX 1 M 2 TF	6. AGE (In yrs. les	t birthday) IF UN	DER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE (Month	0. BATH 7. 1907	Coun	HPLACE (State or Foreign try) Jersey
E B	9a. FACILITY NAME (If not institution, give	atreet and number)		9b. C	TY, TOWN	OR LOCATION OF OE		<u> </u>	Ceci	OEATH
PIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNT	ry		10c. CITY, TOW	N OR LOCA	TION				10d. INSIDE CITY
4-1-12	Maryland Ce 104. STREET AND NUMBER 203 Razor Stra	cil pe Road		Nort	h Ea	ast LZIP CODE 21901		10	g. CITIZEN OF	1 ☐ YES 25€NO WHAT COUNTRY?
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Married 3 Midowed 4 Divorced	12. WAS DECEDENT	YES 2.K	MED IO	If yes, sp	CENDENT OF HISPAN sectify Cuban, Maxical NO Specify	n, Puerto I		fo- 14, RAC	CE — American Indian, oct, White, etc. City: White
PLETED	15. DECEDENT'S EO (Specify only highest grad Elementary/Secondary (0-12)) (G	CEDENT'S USUAL Ne kind of work do Do NOT use retire	ne during m d.)	ON ost of working		KINO OF BUSINES		
BE COMPL	17. FATHER'S NAME (First, Middle, Last) Edward Ye		1 4	ioniema;	CI		ME (First, I	Middle, Malden Surn		J.
TO B	190. INFORMANT'S NAME (Type/Print) Thomas T. Sul	livan				end Number or Aurel P er Drive			100	11793
	20s METHOD OF DISPOSITION A Burial 2 Cremation 3 Re- 4 Donation 6 Other (Specify)	moval from State				motory, cromatory or lethodis	st C		on-chy or i	Town, State ast, MD
	21. SIGNATURE OF CINERAL SERVICE (111	t caused the de		Crou 127	nd Address of FA 1 Ch Fune S. Mair 2 ode of dyling, suc	eral	. Nort		t, MD 219
	shock, or heart failure IMMEDIATE CAUSE (Fine) disease or condition resulting in death)	. List only one cau	se on each line						,	Onset and De
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in desth) LAST	b	(OR AS A CONSE	DUENCE OF):						
MEDICAL CER	PART II. Other algnificant condition	one contributing to		resulting in the	underlylr	ig cause given in	Part I.	24a. WAS AN AUT PERFORMED	07	Ib. WERE AUTOPSY FINDIN MAILABLE PRIOR TO COMPLETION OF CAUSI
										OF DEATH?
	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL		/ 011		LACE OF DEATH (Ch	eck only or	70)		
IYSICIAN:	EXAMINER? 1 Ses 2 No 27. MANNER OF DEATH 1 Natural 5 Pending	HOSPITAL: 1 Inpetient 2 26a. DATE OF (Month, D.	INJURY		HER: Nursing Hot 28c. IN W	PLACE OF DEATH (Ch	6 🗆 Othe		RY OCCURED	OF DEATH?
BY PHYSICIAN:	EXAMINER? 1 TYES 2 NO 27. MANNER OF DEATH	1 □ Inpatient 2 □ 26a. DATE OF (Month, D.) 28a. PLACE O	INJURY	26b. TIME OF INJURY	HER: Nursing Hot 26c. IN W 1 1	ne 5 Realdence JURY AT ORK? YES 2 NO	6 Othe 28d, OE	er (Specify)		OF DEATH?
PHYSICIAN:	EXAMINER? 1 DYES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 2 Accident 3 Suicide 6 Could not be determined 29a. CERTIFIER (Check only)	28e. PLACE O building, SICIAN: To the best of	INJURY ay, Year) F INJURY — At he etc. (Specify) my knowledge, de	26b. TIME OF INJURY	Nursing Hotel 28c. IN W 1 1 1 1 1 1 1 1 1 1	me 5 Raeldence JURY AT ORK? YES 2 NO ce	6 Other	CATION (Street and or Town, State)	Number or Rura	OF DEATH?

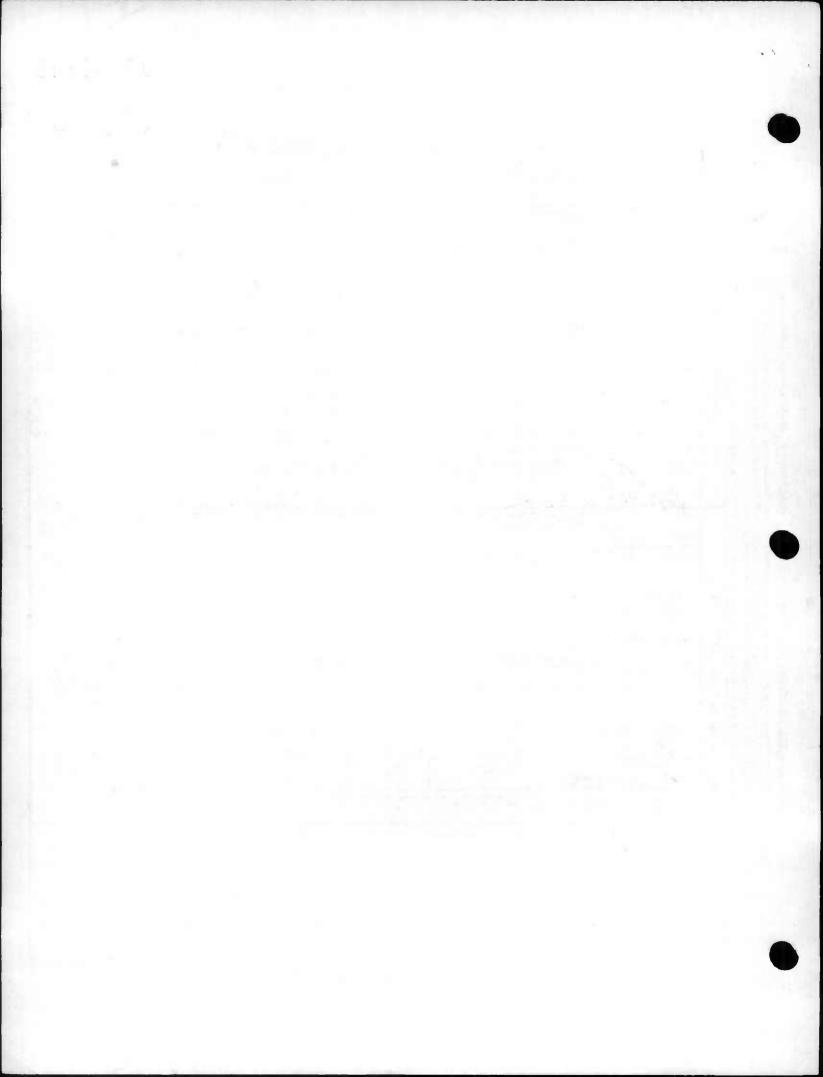
ulia Davidson-Randall

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

Far 31, DATE FILED (Month, Day, Year)

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TO THE HOSPITAL OR ATTENDING PHYSICIAN; The Law requires that the death certificate be executed within L-1, nours after death. Page 6 may be retained by the hospital or attending	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attenting physician and completely filled in by the funeral director, page 5 should be detached for use as the	be filed within 72 hours after death with the State Dept. of negating and mental hygiene prior to bornal, cremination, or senting.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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31. DATE FILED (Month, Day, NOV 19

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32. BEGISTRAR'S SIGNATURE
Julia Davidson-Randoll

	FOR 1 - STATE REGISTRAR	STATE OF MARYLA		TMENT OF H			GIENE I. NO.	0 33250						
	1. OECEDENT'S NAME (First, Middle, Last)	No:	Vak.			2. DATE OF DEA	18 9	3. TIME OF DEATH						
		SEX 6. AGE (In	yrs. last birthday) 2 YRS.	MONTHS DAYS	HOURS MIN.	Adopth Day V	7-08	BIRTHPLACE (State or Foreign Country)						
OR	90. FACILITY NAME (If not institution, give street	ospital		Si VE	PA SO	DEATH	9c. COUNTY	OF DEATH						
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY		10c. CIT	Y, TOWN OR LOCA				10d. INSIDE CITY LIMITS?						
	100. STREET AND NUMBER	ntgome	41 =	DILVEY	. ZIP CODE	ng	10g. CITIZEN	1 N YES 2 NO						
FUNERAL	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. XRIMEO 13. WAS DEC					ECENDENT OF HISPANIC ORIGIN? (Specify Yee 1976- 14. RACE America								
BY	1 Never Married 2 Married 3 Widowed 4 Olvorced	FORCES? 1 YES		If yes, sp	ecify Cuben, Mex 2 XNO Spi	ican, Puerto Hican, e	hc.) 140	SpecifiWhite						
ETED	15. DECEDENT'S EDUCAT (Specify only highest grade con Elementary/Secondary (0-12)			USUAL OCCUPATE work done during me se retired.)		16b. KIND (OF BUSINESS/INDUS	ТЯУ						
COMPL	12 17. FATHER'S NAME (First, Middle, Lest)		Housewi	fe	La MOTUEDIO	Own NAME (First, Middle, I	Home							
BE CC	Joseph Kramen					ie Versch								
TO B	19a. INFORMANT'S NAME (Type/Print) Martin Novak, Son		9240 I	spahan]	and Number or Rui	aurel, MD	or Town, State, Zio Co	rde)						
	20e. METHOD OF DISPOSITION 20e. METHOD OF DISPOSITION 1 XBurdel 2 Cremation 3 Removal from State 20e. PLACE OF DISPOSITION (Name of cemetery, crematory or other place) 20e. Cremation 3 Removal from State 20e. PLACE OF DISPOSITION (Name of cemetery, crematory or other place)													
	4 Donation 6 Other (Specify) King David Memorial Gardens Falls Church, VA 21. SIGNATURE OF FUNERAL SERVICE LICENSEE Danzansky-Goldberg Memorial Chapels, Inc.													
	- Dearch 4	1 1/1	nl	1170	nsky-Go. Rockvill	ldberg Me Le Pike	morial Cl Rockvill	hapels, Inc.						
	23. PART I. Enter the diseases, or con ehock, or heart fellura. Lis IMMEDIATE CAUSE (Finel													
	disease or condition resulting in death)	DUE TO (OR AS A	CONSEQUENCE O	D.				Zwk						
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ATIO	if any, leading to immediate cause. Enter UNDERLYING	Sequentially list conditione, If any, leading to immediate												
RTIFICATION	CAUSE (Disease or Injury that Initiated events resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE O	F):			Ē							
CE	d. PART II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY PINDINGS													
MEDICAL	Hypertonsion 1 ves 2 tho							AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?						
	1 YES 2 NO													
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HQSPITAL: OTHER:													
HYS	1 YES 2 NO 1 Inpetient 2 ER/Outpetient 3 DOA 4 Nursing Home 5 Residence 6 Other (Specify) 27. MANNER OF DEATH 28s. DATE OF INJURY 28b. TIME OF 28c. INJURY AT 28d. DESCRIBE HOW INJURY OCCURED													
ВУР	1 Natural 5 Pending (Month, Day, Year) INJURY WORK? 2 Accident Investigation													
	3 Suicide 6 Could not be determined 286. PLACE OF INJURY — At home, ferm, street, fectory, office building, etc. (Specify) 286. PLACE OF INJURY — At home, ferm, street, fectory, office City or Town, State) 286. LOCATION (Street and Number or Rural Route Number, City or Town, State)							Rural Route Number,						
TED						29e. CERTIFIER (Check only) CHITIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(s) end manner as stated. EXAMINER: On the basis of examination end/or investigation, in my opinion, death occured at the time, date and place, and due to the cause(s) and menner as stated.								
III I	4 Homicide determined 290. CERTIFIER (Check only)	N: To the best of my knowle												
	4 Homicide determined 290. CERTIFIER (Check only)	N: To the best of my knowle				the time, date and p	ace, and due to the							

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within z., nours after death. Page 6 may be retained by the hos	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached with the State Decir of Health and Mental Hydiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
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HT (TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral manual and provided the following after death with the State Dect. of Health and Mental Hydiene prior to burial, cremation, or removal.	100
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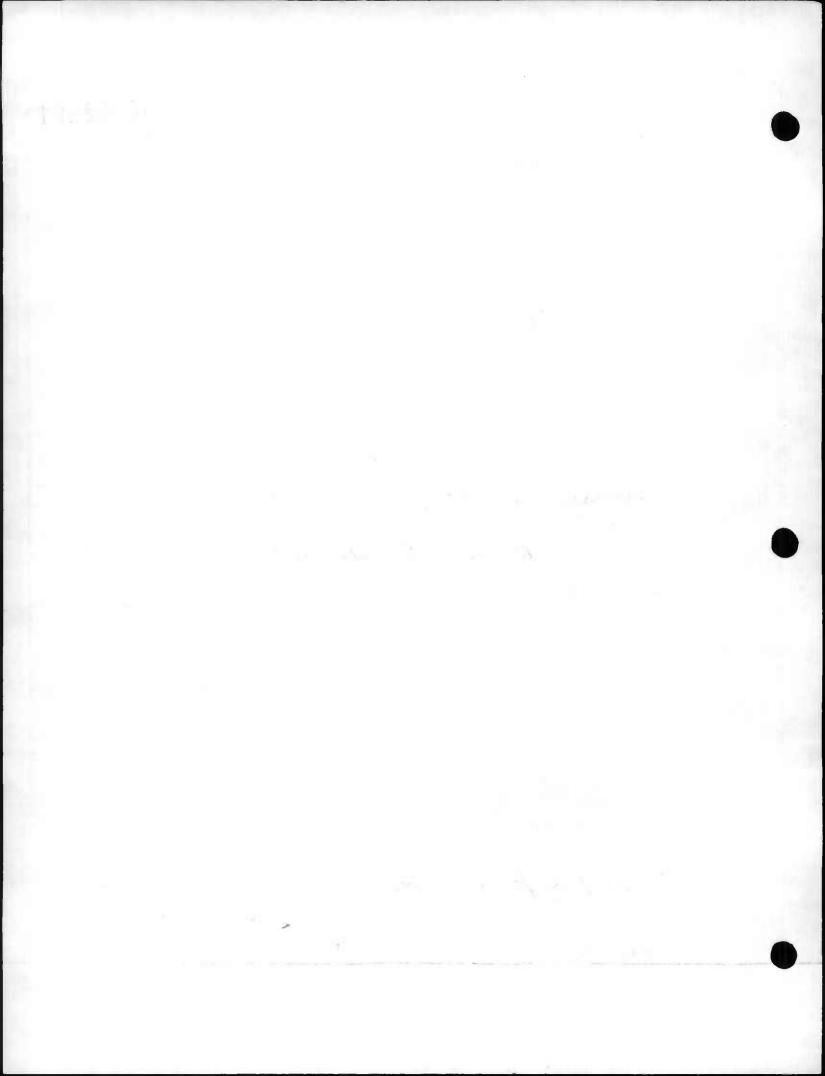
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Frederick

1. DECEOENT'S NAME (F	irst, Middle, Last)	Howard	R. No:	rton,	FON TI		2. DATE	OF OEATH	1	EAR	3:25 PM M
4. SOCIAL SECURITY NU	MBER	5. SEX	1 - 1 - 1 - 1	yrs. lest birthd	(ay) IF UNDER 1 YEAR		7. DATE	OF BIRTH , Day, Year)	8.	Country)	LACE (State or Foreign
579-38-1		1 M 2 D F	69	TH				n. 7,	1921		sh., D.C.
9a. FACILITY NAME (II no	ver Roa				Poto	OMAC	EATH		9c. COUNTY MOT		mery
10a. STATE MD	10b. COUNT	tgomery			city, town or Lo	CATION					Od. INSIDE CITY LIMITS? YES 2 NO
10e. STREET AND NUMB	ER				- Octomac	101. ZIP CODE				N OF WH	IAT COUNTRY?
13113 River Road					20854				5.A.		
11. MARITAL STATUS 1 Never Married 2 3 X Widowed 4 0			1 X YES	2 NO	If yes,	DECENDENT OF HISPA specify Cuban, Mexico (ES 2 NO Specific	en, Puerto F		or No- 14	Specify.	- American Indian, White, atc. White
	ECEOENT'S EDU	CATION		16a. DECEDEN	NT'S USUAL OCCUP	ATION	16b.	KIND OF BU	SINESS/INOUS	TRY	
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17. FATHER'S NAME (Firs	, Middle, Last)	•		1100.		18. MOTHER'S NA					
Raymond		on, Sr.				Marga	ret	Bell			
19a. INFORMANT'S NAM				19b. MAII	LINO ADDRESS (Stre	et and Number or Rural	Route Numl	oer, City or Tow	n, State, Zip Co	ode)	
Randy No	rton			132	26 Darnal	L1 Dr., Mc	Lean	, VA	22101		
20s. METHOD OF DISPOSITION 20b. PLACE OF DISPOSITION (Name of cameters, cremetory or 20s. LOCATION — City or Town, State											
Burial 2XXcremation 3 Removal from State Other place) Donation 5 Other (Specify) Metropolitan Crematory Alexandria, VA											
		ioval from Stata		other place)				A1	exandı	ria,	VA
	her (Specify)			other place)	olitan Cı 22. NAMI Jose	cematory E AND ADDRESS OF FA		ons, I	inc.		
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Barr, M.D., 2101 Medical Park Dr., Silver Spring, MD

DHMH-16 Rev 1/89



BALLIMORE, MARTLANL	in after death. Page 6 may be retained by the hos	when the property of the funeral director, page 5 should be detact	event, the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, F.O. BOX 131	TO THE HOSPITAL OR ATTENDING PHYSICIAN; The law requires that the death certificate be execut	TO THE FUNEPAL DIRECTOR: After this certificate has been signed by the attending physician and properties of the funeral director, page 5 should be detach be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to hunder an emboral.	IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

Rodney Brimhall, M.D.

31. DATE FILED (Month, Day, 1964)

NOV 20 1990 July Davidson Randelle.

FOR STATE REGISTRAR	STATE OF MARYLAND / DEPART	MENT OF HEALTH AND M	ENTAL HYGIEN		0 33252			
1. DECEDENT'S NAME (First, Middle, Last)	V=		2. DATE OF DEATH		3. TIME OF DEATH			
ANNA MAE OWEN			Nov. 18.	1990	AR M			
	SEX 6. AGE (In yrs, lest birthday)		7. DATE OF BIRTH	_	BIRTHPLACE (State or Foreign			
212-28-6857	□ M 2 💢 F 76 YRS.	MONTHS DAYS HOURS MIN.	(Month, Day, Year) Aug. 9, 19	14 N	orth Caroli			
24 Alder Road RESIDENCE OF DECEDENT	ena number)	9b. City, town or location of deal Annapolis	ти	Anne	Arundel			
10a. STATE 10b. COUNTY		, TOWN OR LOCATION			10d. INSIDE CITY LIMITS?			
	Arundel A	nnapolis			1 X YES 2 NO			
10e. STREET AND NUMBER		10f. ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?			
24 Alder Road		21403			.S.A.			
11. MARITAL STATUS 1 ☐ Never Married 2 ☐ Married 3 ☐ Widowed 4 ☐ Divorced	, WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☐ YES 2 ☑NO IF YES, GIVE WAR OR DATES	13. WAS DECENDENT OF HISPANK If yes, specify Cuban, Maxican, 1 ☐ YES 2 ☒ NO Specify:			RACE — American Indian, Black, Whita, etc. Specify:			
15. DECEDENT'S EDUCATION	ON DECEMBER OF	JSUAL OCCUPATION	16b. KIND OF BUS		White			
(Specify only highest grade com	npleted) (Give kind of willfie. Do NOT use	or done during most of working or retired.) Me Tax	1-00.00					
11	Di	vision	State	of Ma	ryland			
17. FATHER'S NAME (First, Middle, Last)		18. MOTHER'S NAM	E (First, Middle, Maiden	Sumame)				
George Edgar Wi	illis	Alice	Laura N	icken	S			
19a. INFORMANT'S NAME (Type/Print)	19b. MAILING	AODRESS (Street and Number or Rural Ro						
James Robert Owe	en Sr. 24 A	lder Road, Ani	napolis.	MD 2	1403			
20a-METHOD OF DISPOSITION 12 Burial 2 Cremation 3 Removal		ITION (Name of cometery, crematory or			or Town, State			
102 Burlal 2 ☐ Cremation 3 ☐ Ramoval 4 ☐ Donation 5 ☐ Other (Specify)		st Comptany	An	nanol	is. MD			
HII crest Cemetery Annapolis, MD To provide of Funeral Strate License Taylor Funeral Chapel 21401 147 Gloucester St., Annapolis, MD								
23. PART I. Enter the diseases, or comshock, or heart fellure. List IMMEDIATE CAUSE (Finsi disease or condition resulting in death)	pilications that caused the deeth, Do not only one sause on each line. **Turkarkak** D DUE TO (OR AS A CONSEQUENCE OF	ot antar the mode of dying, such	as cardiac or respi	ratory arrest	, Approximate interval Between Onest and Death			
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (OR AS A CONSEQUENCE OF	•						
PART II. Other aignificant conditions of	contributing to death but not resulting in	n the underlying cause given in P	Part J. 24s. WAS AN PERFOI	RMED?	24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO			
25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL: OTHER:								
	Inpatient 2 ER/Outpatient 3 DOA		28d. DESCRIBE HOW		A.C.D.			
27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	Netural 5 Pending (Month, Day, Year) INJURY WORK? M 1 YES 2 NO							
3 Suicide a Could not be 4 Homicide detarmined	3 Suicide a Could not be 28s. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 28l. LOCATION (Street and Number or Rural Route N City or Town, State)							
CONSCIL ONLY	N: To the best of my knowledge, death occurre				ause(a) and manner as stated.			
296. SIGNATURE AND TITLE OF CERTIFIER	ule mo	29c. LICENSE NUM	1846	29d. DATE S	IGNED (Month, Day, Year)			

1833 Forest Drive, Annapolis, MD 21401

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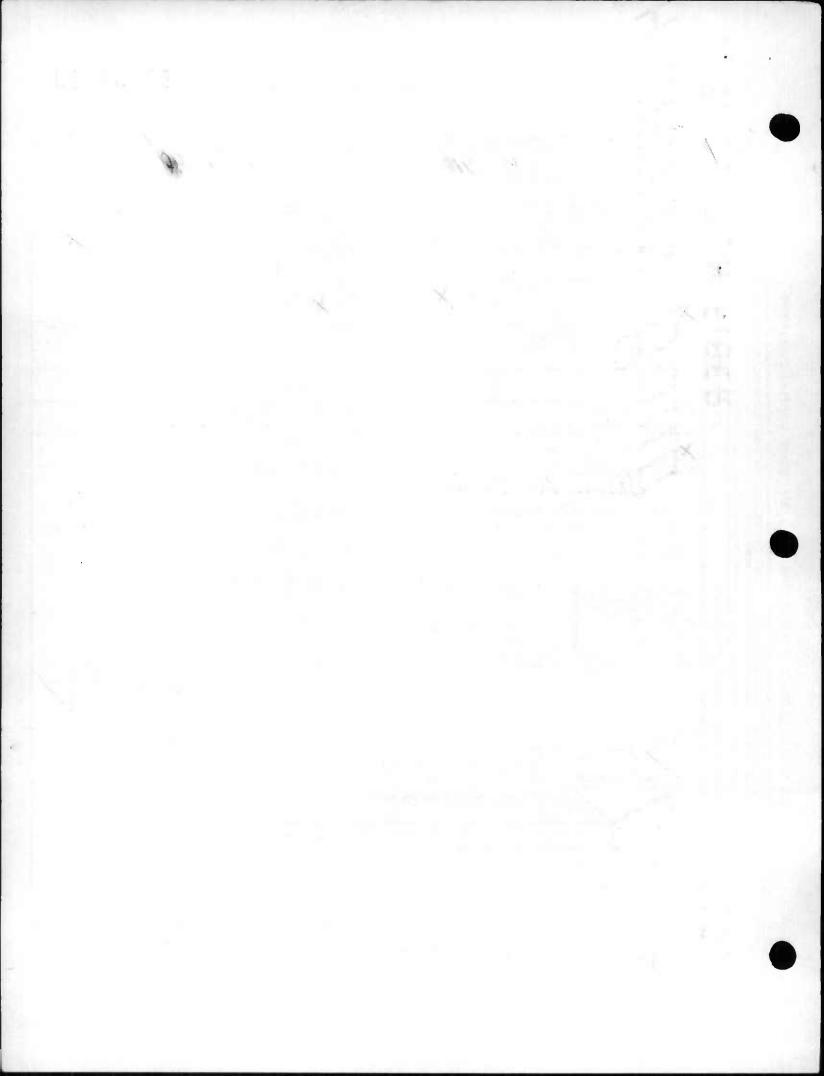
8 - 11 % · . n de la company

1 - STATE REGISTRAR	OIAIL OI IIIAI	CEI		ICATE				ILIV IAI	REG. NO).		
1. DECEDENT'S NAME (First, Middle, Last)	, ,	21						2. DATE	OF DEATH	DAY	YEAR	3. TIME OF DEATH
Etta 1	-20 /	almer						_11		13	90	1120 M
4. SOCIAL SECURITY NUMBER 213-05-9321-D	1 🗆 M 2 🗱	AGE (In yrs. last t	VRS.	IF UNDER	DAYS	IF UNDER HOURS	MIN.	(Month	OF BIRTH	198	Balt	PLACE (State or Foreign CO. County
St. Agnes Hospita					TOWN OF			ATH	1	U 000	NTY OF DE	ATH
RESIDENCE OF DECEDENT 10a, STATE 10b, COUNT	TY .		10c, CIT	Y, TOWN O	R LOCATIO	ON						10d. INSIDE CITY
Md. Ba:	ltimore		Ha	letho	orpe							LIMITS?
10e. STREET AND NUMBER					-	ZIP CODE		-		10g. CIT	IZEN OF W	HAT COUNTRY?
5614 Southwester	n Blvd.					2	1227				USA	
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EV FORCES? 1 I	YES 2 NO	ED	11		offy Cube	n, Mexicar	i, Puerto I	I? (Specify Ye Rican, etc.)	e or No-	14. RACE Black Specif	- American Indian, White, etc.
(Specify only highest grad Elementary/Secondary (0-12) 5th grade	UCATION le completed) College (1-4 or 5 +)	(Give	kind of to NOT u	work done done retired.) Wife	CCUPATION during most	t of worldn			KIND OF BU		DUSTRY	
17. FATHER'S NAME (First, Middle, Lest) Jordan Watson Co.	le					C	ather	rine	F. CI	urtis		
John K. Barbour,									wson,	Md.	21204	
20a. METHOD OF DISPOSITION 1 Burlel 2 Cremation 3 Rer Donation 5 Other (Specify)	noval from State	20b. PLACE Of other place		Mt. Z				y		ocation – Operc		m, stata iryland
21. SIGNATURE OF PUNERAL SERVICE L	icensee EC	ine			34 S				Eline t. Har			lome 1d. 21074
23. PART I. Enter the disesses, or shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. CEREB	on eech iina.	.cu	ISPL					diec or res	olretory sr	rest,	Approximets interval Between Onset and Death
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR SEP	BRA AS A CONSEOU S S AS A CONSEOU	JENCE O	IAL PT:	De Mon	TER	7	OCL.	U33 L	W.		
PART II. Other significent condition	ns contributing to de	eth but not re	euiting	in the un	deriying	ceuse	given in	Part I.		N AUTOPSY PRMED?	24b.	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL					26. PL/	ACE OF D	EATH (Ch	ock only or	10)			
EXAMINER?	1 Impetiant 2 Es	3/Outpetlant 3	DOA	OTHER	R: sing Home	5 🗆 R	asidence	6 🗆 Othe	r (Specify)			
27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	28a. DATE OF INJ (Month, Day, 1		26b. TIR IN	ME OF JURY M	28c. INJU WOF 1 Y	JRY AT RK? ES 2	□ NO	28d. DE	SCRIBE HOW	INJURY OC	CURED	
3 Suicide 6 Could not be defarmined	28a DI ACE OF IN	IJURY — At hom. (Specify)	ne, farm,	street, facto	ory, office			281, LOC City	ATION (Street or Town, State	l and Numbe	or Rural A	oute Number,
one) —	SICIAN: To the best of my) and manner as stated.
296. SIGNATURE AND TITLE OF CERTIFIE	ER	MI	>			29c. LIC	ENSE NUM	MBER		29d. DA	TE SIGNED	(Month, Day, Year)
30. NAME AND ADDRESS OF PERSON W	HO COMPLETED CAUSE O	OF DEATH (ITEM	27) (Typ	e, Print)	00	TA	DN)	AV	ENU	5 , B	ALTIN	WRE MD
31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S	SIGNATURE						, 0		1		

TO THE HOSPITAL DRATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Nem 28 is marked, or Nem 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21203-3146 DIVISION OF VITAL RECORDS, P.O. BOX 13146,



		1. DECEDENT'S NAME (First, Middle, Last)								2. DATE OF DEATH		3.	TIME OF DEATH
	1973	Frank Ern	est PAT	UL					1	Nov. 5	, 19	90	4:40 Pm
	100	4. SOCIAL SECURITY NUMBER	5, SEX 6. /	AGE (in yrs. les	t birthday)	IF UNDER 1 Y	-	IF UNDER 24 H	_	7. DATE OF BIRTH (Month, Day, Year)	8	BIRTHPL.	ACE (State or Foreign
P	1	216 - 20 - 9871	1 💢 M 2 🗆 F	64	YRS.	MONTHS D	AYS	HOURS	IIN.	Sept. 16,	1926	Mary	land
AS -		9a. FACILITY NAME (If not institution, give a	atreet and number)					LOCATION			9c. COUNT		
22	СТОЯ	R.D. 1, Box 212				Centr	evı	11e,	Mary	/land	Que	en A	nne's
	HEC.	10a. STATE 10b. COUNT	Y		10c. CITY	r, TOWN OR I	OCATIO	ON				10	d. INSIDE CITY
28	E I	Maryland Quee	n Anne's		C	Centre	vil	le				1	YES 2 NO
permit.	ERAL	10e. STREET AND NUMBER						ZIP CODE					T COUNTRY?
an. ransit	N. I	R.D. 1, Box 212	*					1617					tates
ZIZUS-SI40 al or attending physician. for use as the burial-transit	BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EV FORCES? 1 X IF YES, GIVE WAR WWII	YES 2 N		If ye	s, spe		laxican,	ORIGIN? (Specify Ye Puerto Ricen, atc.)	a or No 1	Specify:	American Indian, Thite, atc.
te as t	ED	15. DECEDENT'S EDU	ICATION	16a. DE	CEDENT'S	USUAL OCCL	PATION	ON 16b. KIND OF BUSINESS/INDUSTRY					
or att	ᇤ	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5+)	(Gi	Do NOT us	vork done duri e retired.)	ng mosi	t of working					
- B	COMPL				ectri	cal E	1 Engineer Spac				Flight		
4 8 8 E	8	17. FATHER'S NAME (First, Middle, Last)						18. MOTHER'S NAME (First, Middle, Maiden Surname)					
should be stiffed at	BE	Frank Leurray Paul 19a. INFORMANT'S NAME (Type/Print) Wife 19b. MAIL				10000000				Lee Sh	ucraft	4-1	
2 2 2	2	Lindsay Hamilton		1,000						ceville,			21617
page the		20a. METHOD OF DISPOSITION 1 Disposition 5 Other (Specify) 20b. PLACE OF DISPOSITION (Name of cometery, crematory or other place) Capitol Crematory Services							OCATION — CI				
ACKE Age 6 ma director, p		- Committee of Com		Capito	î c	remate					ver, D	elawa	are
ALLIMOKE, death. Page 6 may funeral director, page examiner must b		21. SIGNATURE OF FUNERAL SERVICE LI	censee es H. Barto	on, Jr	•	22. NA	ME ANI	on Fu	nera	al Home			
DAL ter deat the fun wal.		James H. B	actor on			P	.0.	Box	222	, Centrev	ille,	MD	21617
filled in the tion, or rer		23. PART i. Enter the diseasea, Dr shock, Dr heart failure. IMMEDIATE CAUSE (Finel disease Dr condition rasulting in death)	List only one cause	on aach iina			a mod	la of dying	, such	as cardiac or resp	oiratory arres	it,	Approximata Interval Between Onset and Death
ed within ompleter al, crema		resolding in death)	DUE TO (OR										
	8	Sequentially list conditions,	b. Ecner	AS A CONSE	BCU	um	1	ceinc	MI	-			
or clan	CERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING	DOE 10 (OH	AS A CONSE	JUENCE UI	-):							
certificate ding physical hygiene pri	윤	CAUSE (Disease or injury that initiated events	DUE TO (OR	AS A CONSE	DUENCE O	F):							1
F Hyging	E	resulting in deeth) LAST	d										
the death by the attended Mental injury, or		PART il. Other aignificant conditio	na contributing to de	ath but not r	eauiting	in the unde	rivina	ceuse alve	en in P	art I. 24s. WAS A	N AUTOPSY	24b. W	ERE AUTOPSY FINDINGS
_ 54 E	MEDICAL		_								RMED?	A) C	MILABLE PRIOR TO DMPLETION DF CAUSE
sign Healt	밀									_ ' '	X		F DEATH?
# 5 5 5 E										_			
VIIAL I IAN: The law tificate has the State Dept or Item 23	SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHER:	28. PL/	ACE OF DEAT	"H (Chec	k only one)			
SICIAN: The certificate by the State	YSI	1 TES 2 NO	1 Inputient 2 EF			4 - Numin	_		_	Other (Specify)			
D 美景美	ву РНУ	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	28a. DATE OF INJ (Month, Day,)	16ar)		M M		RK? ES 2 N		28d. DESCRIBE HOW	INJURY OCCL	RED	
ATTENDING ECTOR: After s after death 1 28 is m.	TED	3 Suicide 8 Could not be 4 Homicide delarmined	28e. PLACE OF IN building, atc.	IJURY — Al ho . (Specify)	ma, farm,	atreet, lacion	, offica	1		281. LOCATION (Street City or Town, State		Rurel Rou	te Number,
DIVISION TO THE HOSPITAL OR ATTENDING TO THE FUNERAL DIRECTOR: After be fled within 72 hours after death IMPORTANT: If item 28 is ma	COMPLE	CONSTRUCTION OF THE CONTRACT O	SICIAN: To the best of my ER: On the basis of axem										nd manner as stated.
TO THE HOSPI TO THE FUNER be filed within	BE	29b. SIGNATURE AND TITLE OF CERTIFIE					П	29c. LICENS			100		Ionth, Day, Year)
5 5 3 X	10	20 NAME OF ADDRESS OF DERSON W		OF BEAT!! #==	M AT C	D-(-e)		0-13	82	7	1/-	6.9	0
		30. NAME WID ADDRESS OF PERSON W John C. Seymou	r, M.D.,			own, M	ary	land	21	620			
		31. DATE FILED (Months, Any, Year) 7 9	32. REGISTRAR'S	SIGNATURE Davidso	n-Par	dell							

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Extriours after death. Page 6 may be retained by the hospital or atter	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use a be find within 29 hours after death with the State Debt, of Health and Mental Hydiene polor to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
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DIVISION OF VITAL RECORDS, P.O. BOX 13146,

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BALTIMORE, MARYLAND 21203-3146

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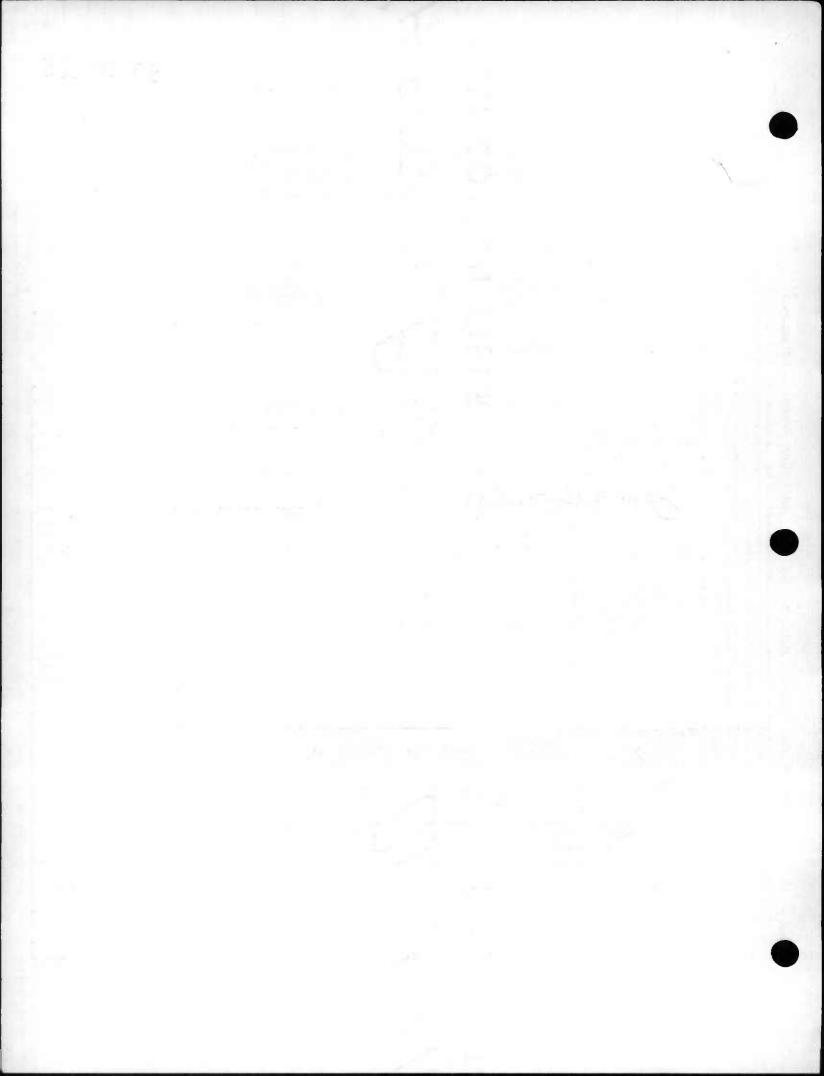
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CERTIFICATION

PHYSICIAN: MEDICAL

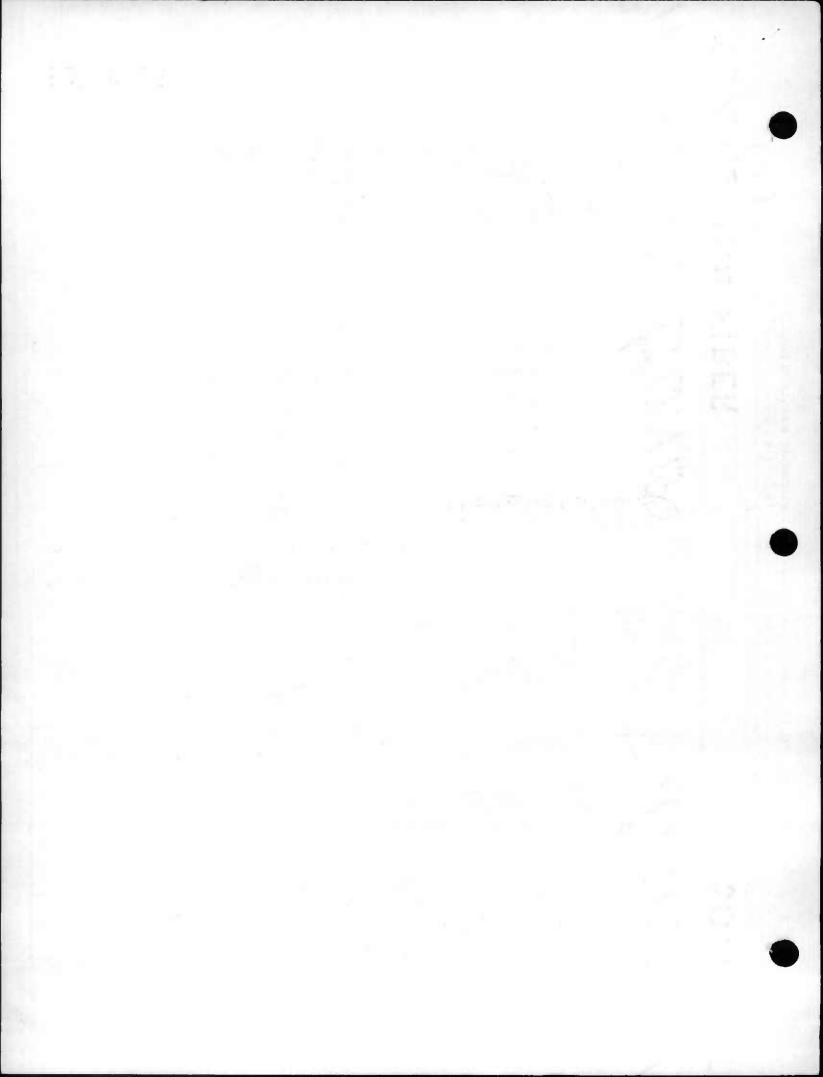
1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH 3. TIME OF DEATH October 17 1990 Pollock. Catherine Jones 5:30 AM BIRTHPLACE (State or Foreign Country) 4. SOCIAL SECURITY NUMBER 5. SEX 7. DATE OF BIRTH (Month, Day, Year)
March 13,1921 Pennsylvania 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 69 195 - 12 - 7261 1 M 2 X F YRS. a. FACILITY NAME (# not lostifution, give areat and number)
R.D.I, BOX 240, DI,
Grason Vista Drive 9b. CITY, TOWN OR LOCATION OF GEATH 9c. COUNTY OF DEATH Queenstown, Maryland Oueen Anne's RESIDENCE OF DECEDENT DIRECT 10e. STATE 10b. COUNTY 10c, CITY, TOWN OR LOCATION 10d. INSIDE CITY Queen Anne's Maryland Queenstown 1 YES 2 X NO 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? R.D.1, Box 246 D1, Grason Vista Drive 21658 United States 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 TYPES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or Noif yes, specify Cuban, Mexican, Puerto Rican, etc.)
1 YES 2 NO Specify: 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Married Specify: White 3 Widowed 4 Divorced 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only high Elementary/Secondary (0-12) Wife Home 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Meiden Surname) Heffelfinger Thomas J. Jones Maude 19a. INFORMANT'S NAME (Type/Print) Husband R.D. 1, BOX 240 Dl., Grason Vista Drive, Queenstown, MD 21658 Mr. G. Everett Pollock 20e METHOD OF DISPOSITION

1 D Burlal 2 Cremetion 3 Removel from State
4 Donation 5 Dother (Specify) 10/20/90 20b. PLACE OF DISPOSITION (Name of cometery, crematory or 20c. LOCATION - City or Town, State Northwood Cemetery Downingtown, PA 21. SIGNATURE OF FUNERAL SERVICE LICENSEE
James H. Barton 22. NAME AND ADDRESS OF FACILITY
Barton Funeral Home P.O. Box 222, Centreville, MD 21617 23. CARTA. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, **Approximate** shock, or heart feliure. List only one cause on sech line. tervai Betw Onset and Death IMMEDIATE CAUSE (Final DUE TO (OR AS A CONSEQUENCE OF): disease or condition resulting in death) MO Sequentielly list conditions, OUE TO (OR AS A CONSEQUENCE OF): If eny, leading to immediate cause. Enter UNDERLYING CAUSE (Diseese or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 - YES 2 10 1 | YES 2 | NO 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) HOSPITAL:
1 | Inpatient 2 | ER/Outpatient 3 | DOA OTHER:
4 | Nursing Home 5 | Residence 6 | Other (Specify) 1 TYES 2 NO 28a. DATE OF INJURY (Month, Day, Year) 27, MANNER OF DEATH 28b, TIME OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending BY 1 YES 2 NO 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 6 Could not be COMPLETED 4 Homicide 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the basic of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(a) and manner as stated. 29c. LICENSE NUMBER 29b. SIGNATURE AND TITLE OF CERTIFIER 29d. DATE SIGNED (Month, Day, Year) BE 10-17-90 Cen 0/225 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF BEATH (ITEM 27) (Type, Print) Stephen P. Carney, M.D. Easton, Maryland 21601 31. DATE FILED (Month, Day, Year) Lulia Davidson-Randelle ULI 8 11JU



	s should be shou
BALTIMORE, MARYLAND 21203-3146	Findurs after death. Page 6 may be retained by the hospital or attending physician. Illied in by the funeral director, page 5 should be detached for use as the burlat-transit permit. Pan, or removal. e medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 8 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be netflied at once.

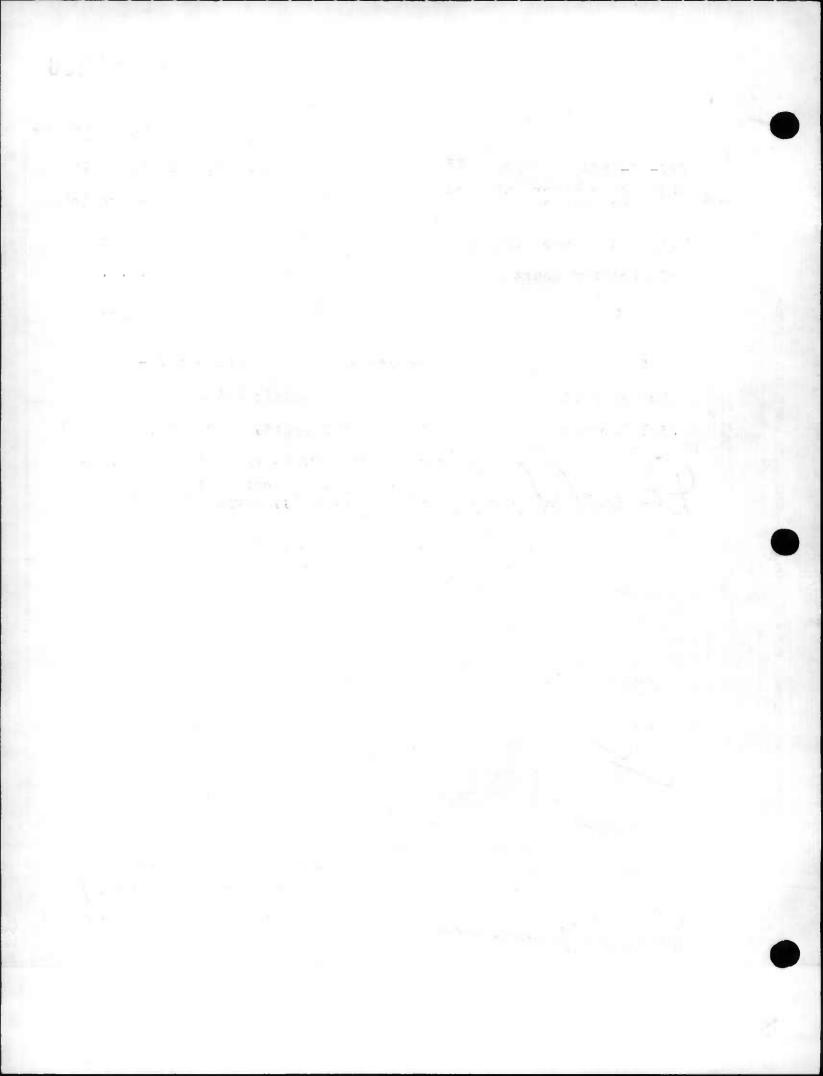
REGISTRAR		CENTIF	ICATE	JF DEA	III.	REG. NO.		
1. DECEDENT'S NAME (First, Middle, Last) Anna Mae	D	1 1				2. DATE OF DEATH		3. TIME OF OEATH
	Powe							901 9:45 F
4. SOCIAL SECURITY NUMBER 219 - 46 - 4426	8. SEX 8. AGE	(In yrs. lest birthday) 92 YRS.	MONTHS D	AR IF UNDE	R 24 HRS.	7. DATE OF BIRTH (Month, Day, Year) May 10, 19		BIRTHPLACE (State or Foreign Country) Maryland
9e. FACILITY NAME (If not institution, give :	street and number)		9b. CITY, TO	WN OR LOCAT	IDN OF DE	ATH	9c. COUNTY	OF OEATH
	pital		East					lbot
RESIDENCE OF DECEDENT 10a. STATE 10b. COUNT	~							
	en Anne's		entrev					10d. INSIDE CITY LIMITS? 1 X YES 2 NO
10e. STREET AND NUMBER				10f. ZIP COD	E		10g. CITIZEI	N OF WHAT COUNTRY?
Kidwell Avenue,	R.D. 1, Box	161		2	1617		Unit	ed States
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS OECEDENT EVER FORCES? 1 VES IF YES, GIVE WAR OR	2 NO	If ye		en, Mexica	HC ORIGIN? (Specify Yes n, Puerto Rican, etc.) y:	or No — 14	RACE — American Indian, Black, White, etc. Specify: White
15. DECEDENT'S EDU	ICATION	16a, OECEDENT'S	R HSHAL OCCU	PATION		18b. KIND OF BUS	SINESS/INDIES	
(Specify only highest grad		(Give kind of life. Do NOT u	work done durin	g most of world	ing	100.101.0 01.00		
Elementary/Secondary (0-12)	College (1-4 or 5+)		Wife				Home	
			WITE					
17. FATHER'S NAME (First, Middle, Last)	**			1 2 2 2 2 2 2 2		ME (First, Middle, Malden		
Marion Francis	Hunter				Susai	n Virginia	a Spa	rks
19e. INFORMANT'S NAME (Type/Print) S	on	19b. MAILING	G ADDRESS (S	reet and Numbe	or or Runal i	Route Number, City or Tow	n, State, Zip Co	ode)
Royden N. Powel	1, Jr.	P.O.	Box 10	, Cent:	revi:	lle, Maryla	and 2	1617
20e. METHOD OF DISPOSITION	20	Db. PLACE OF DISPO						y or Town, State
1 M Burial 2 Cremation 3 Ren 4 Donation 5 Other (Specify)	noval from State	other place)						
4 ☐ Donation 5 ☐ Other (Specify) 21, SIGNATURE OF FUNERAL SERVICE LI		hesterfi		emeter			revil	le, Maryland
		Tm				ral Home		
Jane Jane	s H. Barton	10.				car nome 2, Centrev		MD 21617
Sequentially list conditions, if any, leading to immediate	· Carci	A CONSEQUENCE O	43	gm	rd (Alm		Mond
cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	c DUE TO (OR AS	A CONSEQUENCE C	OF):					
PART II. Other significant condition	na contributing to death	but not resulting		tying coups		Part I. 24e. WAS AN PERFOI	RMED?	24b. WERE AUTOPSY FINDIN MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL				28. PLACE OF	DEATH (Ch	neck only one)		
EXAMINER?	HOSPITAL:	tootless & D DOS	OTHER:	Water Land		Non mark	OFAIA	LI TOIL
27. MANNER OF DEATH	28a, DATE OF INJURY				residence	6 Other (Specify)	SHILFO	NUISING FACILIE
1 Natural 5 Pending	(Month, Day, Year)		LJURY	c. INJURY AT WORK?		'28d. DEŞCRIBE HOW	INJUHT OCCU	HED
2 Accident Investigation				YES 2	∐ NO			
3 Suicide 8 Could not be	20a. PLACE OF INJUI building, etc. (Sc	RY — At home, farm, sectiv)	street, fectory,	office		28f. LOCATION (Street City or Town, State)	and Number or	Rural Route Number,
4 Homicide determined						,,		
and and	SICIAN: To the best of my kno							cause(e) and manner as stated
	A		.en, at my opin					
296. SIGNATURE AND TITLE OF CERTIFIE		1 1/6	7	29c. LK	CENSE NU	MBER	29d, DATE S	SIGNED (Month, Day, Year)
_ /V X/C	100 a	7 /4/			LOS	5/13	P /,	1/14/90
30. NAME AND ADDRESS OF PERSON W	HD COMPLETED CAUSE OF	DEATH (ITEM 27) (Typ	e Print) W	illiam-	H, I	Wood, Jr.,	M, D.,	Easton, MD
11 WH	NOOM	516	MO	1	13	>10N1	VA	
31. DATE FILED (Month Pay, Year)	32. REGISTRAR'S SK	ENATURE	.,			1		_
MN 76 °0	1 Sulia	Davidson-Ra	ndelle					



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DIVISION	Į
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	L DEGELOENT'S NAME (F)	First, Middle, Las		-/	F	PPS	501/	2. DATE OF DEATH	DAY	000 THE 070
	4. SOCIAL SECURITY NU	Lucy	Virginia 5. SEX	6. AGE (In yrs. le	n st birthday)	IF UNDER 1 YEA	A IF UNDER 24 HRS.	7. DATE OF BIRTH	- /	B. BIRTYPPLACE (Stam or
P	212 74 240	0	1 🗆 M 2 🖫 🗐	96	YRS.	MONTHS DAY			994	County)
1	9a. FACILITY NAME (# no		e street and number)	96		9b. CITY, TOW	N OR LOCATION OF D	EATH /	9c. COL	Maryland JNTY OF OEATH
15	Pleasant I	Living	Convalesc	ent Cen	nter	Edge	water	, ,	Anı	ne Arundel
СТОВ	RESIDENCE OF DI									Province and the second second
DIRE	Maryland	10b. COUI	Arundel			Y, TOWN OR LO	CATION			10d. INSIDE C LIMITS?
AL D	10e. STREET AND NUMBI		Arunder		Euge	water	101, ZIP COOE		10g CI	1 YES 2
RA	Pleasant I	Living	Convalesc	cent Cen	nter		21037		Usa	77 - 20 - 10 - 10 - 10 - 10 - 10 - 10 - 10
FUNER	11. MARITAL STATUS		12. WAS DECEDEN	IT EVER IN U.S. A	RMED		DECENDENT OF HISPA	NIC ORIGIN? (Specify		14. RACE — American Ir
	1 Never Married 2		FORCES? 1	YES 2 X	ξиO		, specify Cuban, Maxic YES 2 XNO Speci			Black, White, etc. Specify:
) BY	3 Widowed 4 D									Whit
ETED	(Specify	only highest gra	ade completed)	S		VSUAL OCCUP	ATION most of working	16b. KIND OF E	USINESS/IN	IDUSTRY
	Elementary/Secondary	y (0-12)	College (1-4 or 5	+)	sewif			home		
COMPI	17. FATHER'S NAME (First)	t, Middle, Lest)		1100	ADC WIL		18. MOTHER'S N.	AME (First, Middle, Mald	en Sumame)	
ш	Edward Hai	rrison					Anni	e Foster		
8	19a. INFORMANT'S NAME	E (Type/Print)		1	9b. MAILING	ADDRESS (Stre	et and Number or Rural	Route Number, City or 1	own, State, Z	Tip Code)
	Minibel Ba	ast		F	P.O. E	30x 94	Galesvill	e Maryland	2076	55
	20a. METHOD OF DISPOS 1 Burlel 2 Creme		emoval from State	20b. PLACI	E OF OISPOS	SITION (Name of	cemetery, cremetory or	20c.	OCATION -	- Cify or Town, State
	4 Donation 5 🛱 Ott	ther (Specify)@	ntombment	Wood	lfield	Mauso				lle Marylan
	21. SIGNATURE OF FUNE	RAL SERVICE	LICENSEE			22. NAME	E AND ADDRESS OF F	CILITY Rausch	Fune	eral Home
		0								
	23. PART I. Enter the ahock, or iMMEDIATE CAUSE (disease or condition resulting in death)	r heart fallur (Finel	Arte	CIUS	cle	P.O.	Box 45 0	wings Mary	land	20736
	ahock, or iMMEDIATE CAUSE (idlease or condition resulting in death) Sequentially list conif any, leading to impression of the cause. Enter UNDER CAUSE (Disease or lithat initiated events	(Fine)	a A TP due TO DUE TO OUE TO C.	of coused the duse on each line O OR AS A CONSI O OR AS A CONSI O OR AS A CONSI O OR AS A CONSI	EQUENCE OF	P.O. not anter the	Box 45 0	wings Mary	land	20736
RTIFICATION	ahock, or iMMEDIATE CAUSE (disease or condition resulting in death) Sequentially list condition any, leading to impressed the UNDER CAUSE (Disease or leading to the cause of	(Fine)	a A TP due TO DUE TO OUE TO C.	OR AS A CONSI	EQUENCE OF	P.O. not anter the	Box 45 0	wings Mary	land	20736
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MEDICAL CERTIFICATION	ahock, or iMMEDIATE CAUSE (disease or condition resulting in death) Sequentially list confit any, leading to improve the cause. Enter UNDER CAUSE (Disease or lithat initiated events resulting in death) L. PART I/ Other significations of the cause of	r heart felium	b. JOVE TO C. DUE TO d. HOSPITAL:	OR AS A CONSI	EQUENCE O	P.O. not anter the	Box 45 0 mode of dying, but Arten ying cause given in	Wings Mary chas cardiac or res OVASC W OSC /- OSC	AN AUTOPETO	20736 Para Approximation of the completion of deaths
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programme or annual contraction of the contraction	1	FOR STATE REGISTRAR	STATE OF MARYLA	AND / DEPAR				MENTAI	REG. NO.	E		
2	1	1. DECEDENT'S NAME (First, Middle, last) ARION	H	PRI	尼尺	SO	$\sqrt{}$	2. DATE MONTI	OF DEATH	0 9	3. T	8 05 A
الله الله	1	4. SOCIAL SECURITY NUMBER 345-07-6834	1 □ M 2 🔀 F 7	_	IF UNDER	DAYS	IF UNDER 24 HRS. HOURS MIN.	May	OF BIRTH I, Day, Year)	15 I	Country)	
2; 3 shou	TOR S	99. FACILITY NAME (If not institution, give since the sapeake Man Care Central RESIDENCE OF DECEDENT		d		rno.	LOCATION OF OR	EATH		Anne		und el
oit. Pages 1.	DIRECT	Maryland Ann	e Arundel	10c. CIT	y, town o	a po					1 5	LIMITS? YES 2 NO
an. Iransit permit,	FUNERAL	100. STREET AND NUMBER 904 Bethany C					21403				S.A.	•
AND 21203-3146 the hospital or attending physician. detached for use as the burial-transit once.	BY	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 M Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 NO	1	f yes, spe	NDENT OF NISPAI city Cuben, Mexica NO Specifi	n, Puerlo			Black, Wh Specify hite	
21203-3146 tal or attending phys for use as the buri	ETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)		16a. DECEDENT'S (Give kind of life. Do NOT u	work done o	CCUPATION during most	t of working			SINESS/INDUS		
AND 21 the hospital of detached for once.	COMPLET	17. FATNER'S NAME (First, Middle, Last)		Secr	etar	У	18. MOTHER'S NA	ME (First,	Middle, Maiden	Surname)	op	
MARYLAND retained by the hosp 5 should be detached notified at once.	TO BE	Charles McKin	ney				d Number or Rural	Route Num				07.40.2
0 0 0		20e. METHOD OF DISPOSITION 1 Burlal 2 (**Cremation 3 Flam Document 6 Other (Specify)	oval from State	PLACE OF DISPO	SITION (Na	me of cem	y Court etery, cremetory or Cremato		20c. LO	cation - cm	or Town,	State
BALTIMORE, I after death. Page 6 may be by the funeral director, page moval.		21. SIGNATURE OF FUNERAL SERVICE TO	ENSEE	Vin	T	ayl	o ADDRESS OF FA	eral	Chap	el	147	V 25
be executed within 2., nours aff cian and completely filled into the burist, or remandion, or remarkantic event, the medical	ATION	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING	e. Evely	ach line.	lov	tha mod	la of dying, suc	h aa car	diac or resp			Approximata Interval Between Onset and Death
th certification of other	CERTIFICATION	CAUSE (Discess or Injury that initiated events resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE	OF):			٨				
ECORDS, equires that the den signed by the of Health and Mer hows any Injur	PART II. Other eignificant conditions and place and plac	PART II. Other eignificant condition	a contributing to death b	PERFORMED? 1 YES 2 NO OF DE						RE AUTOPSY FINDINGS ULABLE PRIOR TO MPLETION OF CAUSE DEATH? YES 2 NO		
SICIAN: The law of certificate has be the State Dept.	PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL: 1 Inpetient 2 ER/Outp	partient 3 🗆 DOA	OTHEI	B	ACE OF OEATH (C					
PHY This with	ву РНУ	27. MANNER OF DEATH 1 Nettral 5 Pending Investigation	28a. DATE OF INJURY (Month, Day, Year)	26b. TI	ME OF JURY M	28c. INJI WO 1 Y	JRY AT RK? ES 2 NO	28d. DE	SCRIBE HOW	INJURY OCCU	RED	
ISIO TTENDI TTENDI TTOR: A after d	8	3 Suicide 6 Could not be 4 Homicide determined	26s. PLACE OF INJURY building, etc. (Spec		street, fac	tory, office			CATION (Street or Town, State	and Number or)	Rural Route	i Number,
B 42 =	COMPLET	(Crieck Unity	ICIAN: To the best of my know ER: On the basis of examination									nd manner as stated.
TO THE HOSPI TO THE FUNER De fied within	BE	29h. ADMATURE OF TITLE OF CERTIFIE	5				D2	68	4	29d. DATE S	11/2	0 190
	TO	DR. C.V. CY	RIAC. M.D.	EATH (ITEM 27) (19/2	oe, Print)	2RA	N Hu	υY,	GL	RNBU	RA	112 2106/
		"NOV 2 3" 1990 gu	hia DECHESTER STER	ATURE	ATT			,			- 12	



	1 - STATE REGISTRAR	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.								
	1. DECEDENT'S NAME (First, Middle, Las)	BARBARA MAT	THISON PRAT	THE COLUMN	2.	DATE OF DEATH DO NOW THE POUR DE LE PRONTHE	18, 19	3. TIME OF DEATH 5:00 a		
	4. SOCIAL SECURITY NUMBER 577 - 38 - 1823 90. FACILITY NAME (If not institution, give	1 🗆 M 2 💢 F	84 YRS. MO	NTHS DAYS H	OURS MIN. S	DATE OF BIRTH (Month, Day, Year)	1906 N	BIRTHPLACE (State or Foreign Journs) assachusette		
OR	Greater Lawel B			Laurel	LOCATION OF DEATH		Princ	e George		
DIRECTOR	Maryland Prin	ce George	BOWLE	OWN OR LOCATION	N			10d. INSIDE CITY LIMITS? 1 XYES 2 NO		
FUNERAL	100. STREET AND NUMBER 6404 Gradys Walk			3 3 3	20715			U.S.A.		
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 XWidowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES IF YES, GIVE WAR OR	3 2 X NO	If yes, specif	DENT OF HISPANIC (ly Cuban, Mexicen, P NO Specify:	ORIGIN? (Specify Year uerto Rican, etc.)		RACE — American Indien, Black, White, atc. Specify: White		
ETED	15. DECEDENT'S ED (Specify only highest grad		16a. DECEDENT'S US (Give kind of work ille. Do NOT use re	done during most of	of working	16b. KIND OF BU	SINESS/INDUST			
	Grade 12	College (1-4 or 5+)			ssistant	U.S. Na	val Re	search Lab		
COMP.	17. FATHER'S NAME (First, Middle, Last) Arthur Mathison			1	Grace Ro		Sumame)			
מע	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING AD	DRESS (Street and	Number or Rural Rout		m, State, Zip Coo	io)		
2	Lawrence Pratt		6404 G	radys Wa	ulk Bowi	e, Maryli	and 207	115		
	20a, METHOD OF DISPOSITION 1 N Burlai 2 Cremation 3 Res	moval from Stata	Ob. PLACE OF DISPOSITI	District Control	ery, crematory or		CATION — City			
	4 Donation 6 Other (Specify) 21. SIGNATURE OF-FUNERAL SERVICE L		Union Ceme		ADDRESS OF EACH I	BW	rtonsvi	lle, Marylan		
	6)11/110	70	11		ADDRESS OF FACILI					
-	23. PART I. Enter the diseases, or	ayabonda	Total					land 20707		
	shock, or heart fellured IMMEDIATE CAUSE (Final disease or condition resulting in death)	s. (I st only one cause on	A CONSEQUENCE OF):	Ves	Pira		An	Interval Betwee Onset and Deal		
CENTIFICATION	Sequentially list conditions, if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	100	A CONSEQUENCE OF): A CONSEQUENCE OF):	loro	Sho	Eulan	10	Auch,		
MEDICAL	PART II. Other significant condition	ons contributing to death	but not resulting in	the underlying of	cause given in Par	t I. 24s. WAS AN PERFOI	RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
PHISICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?				E OF DEATH (Check	only one)				
5	1 TYES 2 NO	HOSPITAL: 1 Inputient 2 ER/Ou		THER: Nursing Home	5 Residence 6	Other (Specify)				
10	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)		Y WORK	Y AT 28 77 2 □ NO	d. DESCRIBE HOW	INJURY OCCUR	ED		
2	3 Suicide 6 Could not be	28e. PLACE OF INJUF building, etc. (Sp	RY — At home, farm, stre	et, factory, office	28	t. LOCATION (Street City or Town, State)	and Number or I	Rural Route Number,		
Ш	4 Homicide determined									
MPLETE	4 Homicide determined 29e. CERTIFIER 1 CERTIFYING PHY	/SICIAN: To the best of my kno						14-20		
BE COMPLETE	4 Homicide determined 29e. CERTIFIER 1 CERTIFYING PHY	NER: On the basis of axaminat		in my opinion, deat	th occured at the time.	e, data and place, ar		.		
TO BE COMPLETE	4 Homicide determined 29e. CERTIFIER 1 CERTIFYING PHY (Check only) 2 MEDICAL EXAMIN 29b. SIGNATURE AND TITLE OF CERTIFI	NER: On the basia of axaminat	ion and/or investigation,	in my opinion, deat	th occured at the time	e, data and place, ar	nd due to the co	1		
BE COMPLET	4 Homicide determined 29e. CERTIFIER 1 CERTIFYING PHY (Check only 2 MEDICAL EXAMI) 29e. SIGNATURE AND TITLE OF CERTIFIER 30. NAME and ADDRESS OF PERSON W	NER: On the basia of axaminat	DEATH (ITEM 27) (Type, Pr	in my opinion, deat	th occured at the time. Sec. LICENSE NUMBER $D - 34763$	n, data and place, ar R	29d. DATE D	drag worm by non		
BE COMPLET	4 Homicide determined 29e. CERTIFIER 1 CERTIFYING PHY (Check only) 2 MEDICAL EXAMIN 29b. SIGNATURE AND TITLE OF CERTIFI	NER: On the basia of axaminat	DEATH (ITEM 27) (None, Praurel Park	in my opinion, deat	th occured at the time. Sec. LICENSE NUMBER $D - 34763$	n, data and place, ar R	29d. DATE D	and work by now		

Pages

permit.

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IDING PHYSICIAN: The law requires that the death certificate be executed within 2475.curs after death, Page 6 may be retained by the hospital or att	After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use	death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	s marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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90 33260 STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR 1 -CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH DAY YEAR 27 NOV. 1990 DALE HEWITT 11:15 A.M PIERCY 4. SOCIAL SECURITY NUMBER 6. AGE (in yrs. last birthday) A. BIRTHPLACE (State or Foreign 5. SFX IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH AUG 4 1920 MARYL AND DAYS HOURS 234-26-8311 1 🕅 M 2 🗌 F 70 YRS 9g. FACILITY NAME (If not institution, give street end number) 9b, CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR RFD# 1 BOX# 182 G SUNNYSIDE MT. SAVAGE ALLEGANY BESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION MARYLAND ALLEGANY MT. SAVAGE 1 TES 2 NO 10a, STREET AND NUMBER FUNERAL 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 21545 RFD# 1 BOX# 182 G SUNNYSIDE U.S.A. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 X YES 2 NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No-14. RACE — American Indien, Black, White, etc. If yes, specify Cuban, Mexican, Puerto Rican, etc.)

1 YES 2 NO Specify: 1 Never Merried 2 Norried Specify: WHITE BY 3 Widowed 4 Divorced WW 11 COMPLETED 18a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) KELLY SPRINGFIELD TIRE CO TIRE MANF. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Meiden Surname) VELMA MESSENGER DONALD PIERCY BE 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 RFD# 1 BOX# 182G SUNNYSIDE ALTA F. PIERCY MT. SAVAGE MARYLAND 20s. METHOD OF DISPOSITION
1 Suriel 2 Cremetion 3 Removal from State
4 Donation 8 Other (Specify) 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or 20c. LOCATION — City or Town, State REST LAWN MEMORIAL PARK LAVALE MARYLAND 21. SIONATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY SILCOX-MERRITT FUNERAL HOME 404 DECATUR STREET CHMBERLAND MARYL 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiratory errest, Approximate shock, or heart failure. List only one cause on each lin Interval Batween Onset and Death IMMEDIATE CAUSE (Final disease or condition Soma Concer i mut resulting in desth) DUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, lasding to immediata cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS PHYSICIAN: MEDICAL AVAILABLE PRIOR TO COMPLETION DF CAUSE 1 TYES 2 NO OF DEATH? 1 | YES 2 | NO 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER: 1 | Inpetient 2 | ER/Outpetient 3 | DOA 1 - YES 27 NO ng Home 5 Residence 8 🗆 Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY 28c. INJURY AT WORK? 28b. TIME OF INJURY 284, DESCRIBE HOW INJURY OCCURED 1 Natural
2 Accident 5 Pending М 1 YES 2 NO BY Investigation 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Suicide 8 Could not be determined ED 4 🔲 Homicide COMPLET 1 CERTIFYINO PHYSICIAN (Check only one)

To the best of my knowle	dge, death occurred at the ti	me, date end place, end due to the cause(a) e	nd manner as stated.
the basis of examination	end/or investigation, in my o	pinion, death occured at the time, date end pic	ace, end due to the ceuse(e) and manner ee stated.
	112	29c, LICENSE NUMBER	29d. DATE SIONED (Morith, Day, Year)
Niva	MD	1003459	► NOVEMBER 28 1990

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

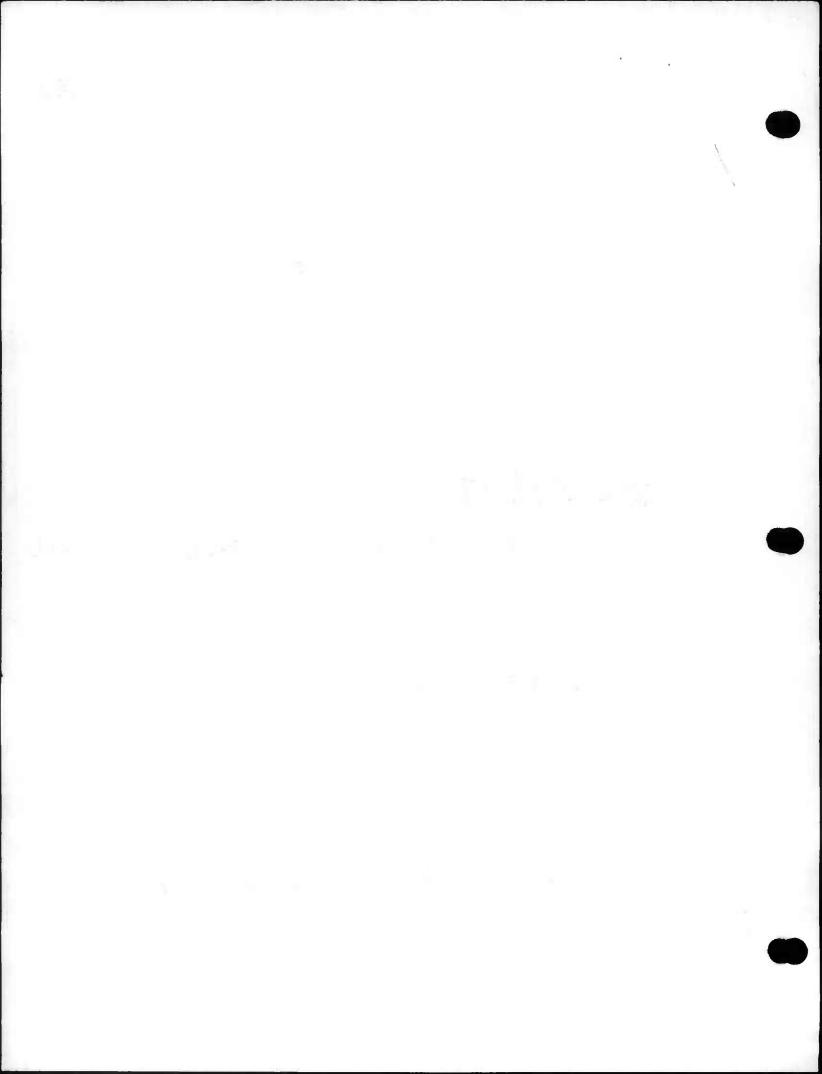
R. ESPINA 907 SETON DRIVE CUMBERLAND MARYLAND 21502

32. REGISTRAR'S SIGNATURE 31. DATE FILED (Month, Day, Year) NOV 2 8 1990

2 MEDICAL EXAMINER: O

296. SIGNATURE AND TITLE OF CENTIFIER

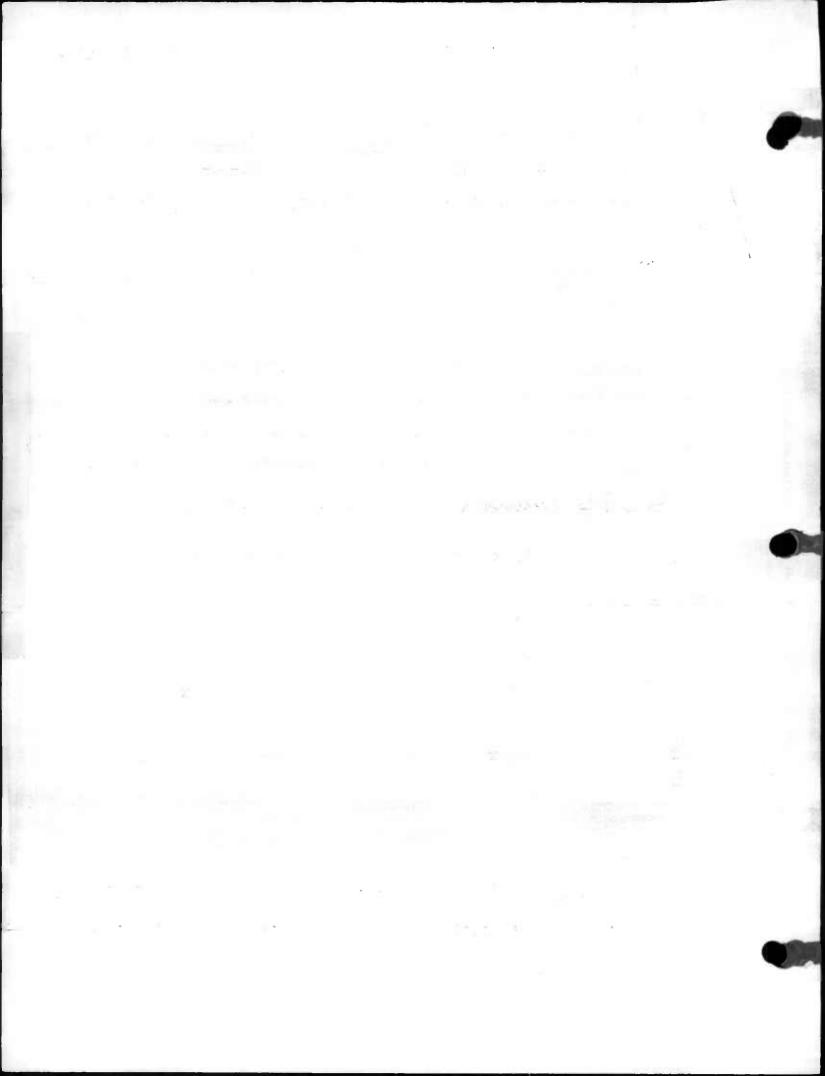
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1	•	FOR STATE REGISTRAR
L	. D	ECEDENT'S NAI

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CERTIFIC	CATE OF	DEATH	REG. NO).					
	1. DECEDENT'S NAME (First, Middle, Last)		7			2. DATE OF DEATH	au we	3. TIME OF DEATH				
	Luther Edwa	rd Petitt				11 06	90	0847 w				
				IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH		BIRTHPLACE (State or Foreign				
		IX M 2 □ F 73		ONTHS DAYS	HOURS MIN.	(Month, Day, Year)	17	Country)				
	213-20-4427							Maryland				
_	9e, FACILITY NAME (If not institution, give stree				OR LOCATION OF DE	ATH	9c. COUNTY					
B	Peninsula Gener	al Hospita	ıl	Salisbury Wicomico								
3	RESIDENCE OF DECEDENT											
#	10e. STATE 10b. COUNTY		10c. CITY,	TOWN OR LOCA	ATION			10d. INSIDE CITY LIMITS?				
0	Maryland Word	ester	Poc	omokk				1 X YES 2 NO				
A	10e. STREET AND NUMBER			10	Of. ZIP CODE	•	10g. CITIZEN	OF WHAT COUNTRY?				
BY FUNERAL DIRECTOR	12 14th Street				218	151	11	SÄ				
Ξ		2. WAS DECEDENT EVER IN U	J.S. ARMED	13. WAS DE		IIC ORIGIN? (Specify Ye	e or No- 14.	RACE - American Indian.				
正	1 Never Married 2 🔯 Married	FORCES? 1 YES			pecify Cuben, Mexice			Black, White, stc.				
B	3 Widowed 4 Divorced	WW2	E\$	I U YE	S 2 NO Specify	7.		Specify: White				
	15. DECEDENT'S EDUCAT		6e. DECEDENT'S U	SUAL OCCUPAT	ION	18b. KIND OF BU	ISINESS/INDUST					
	(Specify only highest grade co	mpleted)	(Give kind of wo	rk done durina m	nost of working							
ا ت	Elsmentery/Secondary (0-12)	College (1-4 or 5+)										
2	44	((: & P T	elepho	one Co. F	mployee ME (First, Middle, Maide	V1.0007/8					
COMPLETED	17. FATHER'S NAME (First, Middle, Last)											
BE	Clarence Elmo P	etitt			Este	lle Johr	ison					
10	19s. INFORMANT'S NAME (Type/Print)		19b. MAILING A	DDRESS (Street	and Number or Rural I	Route Number, City or To	wn, State, Zip Coo	le)				
F	Edna Mae Petitt		P. 0	. Box	361, Pc	comoke,	Md.	21851				
	20e. METHOD OF DISPOSITION 1 M Burisi 2 Cremetion 3 Remove	20b.	LACE OF DISPOSE		emetery, crematory or		OCATION — City					
	4 Donetion 5 Other (Specify)	al from State	rirst B	aptist	Cemete	ry Po	comok	e. Md.				
	21. SIGNATURE OF FUNERAL SERVICE LICEN		1100 2	22. NAME	AND ADDRESS OF FA	CILITY						
- 1	0 000	211 1				IERAL HON						
	5 wy 5.1	melson		Р.	O. Box	64, Pocor	noke,	Md. 21851				
	23. PART I. Entar the diseases, or cor shock, or heart failure. Lie			t antar tha m	oda of dying, suc	h aa cardiac or rea	olratory errest,	Approximate interval Batween				
	IMMEDIATE CAUSE (Finel	at only one cause on an	,11 HT1C2.					Onset end Death				
	disease or condition	Arteriosc	lerotio	card	liovascu	lar Dise	ase					
	resulting in death) a.	DUE TO (OR AS A										
~												
CERTIFICATION	Sequentially list conditions, b.	DUE TO (OR AS A	CONSEQUENCE OF)	:								
AT	if any, leading to immediate cause. Enter UNDERLYING							į į				
윤	CAUSE (Disease or Injury that Initiated events	DUE TO (OR AS A	ONSEQUENCE OF)									
E	resulting in death) LAST											
岗	d.											
	PART ii. Othar significant conditions	contributing to death bu	t not resulting in	tha undariyi	ng cause given in		N AUTOPSY ORMED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO				
DICAL	Diabetes Mel	litus				1 _ YES	51555	COMPLETION DF CAUSE				
						- 10 123	2,00	OF DEATH?				
Σ						-		1 TYES 2 NO				
PHYSICIAN: ME												
S	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHER:	PLACE OF GEATH (Ch	eck only one)						
YS		1 ☐ Inpatient 2 💢 ER/Outpa		-	ome 5 - Residence							
H	27. MANNER OF CEATH	(Month, Day, Year)	28b. TIME INJU	RY V	NJURY AT YORK?	28d. DESCRIBE HOW	INJURY OCCUR	ED				
ВУ	1 🔀 Natural 5 🗌 Pending 2 Accident Investigation			M 1	YES 2 NO							
		28e. PLACE OF INJURY - building, etc. (Special		reet, factory, off	lice	28f. LOCATION (Street City or Town, State		Rurel Route Number,				
Ш	3 Suicide 6 Could not be		,,			,						
	4 Homicide determined	4 Homicide determined										
LEI	4 Homicide determined	AN: To the best of my knowle	doe, death occurred	of the time, do	te end place, end due	to the cause(s) and m	anner es stated.					
MPLET	4 Homicide determined 29e. CERTIFIER (Check only 1 CERTIFYING PHYSIC)	AN: To the best of my knowle				The second		euse(e) end manner es stated.				
COMPLET	4 Homicide determined 29e. CERTIFIER 1 CERTIFYING PHYSICI. (Check only one) 2 MEDICAL EXAMINER:				death occured at the	time, date end place,	and due to the co	euse(e) end manner es stated.				
SE COMPLETED	4 Homicide determined 29e. CERTIFIER 1 CERTIFYING PHYSICI. (Check only one) 2 MEDICAL EXAMINER: 29b. SIGNATURE AND TITLE OF CERTIFIER	On the basis of examination	end/or investigation	, in my opinion,	death occured at the	time, date end place,	29d. OATE SI	GNED (Month, Day, Year)				
BE	4 Homicide determined 29e. CERTIFIER 1 CERTIFYING PHYSICI. (Check only one) 2 MEDICAL EXAMINER: 29b. SIGNATURE AND TITLE OF CERTIFIER	On the basis of examination	end/or investigation	, in my opinion,	death occured at the	time, date end place,	29d. OATE SI					
ш	29e. CERTIFIER 1 CERTIFYING PHYSICI (Check only one) 2 MEDICAL EXAMINER: 29b. SIGNATURE AND TITLE OF CERTIFIER 30. NAME AND ADDRESS OF PERSON WHO	On the basis of examination	end/or investigation epu ty I TH (ITEM 27) (Type,	, in my opinion,	29c. LICENSE NU	e time, date end place,	29d. OATE SI	GNED (Month, Day, Year) -06-90				
BE	29e. CERTIFIER 1 CERTIFYING PHYSICI (Check only one) 2 MEDICAL EXAMINER: 29b. SIGNATURE AND TITLE OF CERTIFIER 30. NAME AND ADDRESS OF PERSON WHO	On the basis of examination	end/or investigation)eputy] TH (ITEM 27) (Type, 108 P:	, in my opinion, M.E. Print)	29c. LICENSE NU	e time, date end place,	29d. OATE SI	GNED (Month, Day, Year) -06-90				
BE	29e. CERTIFIER 1 CERTIFYING PHYSICI (Check only one) 2 MEDICAL EXAMINER: 29b. SIGNATURE AND TITLE OF CERTIFIER 30. NAME AND ADDRESS OF PERSON WHO	On the basis of examination	end/or investigation)eputy] TH (ITEM 27) (Type, 108 P:	, in my opinion, M.E. Print)	29c. LICENSE NU	e time, date end place,	29d. OATE SI	GNED (Month, Day, Year) -06-90				



TO BE COMPLETED E	TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION
examiner must be notified at once.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
al.	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
he funeral director, page 5 should be detached for use as th	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the
or death. Page 6 may be retained by the hospital or attending	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending

P. O. BOX

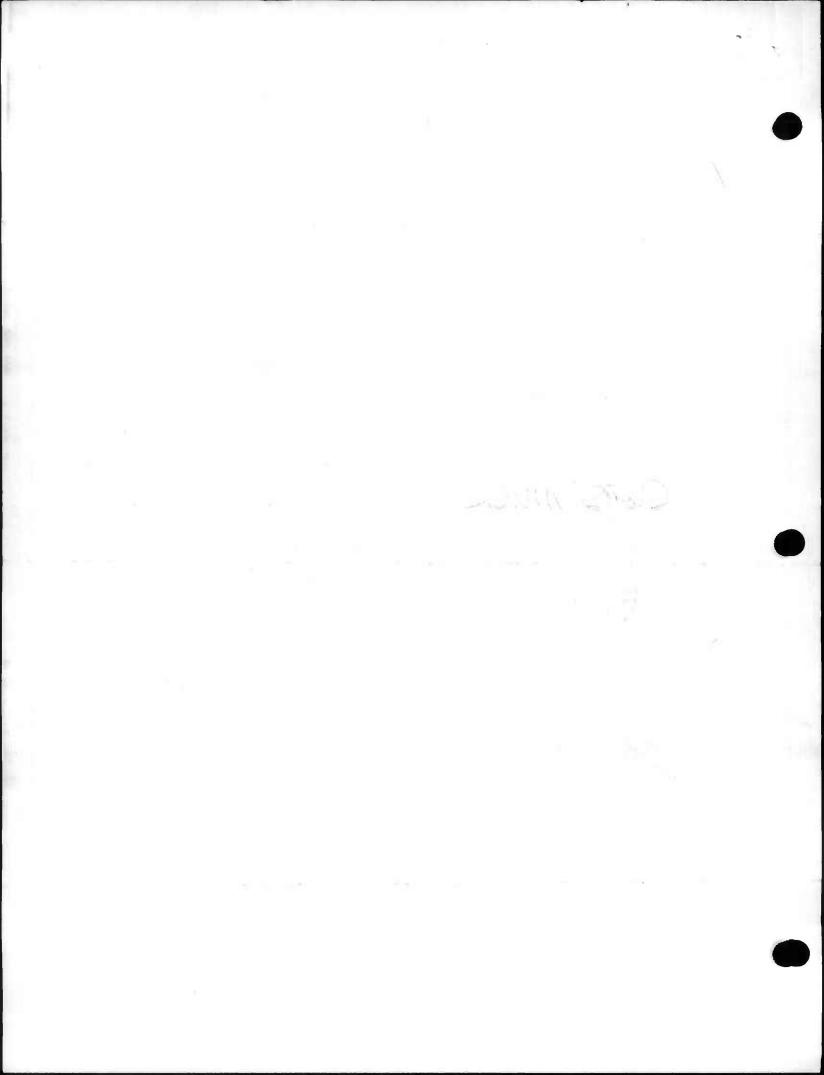
31. DATE FILED (Month, Day, Year)

100 0 C NON

											90	33262	
	FOR 1 - STATE REGISTRAR	STATE OF N				OF HEALTH			YGIENI EG. NO.	E			
	1. DECEDENT'S NAME (First, Middle, Last)			,				2. DATE OF D	EATH DA	v	YEAR	3. TIME OF DEATH	
	Lola Mae	Powell						11 02 1990					
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. les	t birthday)	IF UNDER 1 Y	YEAR IF UNDER	24 HRS.	7. DATE OF B				PLACE (State or Foreign	
- 1	215-36-1038	1 M 2 XF	6	yrs.	MONTHS C	MYS HOURS	MIN.	(Month, Day, Year) 3/29/1921			Countr	, ginia	
1	9a. FACILITY NAME (If not institution, give a	treat and number)	U	9b. CITY, TOWN OR LOCATION OF DE					1 1 7 4		NTY OF D		
œ	918 Greenbacky		Бe			ckton	Worcester						
FUNERAL DIRECTOR	RESIDENCE OF DECEDENT	TITE NO	au					Worcester					
핃	10a. STATE 10b. COUNTY		10c. CIT	Y, TOWN OR	LOCATION		10d. INSIDE CITY						
<u>a</u>	Maryland Worce	ester		Sto	ckto	n						1 TES 2 NO	
A	10e. STREET AND NUMBER					10f. ZIP CODE	E			10g. CIT	IZEN OF V	VHAT COUNTRY?	
8	918 Greenbackv	ille Ro	ad			2186	4				US	Δ	
Ξ	11. MARITAL STATUS	12. WAS DECEDEN		MED	13, WA	S DECENDENT O		NC ORIGIN? (S	pecify Yes	or No-		American Indien,	
	1 Never Married 2 Married		1 ☐ YES 2 ☑NO If yes, specify Cuben, Mexices WAR OR DATES 1 ☐ YES 2 ☐NO Specify					n, Puerto Ricen			Speci		
B√	3 Widowed 4 Divorced	# 125, GIVE W	IT OR DATES 1 YES 2 JANO Specific					,.			Gpac	white	
8	15, DECEDENT'S EDU	CATION	16a. Di	CEDENT'S	USUAL OCC	UPATION		16b. KIN	D OF BUS	INESS/IN	DUSTRY		
E	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5	,	ive kind of a Do NOT u	work done dur se retired.)	ing most of workin	g						
7	11	0		usew	ife	& Sale	spe	rson					
COMPLETED	17. FATHER'S NAME (First, Middle, Last)					Y		ME (First, Middle	n. Maiden	Surname)			
Ö	Charles B. Nor	tham				-111	kno			,			
BE	19e. INFORMANT'S NAME (Type/Print)	CITAIN	100	- MAII INC	Annoese o	Street and Number			the as Tour	o State 7	in Code)		
2	Lester Powell		1000					A STATE OF THE STATE OF				21851	
	20s. METHOD OF DISPOSITION					of cemetery, cren		a, Po	_		City or To		
	1 Durial 2 Cremation 3 Rem	oval from State	other p	lace)									
	4 Donation 5 Other (Specify) Spring Hill Mem. Gardens Salisbury, Md. 21. SIGNATURE OF FUNERAL SERVICE LICENSEE												
	21. SIGNATURE OF FUNERAL SERVICE LA	CENSEE				Melson			Hor	ne			
	Swils.	Mels	~			PO BOX					Md.	21851	
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause, on each line.												
	disease or condition	6	a ml	1	26	I was	1						
	resulting in death)												
_	DUE TO (OR AS A CONSEQUENCE OF):												
ERTIFICATION	Sequentially list conditions, If smy, leading to immediate DUE TO (OR AS A CONSEQUENCE OF):												
Z I	cause. Enter UNDERLYING												
Ē	CAUSE (Disease or injury that initiated events	DUE TO	(OR AS A CONSE	QUENCE O	IF):								
ե	resulting in death) LAST	d											
8													
AL	PART II. Other significant condition	e contributing to	death but not	resulting	in the und	erlying cause	given in	Part I. 24	PERFOR	AUTOPSY	241	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO	
8								10	YES 2	NO		OMPLETION OF CAUSE OF DEATH?	
E								_			- 1	1 TES 2 NO	
-													
						26. PLACE OF D	EATH (Ch	neak only one)					
A	25. WAS CASE REFERRED TO MEDICAL			OTHER:	na Home 5 17 Br	eeldence	8 Other (Sc	oecify)					
SICIAN	EXAMINER?	HOSPITAL:	ER/Outpetient						e 8 ☐ Other (Specify) 28d. DESCRIBE HOW INJURY OCCURED				
HYSICIAN		1 Inputiont 2	INJURY	28b. Til	ME OF 2	Sc. INJURY AT			BE HOW	NJURY O	CCURED		
/ PHYSICIAN: MEDICAL	EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending	1 Inpatient 2	INJURY	28b. Til					BE HOW I	O YRULN	CCURED		
B⊀	EXAMINER? 1 VES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	28a. DATE OF (Month, L	FINJURY Ony, Year) OF INJURY At h	28b. TH	ME OF 2 JURY M	Sc. INJURY AT WORK?		28d. DEŞCRI 28f. LOCATIO	ON (Street	end Numb		Route Number,	
ED BY	EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending	28a. DATE Of (Month, L	FINJURY Ony, Year)	28b. TH	ME OF 2 JURY M	Sc. INJURY AT WORK?		28d. DEŞCRI 28f. LOCATIO		end Numb		Route Number,	
ED BY	EXAMINER? 1 VES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 2 Accident 6 Could not be determined	28a. DATE Of (Month, L	FINJURY lay, Year) OF INJURY At h etc. (Specify)	28b. Til IN orne, farm,	ME OF JURY M street, factor	8c. INJURY AT WORK? 1 YES 2 y, office	□ NO	28f. LOCATIO City or R	ON (Street own, State)	end Numb	er or Rural	Route Number,	
ED BY	EXAMINER? 1 VES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 6 Could not be determined 29e. CERTIFIER (Check only)	28a. DATE OF (Month, L) 28a. PLACE C building.	FINJURY lay, Year) OF INJURY — At hetc. (Specify) f my knowledge, d	28b. Till IN	ME OF 2 UURY M street, fector	8c. INJURY AT WORK? 1 YES 2 Very, office	NO NO	28d. DESCRI 28f. LOCATIO City or R	ON (Street own, State)	end Numb	er or Rural		
ED BY	EXAMINER? 1 VES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 3 Suicide 6 Could not be determined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMIN	28a. DATE OF (Month. L. 28a. PLACE Of building.	FINJURY lay, Year) OF INJURY — At hetc. (Specify) f my knowledge, d	28b. Till IN	ME OF 2 UURY M street, fector	8c. INJURY AT WORK? 1 YES 2 Very, office	NO NO	28d. DESCRI 28f. LOCATIO City or R	ON (Street own, State)	end Numb	er or Rural	Route Number,	
E COMPLETED BY	EXAMINER? 1 VES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 6 Could not be determined 29e. CERTIFIER (Check only)	28a. DATE OF (Month. L. 28a. PLACE Of building.	FINJURY lay, Year) OF INJURY — At hetc. (Specify) f my knowledge, d	28b. Till IN	ME OF 2 UURY M street, fector	8c. INJURY AT WORK? 1 YES 2 [y, office ye, date and place inion, death occu	NO NO	28d, DESCRI 28f. LOCATIO City or R 10 the cause(e	ON (Street own, State)	end Numb	er or Rural		
BE COMPLETED BY	EXAMINER? 1 VES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 6 Could not be determined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINITIES AND TITLE OF CERTIFIES	28a. DATE OF (Month, L. 28a. PLACE C building.	FINJURY Any, Year) OF INJURY — At h etc. (Specify) I my knowledge, d examination and/or	28b. Till IN orme, farm, eath occur investigati	ME OF JURY M 2 street, fector red at the time ton, in my opi	8c. INJURY AT WORK? 1 YES 2 [y, office ye, date and place inion, death occu	NO NO	28d, DESCRI 28f. LOCATIO City or R 10 the cause(e	ON (Street own, State)	end Numb	er or Rural	e) end manner ee stated.	
E COMPLETED BY	EXAMINER? 1 VES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 3 Suicide 6 Could not be determined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMIN	28a. DATE OF (Month. L. 28a. PLACE C building	FINJURY Any, Year) OF INJURY — At h etc. (Specify) I my knowledge, d examination and/or	28b. Till IN ome, farm, eath occur investigati	ME OF JURY M street, fector red at the time ton, in my opi	8c. INJURY AT WORK? 1 YES 2 [y, office ye, date and place inion, death occu	NO NO no not due not set the	28d, DESCRI 28f. LOCATIO City or R 10 the cause(e	ON (Street own, State)	end Numb	er or Rural	e) end manner ee stated.	

23308

Julia Davidson-Randell



TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1,2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Hem 28 is marked, or liem 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. DIVISION OF VITAL RECORDS, P.O. BOX 13146,

	1 - STATE REGISTRAR	OINIE OI III	CER		ICATE OF	DEATH	REG. N	D.		0000	
	1. DECEOENT'S NAME (First, Middle,	Last)					2. DATE OF DEATH MONTH	DAY	YEAR	3. TIME OF DEATH	
	JOHN	WILLIAM	PHI	LL]	IPS		11/09/90		YEAR	10:20 P M	
71	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. last bir	thday)	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)		6. BIRTH	PLACE (State or Foreign	
	214-12-5087A	1 M 2 F	82	YRS.	MONTHS DAYS	PROUPES MIN.	03/15/0	3		laware	
	9a. FACILITY NAME (If not institution,	give street and number)			9b. CITY, TOWN	OR LOCATION OF OR	9c. COU	9c. COUNTY OF OEATH			
8	Deer's Head Ce	nter			Salisb	ury. Md	•	Wice	omi co		
ខ្លួ	RESIDENCE OF DECEDER	OUNTY	T w	Be. CIT	Y, TOWN OR LOCA			200		10d. INSIDE CITY	
DIRECTOR	MD	Wicomico				sbury				LIMITS?	
	10e, STREET AND NUMBER	H I O O M I O O				. ZIP CODE		10o, CIT	IZEN OF V	WHAT COUNTRY?	
<u> </u>	Rt. 6 Box 528					21801				S.A.	
FUNERAL	11. MARITAL STATUS 12. WAS DECEDENT EVER IN			0			NIC ORIGIN? (Specify)	es or No-	14. RACI	E — American Indian,	
B	1 Never Married 2 🖔 Merried 3 Widowed 4 Olvorced	☐ YES 2 XNO AR OR DATES			ecity Cuban, Mexica 2 2 NO Specif	n, Puerto Rican, etc.) y:	otc.) Black, White, etc. Specify: White				
	15. OECEDENT'S EOUCATION (Specify only highest grade completed)				USUAL OCCUPATI		16b. KIND OF B	USINESS/IN	DUSTRY		
<u> </u>	Elementary/Secondary (0-12)	College (1-4 or 5+) We. Do	NOT u	se retired.)						
M M	3		Tı	cuc	k Driv	er	Sel	f Em	ploy	red	
COMPLETED	17. FATHER'S NAME (First, Middle, Le	est)				111-00-0111-021-0	ME (First, Middle, Maid	en Sumame)			
BE	John		Phillip				inda		Ree	ese	
2	19a. INFORMANT'S NAME (Type/Prin		19b. M				Route Number, City or T				
.	20s. METHOD OF DISPOSITION	ilips	200 54 405 05			X DZ8 S	alisbury	OCATION -			
	1 Donation 5 Other (Specific	Removal from State	other place)	mi	CO Mem	orial P	ark			iry, MD	
	21. SIGNATURE OF FUNERAL SERV) MI L		ND ADDRESS OF FA					
	· B.	Keith &	hippin		Bou	nds Fun	eral Hom			Main St.	
				ı. Do						Approximate	
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition Assistant Cause on Procure Cause on Cause On									Onset and Death	
_	a. ASDITATION PROUMONIA DUE TO (OR AS A CONSEQUENCE OF):										
CERTIFICATION	Sequentially list conditions, if any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF):										
₹	cause. Enter UNDERLYING CAUSE (Please or John)										
1	that initiated events DUE TO (OR AS A CONSEQUENCE OF):										
5		L d. Decubii	tus Ulcer	s S	tage IV		· · · · · · · · · · · · · · · · · · ·				
DICAL	PART II. Other significant cor			ulting	in the underlying	g cause given in	Part I. 24a, WAS. PERF	AN AUTOPSY ORMED? 2 X NO	248	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
ME										1 TES 2 NO	
Ë											
중	25. WAS CASE REFERRED TO MEDI EXAMINER?	HOSPITAL:			26. F	LACE OF DEATH (C/	heck only one)				
YSI	1 TYES 2 NO		ER/Outpatient 3 🗆	DOA		ne 5 🗆 Residence	6 Other (Specify)				
PHYSICIAN: MEI	27. MANNER OF DEATH 1 X Netural 5 Pendin	28a. DATE OF (Month, D		8b. TH	JURY W	JURY AT DRK?	28d. DE\$CRIBE HOV	V INJURY O	CCURED		
BY	2 Accident Investig	pation		10.000		YES 2 NO					
	3 Suicide 6 Could 4 Homicide determ	not be building.	F INJURY — At home, etc. (Specify)	, farm,	street, factory, offi	CO .	281. LOCATION (Stre City or Town, Str		er or Rural	Route Number,	
COMPLETED	one)	PHYSICIAN: To the best of KAMINER: On the basis of a								e) and manner as stated.	
										O (Month, Day, Year)	
86	M. Chre	attra MI				D1627		•	11.4	9.90	
٩	30. NAME AND ADDRESS OF PERS								4.4	01901	
	Dr. Maheswari 31. DATE FILEO (Month, Day, Yber)	22 -DECISTRA	D'C CICNATURE			ad Center	r Salisb	игу, Г	MG.	21801	
5	MOV 1 3 90	This Do	Wilson-Rand	in Me							

Man Wat v Hill V Hall

political siese

27

The second of th

John T. Bulkeley,
31. DATE FILED (Month, Day, Year)
NOV 1 4 '90

Person who completed cause of Death (ITEM 27) (Type, Print)

Lika Davidson Randoll

		FOR 1 - STATE REGISTRAR	STATE OF I		/ DEPAR					MEN	ITAL HYGIEN	E (90	3	3264
		1. DECEDENT'S NAME (First, Middle, Last)									DATE OF DEATH	w	VEIR	3. TI	ME OF DEATN
1	Ì	Ella JEAN		PERDUE							11 12	5	90	1	1006 M
	ı	4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In yrs.	last birthday)	IF UNDER	1 YEAR	IF UNDE	R 24 HRS.		ATE OF BIRTH		0. BIRT	NPLAC	E (State or Foreign
V	l	217-30-7954	1 M 2 X F	55	YRS.	MONTHS	DAYS	HOURS	MIN.	0	Month, Day, Year) 12-06-3	54	MAR		ND
1		9e. FACILITY NAME (If not institution, give st	treet and number)			9b. CITY, TOWN OR LOCATION OF DEATH					12 00)		NTY OF		
/ a		Peninsula Gene		enital		Salisbury									
1		RESIDENCE OF DECEDENT	TAL HO	Shiran			Dat	TSD	ury	_	Wico			штс	:0
Į ų	2	10e. STATE 10b. COUNTY	,		10c. CI1	ITY, TOWN OR LOCATION								10d.	INSIDE CITY
Diderrito		MARYLAND W	ICOMICO			PARS(NSR	IIRG							YES 2 THO
		10e. STREET AND NUMBER	10011100			111100	-	ZIP COE	DE			10g. CIT	IZEN OF	WHAT	COUNTRY?
0		RT 2, BOX 39						218	49				US	Δ	
FINEDAL		11, MARITAL STATUS	IT EVER IN U.S.	ARMED	13.	WAS OFC			NIC OF	RIGIN? (Specify Yee	or No-	_		mericen Indien,	
	- 11	1 Never Merried 2 K Merried	YES 2X			If yes, sp	ecify Cub	en, Mexica	ın, Pu	arto Rican, etc.)		Blac	k, Whi	le, atc.	
2		3 Widowed 4 Divorced	IF YES, GIVE V	MAN ON DATES			1 153	2 KNO	Specifi	у:			Spe	uny:	hite
1 6		15. DECEDENT'S EDUC		18a.	DECEDENT'S						16b. KIND OF BUS	SINESS/IN	DUSTRY		
I E		(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5	+)	(Give kind of life. Do NOT u	work done	during mo	st of work	ing						
ā	4	6 YEARS	NO	"	HOU	SEWII	E					HOM	E		
COMPI ETEN	5	17. FATNER'S NAME (First, Middle, Lest)						18. MOT	TNER'S NA	AME (F	First, Middle, Maiden	Surname)			
		ROBERT AUS'	TTN	т	CODD			S	TELL	Δ	(un	k)	RΔ	KER	
Ä		19e. INFORMANT'S NAME (Type/Print)	1.111	Ī		G ADDRESS	S (Street a			_	Number, City or Town		-	KBK	
F	2		HILODAND									218			
	İ	ELTON D. PERDUE-1 20e. METHOD OF DISPOSITION 1	/ 15/90	20h Pt A	CE OF DISPO					SDU	URG, MD	CATION -		own S	lete
		1 Donetion 5 Other (Specify)		othe	r place)										
		21. SIGNATURE OF FUNERAL SERVICE UT	PENERE	MIC	COMICO				KK ESS OF FA	CII IT		ISBU	KY,	MU	
		11111111	11		7							A			
		HOLLOWAY FUNERAL HOME, PA 501 SNOW HILL RD, SALISBURY, MD 21801													
		23. PART i. Enter the diseases, or o	complications the	t caused tha	death. Do	nDt antar	the mo	de of dy	ying, suc	h aa	cardiac or reapi	ratory si	rrest,	1	Approximste
		ahock, pr haart fellure. iMMEDIATE CAUSE (Finel	List only Dna ca	uae ion each i	ina.									j	interval Between Onset and Death
		disease or condition	Arte	rioscl	erot	ic (ard	iov	2501	11	ar Dise	220		ĺ	
	ı	resulting in death)		OR AS A CON			/013. 0	101	0.50	OI JE	<u> </u>	, 0,00		\rightarrow	
١,														ļ	
3	2	Sequentially list conditions, if any, leading to immadiate	DUE TO	(OR AS A CON	SEOUENCE C	OF):									
1	3	cause. Entar UNDERLYING													
يَا		CAUSE (Disease or Injury that initiated events	DUE TO	OR AS A CON	SEOUENCE O	DF):									
CEDTIEICATION		reaulting in death) LAST	d												
	- H														
3	3	PART II. Other significant condition		death but no	ot resulting	in the u	nderlyin	g ceuse	given in	Part	i, 24a. WAS AN PERFOR		24	AVAII	E AUTOPSY FINDINGS LABLE PRIOR TO
}	3	Diabetes Mel	Llitus								1 🗆 YES 2	NO NO			PLETION OF CAUSE EATH?
ÿ											1			1 🖂	YES 2 NO
BHYSICIAN: MEDIC															
		25. WAS CASE REFERRED TO MEDICAL EXAMINER?						LACE OF	DEATN (C)	heck o	nly one)				
0	5	1 XYES 2 NO	HOSPITAL:	ER/Outpatien	3 🗆 DOA	4 Nu		ne 5 🗆 F	Residence	8 🗆	Other (Specify)				
		27. MANNER OF OEATN	28e, DATE O	F INJURY Day, Year)	28b. TI	ME OF		JURY AT		26d	I. DEȘCRIBE NOW I	NJURY O	CCURED		
>		1 Natural 5 Pending	(moran,	Day, roary		M		YES 2	□ NO						
		3 Suicide 28e. PLACE OF INJURY — At home, farm, street, factory, office								28f.	LOCATION (Street		er or Rure	Route	Number,
2 1		4 Homicide detarmined	building	, etc. (Specify)							City or Town, State)				
COMPLETED	3	29e. CERTIFIER 1 CERTIFYING PHYS	ICIAN: To the heat o	of my knowledge	death occur	red at the	time det	and place	a and do	0.10.14	so causalet and	nner ee ch	stad		-
9	L	(Check only one) 2 MEDICAL EXAMINE												(a) and	menner ee steted
2	3					,,	- burnousi								
L L	u d	29b. SIGNATURE AND TITLE OF CERTIFIE	0 4 0					77	CENSE NU		ı	29d. DA			th, Day, Year)
- 1	- 14	J. Breed and James	11 Im -11 -	T)c	mutro	IVI T	1	1 T	いると	u ()			11_	12_	. Carr

7, M.D., 108 Pine Bluff Rd., Salisbury, 32. REGISTRAR'S SIGNATURE

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WE	as l	23
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within. Flours after death. Page 6 may be retained by the	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be de has been within 72 hours after death with the State Dent, of Health and Mental Hodiere prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows eny injury, or other traumatic event, the medical examiner must be notified at or
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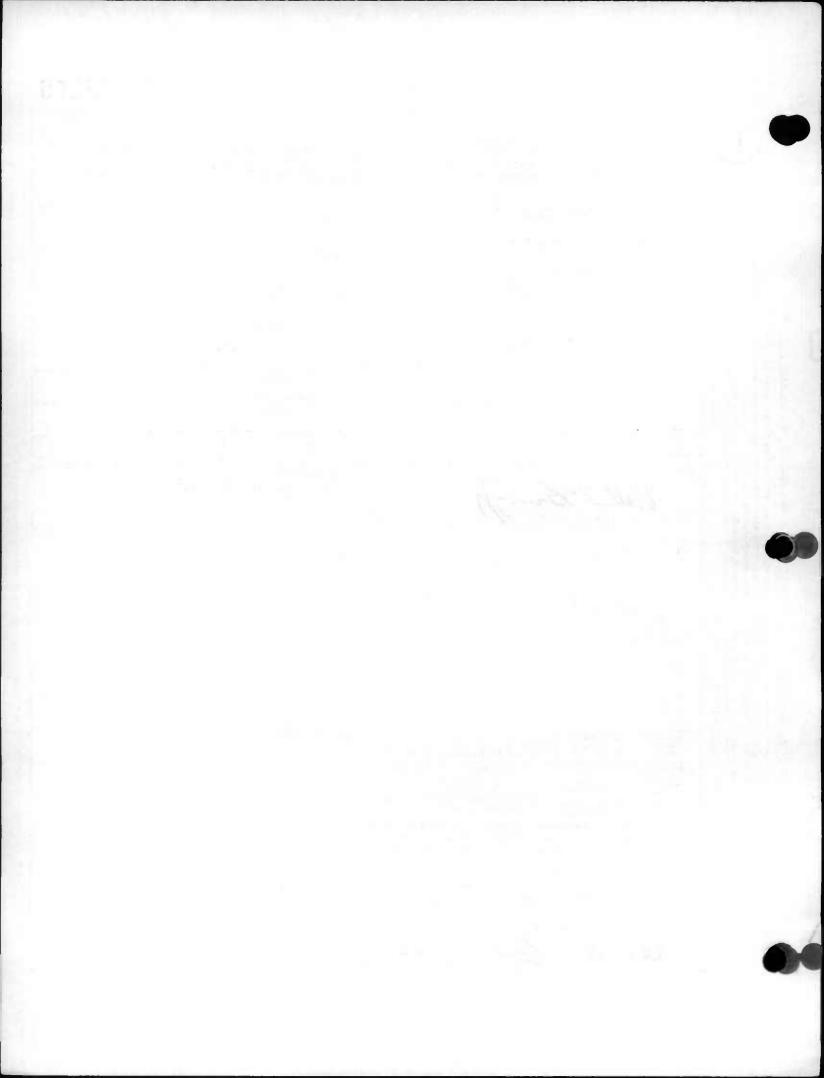
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Lila

FOR STATE REGISTRAR		STATE OF M	MARYLAND C	/ DEPAF					MENTA	L HYGIE		90	33265	
1. DECEDENT'S NAME (First, Middle, Lest)				517				2. DATE	OF DEATH	DAY	YEAR	3. TIME OF DEATH	
Elizabeth	Gray P	aola					3.3				12,		11:27A M	
4. SOCIAL SECURITY N	UMBER	S. SEX	6. AGE (In yrs. le	st birthday)		R 1 YEAR	IF UNDER		7. DATE OF BIRTH (Month, Day, Year)			8. BIRTHE	PLACE (State or Foreign	
032-01-14	16	1 🗌 M 2 💢 F	76	YRS.	MONTHS	DAYS	HOURS	MIN.	May	23,	1914 Ma		Maine	
Se. FACILITY NAME (If I	ot institution, give	street and number)			9b. CIT	, TOWN C	R LOCATIO	ON OF O	EATH		9c. COUNTY OF DEATH			
Fernwood	House				Bethesda						ery			
RESIDENCE OF D		-		Later										
	10b. COUNT	ntgomery			Y, TOWN								10d. INSIDE CITY LIMITS?	
Maryland			Beth			_			_		1 YES 2 X NO			
100. STREET AND NUME			101	. ZIP CODI						HAT COUNTRY?				
110 Southbrook Lane							208				_		States	
11. MARITAL STATUS 1 Never Married 2 Married 3 X Wildowed 4 Divorced 12. WAS DECEDENT EVER IN U.S. A FORCES? 1 YES 2 X IF YES, GIVE WAR OR DATES						If yes, sp		n, Mexica	in, Puerto	i? (Specify \ Rican, etc.)	les or No—		- American Indian, White, etc.	
15. DECEDENT'S EDUCATION (Specify only highest rands completed)				ECEDENT'S	USUAL C	CCUPATIO	ON .	17-3	168	KINO OF B	USINESS/INC	DUSTRY		
				Give kind of le. Do NOT u	work done se retired.)	during mo	at of working	ng	U	.S. H	ouse	of		
		4		aff A	ssis	tant			R	epres	entat	ives		
17. FATHER'S NAME (Fin	t, Middle, Last)						16. MOTI	HER'S NA	ME (First,	Middle, Maid	on Surname)			
Charles E	dward G	ray					Ste	lla	Ceci	lia M	ahony			
19a. INFORMANT'S NAM	IE (Type/Print)		1	9b. MAILING	3 ADDRES	S (Street a	nd Number	or Rural	Route Num	ber, City or T	own, State, Zip	Code)		
Mary G. M	artin		1	11914	Sto	newo	od L	ane	Rock	ville	, Mar	yland	20852	
20c. METHOD OF DISPOSITION 1 M Burlal 2 Cremation 3 Removal from State 4 Donation 3 Other (Specify) 20c. LOCATION - City or Town, State of the place) Gate of Heaven Cemetery Silver Spring, Maryland														
Home/Bethesda-Chevy Chase, Inc. 7557 Wisconsin Avenue, Bethesda, Maryland 20814-														
23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) Chronic Obstructive Pulmonary Disease Due to (or as a consequence of):									Approximate interval Between Onset and Death 5 Years					
Teading it county														
Malnutrition 1 → YES 2 NO OH										WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO				
25. WAS CASE REFERRI EXAMINER?	ED TO MEDICAL	HOSPITAL:			ОТНЕ		ACE OF C	EATH (C	heck only o	ne)				
1 TES 2 NO		1 Inpatient 2	ER/Outpatient	3 🗆 DOA	4X Nu	irsing Hon	6 5 🗆 R	esidence	8 🗆 Oth	er (Specify)				
27. MANNER OF DEATH 1 Netural 5 Pending Investigation Particular (Month, Day, Year) 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY WORK? 1 YES 2 NO								28d. OE	SCRIBE HOY	V INJURY OC	CURED			
3 Suicide 8	Could not be determined	28e. PLACE (building	OF INJURY — At I , etc. (Specify)	nome, farm,	street, fac	ctory, offic				CATION (Street or Town, Sta	et and Numbe ite)	r or Rural R	loute Number,	
Tormon orny		SICIAN: To the best of) and manner as stated.	
3 Suices 4 Homicide Suices Could not be determined Suices Suice									(Month, Day, Year)					
D39456 Nov. 13, 1990														

McConnell M.D. Wisconsin Avenue #830 Chevy Chase, Maryland 20815 5530 31. DATE FILED (Month, Day, Year)

NOV 16 90 32 REGISTRAR'S SIGNATURE Julia Davidson-Randell

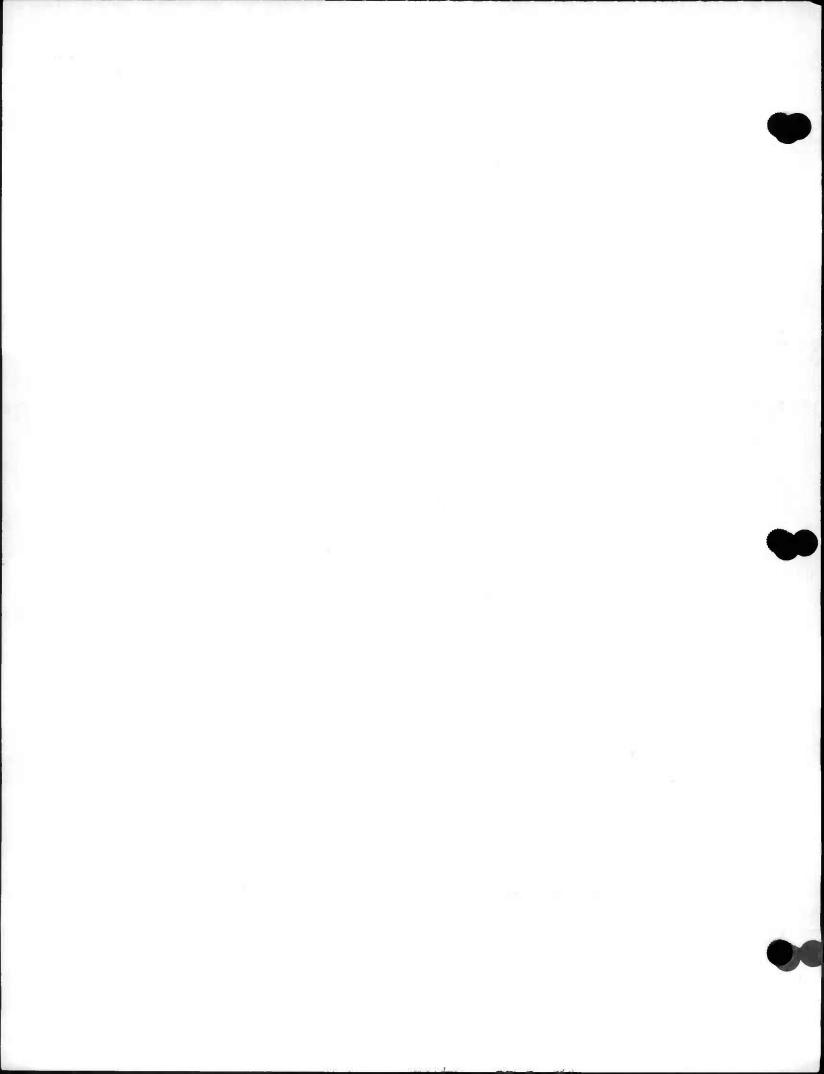


4	1 - STATE REGISTRAR	STATE UF MAN			OF DEATH		EG. NO.		90	33266	
	1. DECEDENT'S NAME (First, Middle, Last)	D				2, DATE OF D	EATH DAY	y / yı	EAR 3. T	IME OF DEATH	
-	Ethel	Pena		1 Pen	a	11/	16	/199	0	955 P "	
	4. SOCIAL SECURITY NUMBER	-	GE (In yrs. lest birthday)	IF UNDER 1 YE		7, DATE OF B	(Year)		Country)	E (State or Foreign	
	131-14-5716	1 M 2 DF	91 YRS.			Nov.	3, 1		colum		
CC.	FACILITY NAME (If not institution, give a				WN OR LOCATION OF D	DEATH		9c. COUNTY		1	
Ē	Holy Cross Hospit	aı		Silve	er Spring			Mont	gomer	У	
DIRECTOR	10a. STATE 10b. COUNTY	r		TY, TOWN DR L					10d	INSIDE CITY	
		gomery	Kı	ensingt	on				1 [YES 2 NO	
₹	10e. STREET AND NUMBER				101. ZIP CODE			10g. CITIZEN OF WHAT COUNTRY?			
FUNERAL	10231 Carroll Pla				0895		United States				
	11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT EVEN FORCES? 1 1	ES 2 X NO	If yo	s, specify Cuben, Mexic	an, Puerto Rican				ita, etc.	
BY	3 XWidowed 4 Divorced	IF YES, GIVE WAR D	R DATES	10	(YES 2 □ NO Spec Columbian	<i>lly:</i> I		La	Specify: White		
	15. DECEDENT'S EDU (Specify only highest grade		16a. DECEDENT'S	USUAL OCCU	PATION		D OF BUS	INESS/INDUS			
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)	Me. Do NOT	ise retired.)	g most of working						
MPI	12		Homema	aker				Home			
S	17. FATHER'S NAME (First, Middle, Last)				111111111111111111111111111111111111111	AME (First, Middle		Sumame)			
BE	Gabriel Toro					ina Ch					
2	William D. Hickm	200	- 300-1100-		reet and Number or Rura ner Street					OF	
	20. METHOD DE DISPOSITION				of cemetery, crematory or			CATION - CIN			
	1 Buriel 2 X Cremetion 3 Rem	oval from State	other place)		tory		Silv	ver Sn	rina	Maryland	
	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE	- Journal of the state of the s	22. NAN	E AND ADDRESS OF F				TILIQ	Mar y rainu	
	> Decen	1/ Ka.	20	Rap	p Funeral	Servic	es,	P. A.		4D 00010	
\exists	23. PART I. Enter the diseases, or	complications that ca	used the death. Do	not enter the	Gist Ave	ch ae cardiec	or respi	ratory srrea	t,	Approximate	
	shock, or heart failure. List Dnly one cause on each line. Interval Between Onset and Death										
	resulting in death) a. CONGESTIVE HEALT TAILUTE DUE TO (OR AS A CONSEQUENCE OF):										
Z	disease or condition resulting in death) a. CONGESTIVE HEALT FAILURE DUE TO (OR AS A CONSEQUENCE OF): COPONARY HEALT DISEASE DUE TO (OR AS ACONSEQUENCE OF):										
Ĭ,	if any, leading to immediate	DUE TO (OR	AS ALCONSEQUENCE	OF):					i	1	
FIC	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events DUE TO (OR AS A CONSEQUENCE OF):										
CERTIFICATION	resulting in death) LAST	4									
	PART II. Other significant condition	ne contribution to de-	th but not consisting	in the conde	dides series stress t	in Book i Oss	. WAS AN	Altroney	L OAL ME	RE AUTOPSY FINOINGS	
ICAL				in the under	nying cause given i		PERFOR	MED?	AWA	ILABLE PRIOR TO MPLETION DF CAUSE	
ED	HEMOLAHAGIC	COLITI				— ³	YES 2	□ NO	OF	DEATH?	
Σ		-				—			1	YES 2 XNO	
A	25. WAS CASE REFERRED TO MEDICAL				26. PLACE OF DEATH (Check only one)			_		
PHYSICIAN: MED	EXAMINER?	HOSPITAL:	/Outpetlent 3 DOA	OTHER:	Home 8 🗆 Rasidence	e 8 🗆 Other (Sp	pecify)				
Ĭ	27. MANNER OF DEATH	28a. DATE DF INJU	URY 28b. Ti	ME OF 28	c. INJURY AT WORK?	28d. DEŞCRI	BE HOW I	NJURY OCCU	RED		
ВУВ	1 Natural 8 Pending 2 Accident Investigation	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			YES 2 NO						
	3 Suicide 8 Could not be	28e. PLACE DF IN building, etc.	JURY — At home, farm (Specify)	, street, factory.	office		ON (Street o	and Number or	Rural Route	Number,	
	4 Homicide determined			-							
COMPLETED	(Check only	SICIAN: To the best of my									
Ö	2 MEDICAL EXAMIN	ER: On the besis of exami	nation and/or investiga	tion, in my opin	ion, death occured at ti	he time, data and	f place, an	nd due to the	cause(s) an	d manner es stated.	
BE (29b. SIGNATURE AND TITLE DF CERTIFIE	Be Du	L.		29c. LICENSE N	UMBER		29d. DATE	SIGNED (Mo	onth, Day, Year)	
2	30. NAME AND ADDRESS OF PERSON W	DA ROSE	A OF ATH STEM OF CO.	ne (Print)	80 6	444	<u>-</u>	- 41	1,2	190	
	MARTIN C. STAR				VE Ken	VINGEO.	J M	0 >	0895		
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S	SIGNATURE Davidson-Ran	1.00							
	NUV 16 90	Julian	him aver-Nord	NA STONE							

FOR

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Zemburs after death. Page 6 may be retained by the hos TO THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detach be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	FOR STATE REGISTRAR	STATE OF MAR			TMENT				MENTAL	HYGIENI REG. NO.			
V	1 DECEDENT'S NAME (First, Middle, Last)	ances	W.		Park	hill			2. DATE	OF DEATH	<u> </u>	*5 *8	3. TIME OF DEATH 7:50 A. M
1	\$78-09-9929	5. 9EX 6. A	GE (In yrs. lest l	vrs.	IF UNDER	DAYS	IF UNDER	24 HRS. MIN.	(Month	DE BIRTH Day, Year)	1915	Countr	PLACE (State or Foreign Y) HINGTON, D.C
5	FACILITY NAME (If not inetitution, give a 9605 SUTHERL)				96. CITY, TOWN OR LOCATION OF DEATH SILVER SPRING							MONT	GOMERY
UINEC	RESIDENCE OF DECEDENT 100. STATE 10b. COUNT	Y		10c. CIT	c. CITY, TOWN OR LOCATION								10d. INSIDE CITY
5	MARYLAND	MONTGOMERY			SIL	VER	SPI	RING					LIMITS? 1 YES 2 NO
¥	10e. STREET AND NUMBER					10f.	ZIP CODE				10g. CITIZEN OF WHAT COUNTRY?		
ONER	9605 SUTHERLAND ROAD 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. A					1.		2090					SA
BY 10	11. MARITAL STATUS 1 Never Merried 2 Merried 3 XWidowed 4 Divorced	ED)	1 1	f yes, spe		n, Mexicer	n, Puerto F	? (Specify Yee Rican, etc.)	or No—	14, RACE Black Speci	t — American Indien, t, White, atc. fy: WHITE		
3		15, DECEOENT'S EDUCATION 16a, DE				CUPATIO	N st of worldr	og	16b.	KIND OF BUS	INESS/INC	DUSTRY	
COMPLE	Elementary/Secondary (0-12)	College (1-4 or 5+)	Ho. L	EMAI	se retired.)								
3	17. FATHER'S NAME (First, Middle, Last)	TTT 4 D 031								Aiddle, Maiden			
L C	RAYMOND 190, INFORMANT'S NAME (Type/Print)	WEADON	1 405	*****	1000500		RUI		BELLE	E M.	ITCHI		
2	RICCA ANAYA	(DAUGHTER				-				VA, VI			22181
	20+, METHOD OF DISPOSITION		20b. PLACE O	F DISPO					A T TOTAL		CATION -		
	1 Burial 2 Cremation 3 Ren 4 Donation 5 Other (Specify)	noval from State	GATE		HEAVE	N CI	EMETI	ERY		SIL	VER S	SPRI	NG, MARYLAND
1	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE	7		22.	NAME AN	D ADDRE	SS OF FA		5 FUNE		E. Helbert	ALTERNATION OF THE PROPERTY OF
	Michael	17.00	ale	~									MD 20901
	23. PART i. Enter the diseases, or shock, or heart fellure. IMMEDIATE CAUSE (Finel disease or condition resulting in death)	List only one cause of							h aa card	flac or reepi	ratory an	reat,	Approximate interval Between Onset and Death
CERTIFICATION	Sequentielly list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST b. DUE TO (OR AS A CONSEQUENCE OF): c. OUE TO (OR AS A CONSEQUENCE OF): d.												
CAL	PART II. Other significant condition	na contributing to dee	th but not re	suiting	in the ur	derlyln	ceuse	given in	Part i.	24a. WAS AN PERFOR	MED?	245	WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?
MEDI									—				1 TYES 2 NO
HYSICIAN:	25. WAS CASE REFERRED TO MEDICAL					26. PI	ACE OF C	EATH (Ch	eck only or	ne)			
2	EXAMINER?	HOSPITAL:	Outpatient 3	□ DOA	OTHE1	R:			6 🗆 Othe				
BY PHY	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	26e. DATE OF INJU (Month, Day, Ye	JRY par)	26b. TII	_	28c. INJ WC				SCRIBE HOW I	NJURY OC	CUREO	
	3 Suicide 6 Could not be 4 Homicide determined	26e. PLACE OF IN- building, etc.	JURY — At hon (Specify)	ne, farm,	street, fac	tory, offic	•			ATION (Street or Town, State)		or or Aural	Route Number,
Could not be determined City or Nown, State									e) end menner ee stated.				
O BE	296. SIGNATURE AND TITLE OF CERTIFIE	a her	~ D	>			29c. LIC	ense nui	MBER		29d. DAT	TE SIONE	(Month, Day, Year)
=	20. NAME AND ADDRESS OF PERSON W	OLLEN	MD		e, Print) YOO	6	rplee	TICL	A	z (ىر چە	Siple	وس بره
	31. DATE FILED (Month, Day, Year) NOV 16 390	32. REGISTRAR'S	SIGNATURE	ande	P2.								



TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with Juns after death. Page 6 may be retained by the hospital or attending physician.	9
TO THE FUNERAL DIRECTOR; After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burla-transit permit. Pages 1, 2,3 should be filled within 72 hours after death with the State Dept, of Health and Mental Hyglene prior to burlal, cremation, or removal.	. Z. 3 should
IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	une j
	. 00

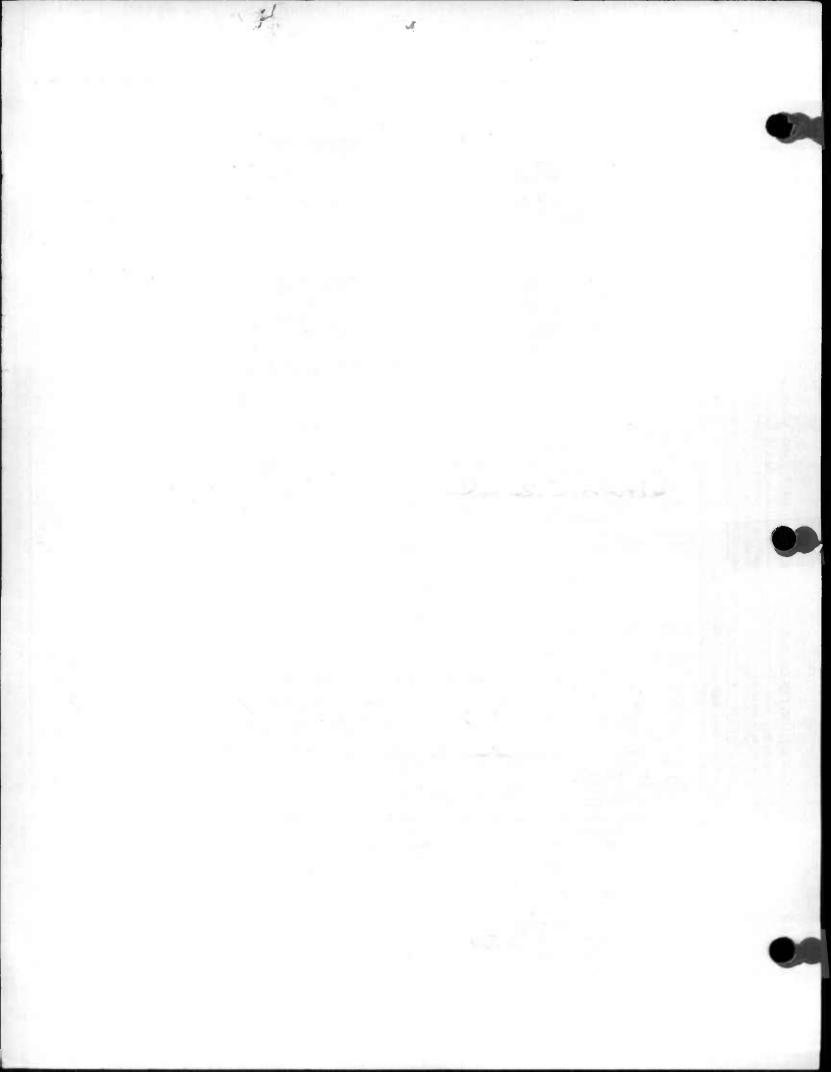
	FOR STATE REGISTRAR	ATE OF MARYLAND /		MENT OF HI		ENTAL HYGIEN REG. NO.	E			
1	1. DECEDENT'S NAME (First, Middle, Last) PEARL PAS	2717170		C. Pass	man	2. DATE OF DEATH DO	8 90	5 pm "		
/	4. SOCIAL SECURITY NUMBER 200-20-07 1 1 1 1 1 1 1 1 1	M 2 12 F 90	YRS.		HOURS MIN.	7. DATE OF BIRTH	2170 00	RTHPLACE (State of Formior nuntry) UNGATY		
ТОЯ	HERREW HOM RESIDENCE OF DECEDENT	E of Washin	Γ -	ROCK	VILLE	MONT	GOMERY			
DIRECTO	Maryland Montgo	merv		TOWN OR LOCATI	DN		10d. INSIDE CITY LIMITS? 1 YES 2 XNO			
	100. STREET AND NUMBER 6105 Montrose Road			101.	ZIP CODE	852	10g. CITIZEN OF WHAT COUNTRY? United States			
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced 12. WAS DECEDENT EVER IN U.S. A FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES				NDENT OF HISPANIC olfy Cuban, Maxican,	ORIGIN? (Specify Yes	or No- 14. R	lace — American Indian, Black, Whita, atc. Specify: White		
COMPLETED	(Specify only highest grade completed) (G			SUAL OCCUPATION ork done during mos retired.)	N t of working	Ladie	s' Hat			
BE CO	17. FATHER'S NAME (First, Middle, Lost) Benjamin Frey				Hannah					
10	190. INFORMANT'S NAME (Type/Print) Arnold N. Passman					, Silver		MD 20902		
	20e, METHOD OF DISPOSITION 1 X Buriel 2 Cremetion 3 Removal fr 4 Donation 5 Other (Specify)	om State Other D	(ace)	TION (Name of com			ton, Pe	ennsylvania		
	21. SIGNATURE OF FUNERAL SERVICE LICENSE	Rayso		Zimar	Funeral		anton.	PA 18510		
CERTIFICATION	23. PART I. Enter the disease, or complished, or heart failure. List of immediate course. Enter Underty that initiated events resulting in deeth) 23. PART I. Enter the disease, or complished. In the course of conditions and the course of course or injury that initiated events resulting in deeth) LAST		EQUENCE OF	t G	as of dying, such	enl Disco	SC	Approximata interval Between Onset and Death		
MEDICAL	PART II. Other significent conditions con	Amput		n the underlying	cause given in P	Part I. 24a. WAS AF PERFO 1 □ YES	RMED? AVAILABLE PRIOR TO COMPLETION OF CAUSE			
PHYSICIAN:		SPITAL:	3 🗆 DOA	отный:	ACE OF DEATH (Chec					
ву РНУ	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	26b. TIMI	URY WO	URY AT RK7 YES 2 NO	28d. DESCRIBE HOW	INJURY OCCURE	ED .		
	3 Suicide 6 Could not be determined	28e. PLACE OF INJURY — At h building, etc. (Specify)	iome, farm, a	treet, factory, offic		28f. LOCATION (Street City or Town, State	and Number or R	tural Route Number,		
COMPLETED	(Crieck Only	To the best of my knowledge, of the besis of examination and/o						use(a) and menner as stated.		
TO BE C	296. SIGNATURE AND TITLE OF CERTIFIER	arroll?	10	Diet.	D383	92	29d. DATE SK	SNED (Month, Day, Year)		
1	30, NAME AND ADDRESS OF PERSON WHO CO	TRROLL 32. BEGISTRAR'S SIGNATURE	EM 27) (Type,	6105	MON	TROSE	RD,	ROCKVILLE		
	13. Date Filed (Month), Day, Near) 32. Begistran's signature June Davidson-Randolle DHMH-t6 Rev 1/80									



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	retained by the hospital or attending physician. 5 should be detached for use as the burial-transit permit. Pages 1		TO BE COMPLETED BY FUNERAL DIRECTOR	Mar
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MARYLAND 21203-3146	retained by the hospital or attending physician. 5 should be detached for use as the burial-trar	notified at once.	8	40
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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

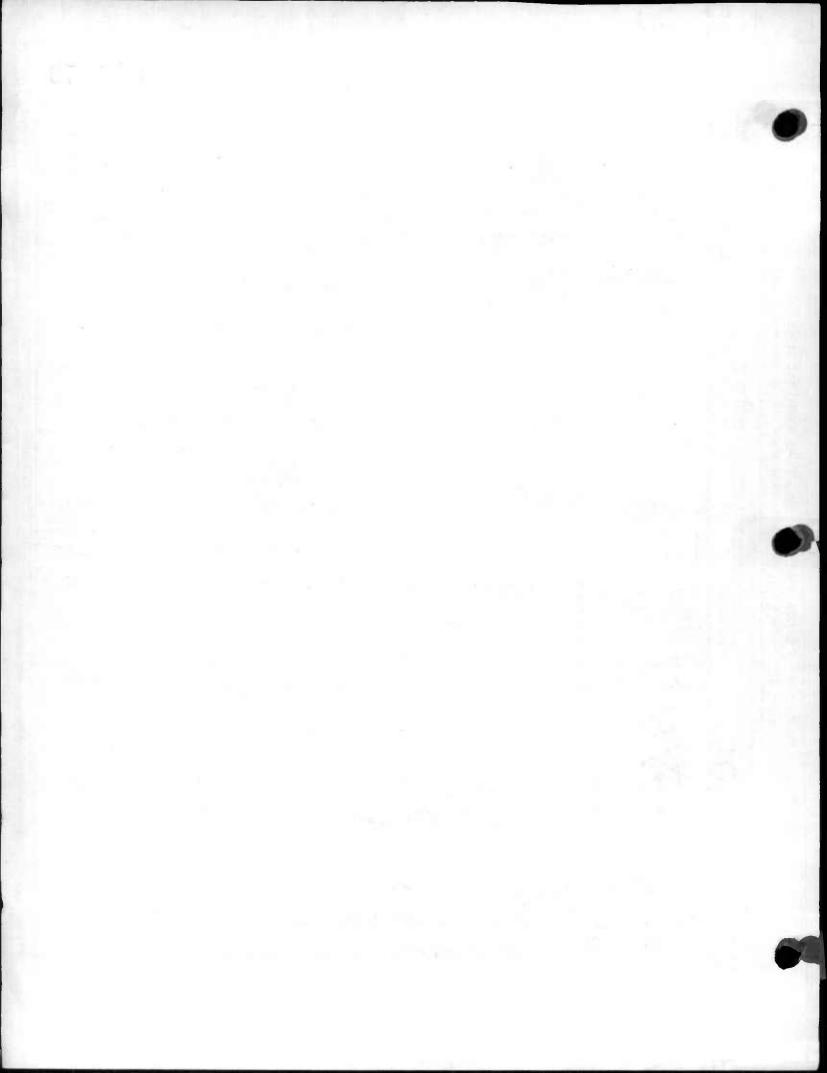
	REGISTRAR		CERTIF	ICATE C	F DEATH	RE	EG. NO.		00100		
	1. DECEOENT'S NAME (First, Middle, Last)					2. DATE OF O	EATH DAY	YEAR	3. TIME OF DEATH		
	Jerry	J.		Pe	rruso	November 19, 1990 12:55 PM M					
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AG	E (In yrs. lest birthday)	IF UNDER 1 YEA	IF UNDER 24 HRS.	7. DATE OF B	(RTH	6. BIRTHE	PLACE (State or Foreign		
- 1	142-12-8775	NX M 2 □ F 8	32 YRS.	MONTHS DAY	B HOURS MIN.	Oct.	19, 1908	New	Jersey		
	9a. FACILITY NAME (If not institution, give a	treet and number)		9b. CITY, TOV	N OR LOCATION OF E	DEATH	9c. CO	UNTY OF DE	HTA		
DIRECTOR	130 Hearne Road	, #914		An	napolis		Anı	ne Arı	undel		
E	10a. STATE 10b. COUNTY	٧	10c. CI	Y, TOWN OR LO	CATION				10d. INSIDE CITY		
E	Maryland Anne	Arundel	A	nnapol	s				LIMITS?		
4	10e. STREET AND NUMBER				101. ZIP CODE		10g. Cf	TIZEN OF W	HAT COUNTRY?		
5	130 Hearne Road	, #914			21401			S.A.			
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 XXMerried 3 Divorced	12. WAS OECEDENT EVER FORCES? 1 YE IF YES, GIVE WAR OR	S ZYNO	If you	OECENDENT OF HISPA , specify Cuban, Maxie YES 2XXNO Specific	an, Puerto Rican	- American Indian, White, etc. White				
	15. OECEOENT'S EDU	CATION	18a. DECEDENT'S	USUAL OCCUP	ATION	16b, KIN	O OF BUSINESS/II	NDUSTRY			
	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5+)	Iffe. Do NOT u	work done dunny see retired.)	most of working						
COMPLETED	12		Cl	erk			Railr				
ဂ္ဂ	17. FATHER'S NAME (First, Middle, Last)		21112		16. MOTHER'S N	AME (First, Middle	e, Maiden Sumame)				
BE	James		Perrus	0	Antoir	nette		Ca	mpise		
	19a. INFORMANT'S NAME (Type/Print)				eet and Number or Rura						
2	Selma E. Perruso		130 H	earne l	Road, #914	4, Annap	olis, M	D 21	401		
	20a, METHOD OF DISPOSITION XX Burial 2 Cremation 3 Ram	count from State			f cemetery, crematory or	-11-11-11					
	4 Donetion 5 Other (Specify)	TOTAL HOTH CHILD	Parklaw	n Memo:	rial Park		Rockvil	lle, M	laryland		
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY ROBert A. Pumphrey Funeral Home Bethesda-Chevy Chase, Inc., 7557 Wisconsi: Avenue, Bethesda, Maryland 20814-3501										
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such se cerdiec or respiratory errest, Approximate										
	ahock, or heart fallure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition)										
	reaulting in death)	OUE TO (OR A	S A CONSEQUENCE	OF):							
Z	Sequentially list conditions, b. OUE TO LOR AS A COMPEQUENCE OF										
CERTIFICATION	if any, leeding to immediate	OUE TO (OR A	S A CONSEQUENCE	OF):							
3	cause. Enter UNDERLYING CAUSE (Disease or injury	C	S A CONSEQUENCE	NO.					-		
Ë	that initiated events resulting in death) LAST	00 10 (01 A	S A CONSEQUENCE	orj.							
5		d							1		
	PART II. Other algnificant condition	na contributing to deat	hybut not reaulting	In the under	lying cause given i	n Part I. 24	. WAS AN AUTOPS PERFORMED?	Y 24b.	WERE AUTOPSY FINDINGS		
MEDICAL	Serve ette	nd depend	ent full	ans a	Langebuge	nd	YES XX NO		MAILABLE PRIOR TO COMPLETION OF CAUSE		
입	UTTO	ounhout	- Pinture	Mala	Fally Or	Lital			1 TYES 2 NO		
2	allomaso	Il altak	Pi anto	11 00	101	//					
¥	25. WAS CASE REFERRED TO MEDICAL	a way	and is	20,000	6. PLACE OF GEATH	Check only one)					
PHYSICIAN:	EXAMINER? 1 TES 2 TONO	HOSPITAL:	Outpatient 3 🗆 DOA	OTHER:	Home 5 X X asidenc	e 5 □ Other (St	nec/fv)				
ΞI	27. MANNER OF DEATH	28a. DATE OF INJUS	RY 25b, Ti	ME OF 284	, INJURY AT	_	BE HOW INJURY	OCCUREO			
	1 Military 5 Pending Investigation	(Month, Day, Yea	17)	M 1	WORK?						
ED BY	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	28e PLACE OF INJ	URY — At home, farm Specify)	, street, factory,	office	251. LOCATION (Street and Number or Rural Route Number, City or Town, State)					
Signification of the determined building, etc. (Specify) 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the best of my knowledge, deeth occurred at the time, data and place, and due to the cause(a) and menner as stated.											
	296. SIGNATURE AND TITLE OF CENTIFIC	n . 1			29c. LICENSE N	IUMBER	29d. D	ATE SIGNED	Moren, Day Wyle)		
BE	1/7				02	9571	 	11/	19/90		
2	30. NAME AND ADDRESS OF PERSON W	HO COMPLETED CAUSE OF	OEATH (ITEM 27) (Ty	oe, Print)	1/ 6	17 . 1		-	1		
	Paul B. Berez,				rd, #101,	Crofto	n, Mary	land	21114		
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S S	IGNATURE								



BALTIMORE, MARYLAND 21203-3146	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed withing months. Fours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Imm 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.	
DIVISION OF VITAL RECORDS, P.O. BOX 13146, BALTIMORE, MARYLAND 21203-3146	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed withly works after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-trans be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: It imm 28 is marked, or item 23 shows any Iniury, or other traumatic event, the medical examiner must be notified at once.	
	TO THE HOSPI TO THE FUNEF be filed within	

1	1. DECEDENT'S HAME (First, Middle, Leat) CARL O. PORTER								2. DATE OF DEATH DAY YEAR NOV. 14, 1990				3. TIME OF DEATH		
					Strictly along	IF UNDER	2 4 9540	IF UNDER	24 450	7. DATE OF B		13		IPLACE (State or Foreign	
		258-14-6258 1 xm		6. AGE (In yrs. last birthday) 75 YRS.		MONTHS	DAYS	HOURS	MIN.	(Month, Day	(Year)	19	Count	GEORGIA	
	9a. FACILITY HAME (If not in	stitution, give a	treet and number)			96. CITY	, TOWN	OR LOCATI	IOH OF DE		/		HTY OF D		
DIRECTOR	9 Accord	d Cou				500	otor					201		GOMERY	
5	RESIDENCE OF DEC														
E	10a. STATE	10b. COUHT				Y, TOWN		TION						10d. INSIDE CITY LIMITS?	
	Maryland		ontgome	ry	P	oto								NES 2 ☐ HO	
FUNERAL	10e. STREET AND HUMBER	101. ZIP CODE			10g. CITIZEN O				WHAT COUHTRY?						
W W	9 Accord Court								20854 HIDENT OF HISPANIC ORIGIN? (Specify Yes				USA		
	11. MARITAL STATUS 1 Hever Married 2 Married 12. WAS DECEDENT EVER IH U.S. ARM FORCES? 1 VES 2 NH IF VES, GIVE WAR OR DATES					If yes, specify Cuban			an, Mexica	n, Mexican, Puerto Rican, etc.)			Blac	E — American Indian, k, White, atc.	
ВУ	3 Widowed 4 N Divo		1 TYES 2 NO Specify: Specify:							W Black					
8		CEDENT'S EDU		16a. DE	CEDEHT'S	T'S USUAL OCCUPATIOH of work done during most of working use network)						DUSTRY	-		
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BE (Archie P		<u> </u>							tha Le					
0	19a. IHFORMANT'S NAME (1			191						Route Number, C					
	John O. Po		(Son)	9						otomac					
	20a METHOD OF DISPOSIT 1 B-Buriel 2 Cremetic 4 Donation 6 Other	on 3 🗆 Rem	noval from State	20b. PLACE other pla Quan	Tic.	O No	ame of ce	metery, cre	matory or Cen	n.				own, State , VA	
	21. SIGNATURE OR FUNERA	SIGNATURE OR FUNERAL SERVICE LICENSES 22, HAME AND ADDRESS OF FACILITY SNOWDEN FUNERAL HOME, P.A.													
	· (34)	rga	KK	Daso	ode					MERAL MD 20			P.A.		
	23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or reepiratory arrest, abock, or heart failure. List only one cause on each line.														
	IMMEDIATE CAUSE (FI	161									,			Onset and Death	
	disease or condition														
	/ DUE TO (OR AS A CONSEQUENCE OF):														
N	Sequentially list conditions, THERIOSCUSTONIC SANDOURSCHARE, ISAR INDET														
AT	if any, leeding to immediate cause. Enter UNDERLYING														
FIC	CAUSE (Disease or injution that initiated events		cDUE TO	O (OR AS A CONSEC	QUEHCE C	OF):									
CERTIFICATION	resulting in death) LAS	ST													
			u								-333				
¥	PART II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part I. PART II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part I. PERFORMED 1 YES 25 M										24	b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO			
MEDICAL	CHROWIE	CBSY	RUCTIV	5 ULA	INA	ny_	PA	895	~	11	YES 2	FING	OF DEATH?		
ME														1 TYES 2 NO	
ä															
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMPLER? HOSPITAL: OTHER:														
YS	1 YES 2 NO			☐ ER/Outpatient 3		_			fasidence	6 Other (S)					
	27. MAHNEN OF DEATH	Pending	26a. DATE C (Month,	Day, Year)	26b. TH	JURY M	W	JURY AT ORK?		284: DESCRI	BE HOW	NJURY O	CURED	0	
BY	2 Accident Investigation									-4M-11C					
3 Suicide 6 Could not be building, etc. (Specify) 288. PLACE OF IndURY — At nome, term, street, factory, office building, etc. (Specify) 287. LOCATION (Street and Number of City or Town, State)									or Human	House Number,					
4	MA CENTERO														
COMPLET	(Check only 1 CENTIFY BERT PHYSICIAN: to the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated.														
8	One) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and piece, and due to the cause(a) end manner as stated.														
29c. LICENSE HUMBER 29d. DATE SIGNED (Month), Day										(Month, Day, Year)					
2	TO MANE APP APPARE	200	NO COLUMN TOTAL	Med	4	2	\sim	1 1	10/	19			1/	14/4/	
	La A A	of PERSON W	Mark	USE OF DEATH (ITE	21) (1/10	e, Print)	1/0	1 4)	2 20	P	m	mo	A MIXE	
	31. DATE FILED (Month, Day	(Year)	32 REQUESTS	IAR'S BIONATURE	10	u	IBC	CRSI	W.	INB	13	14	G.L	W MORGIN	
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Julia Davider Rando



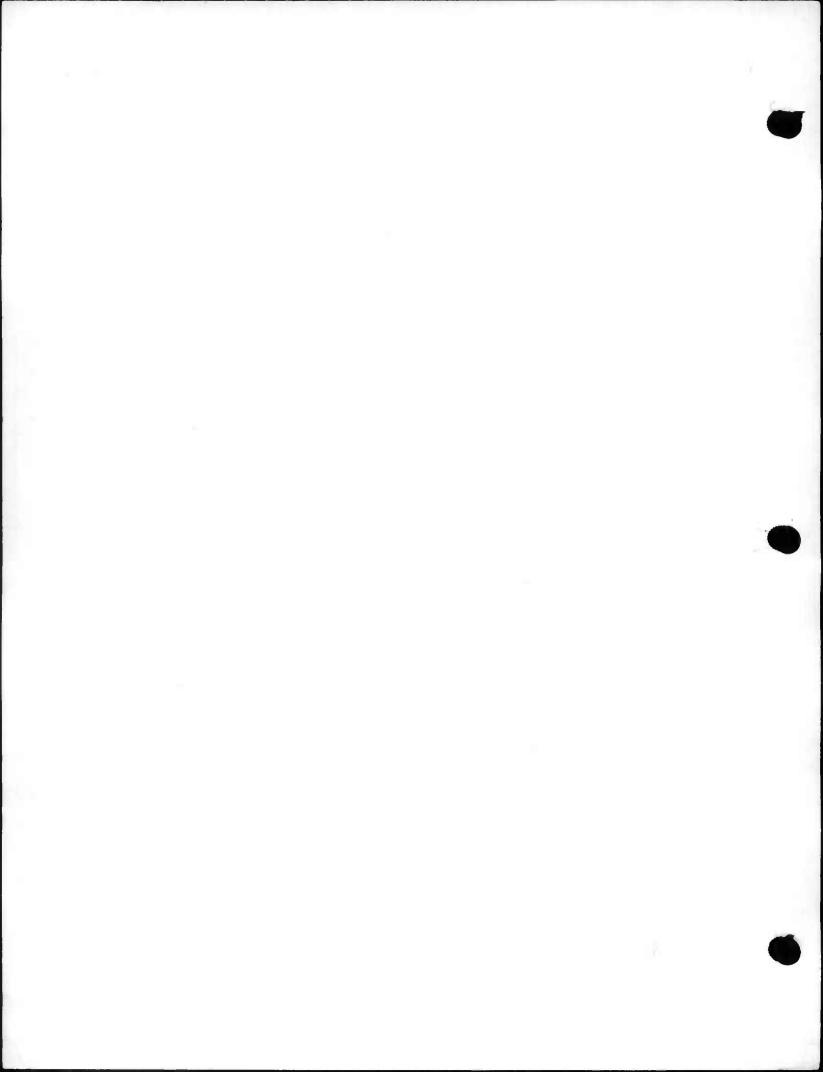
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TO THE HOSPITAL, OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 25 mounts after death. Page 6 may be retained by the	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be dead within 20 hours after death with the State Dent of Health and Mental Hydelee prior to burial, cremation, or removal.	Tem
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Ė	五	IMPORTANT; If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at o

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33271

	FOR 1 - STATE REGISTRAR	STATE OF MARY	CERTIFICA	ENT OF HEALTH AND I	MENTAL HYGIENI REG. NO.	90	33271
	1. DECEDENT'S NAME (First, Middle, Last) EVELYA	PERLS	90,		2. DATE OF DEATH MONTH DAY		3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 135-38-1007 98. FACILITY NAME (If not institution, give	1 🗆 M 2 🕁 F	75 YRS. MON	NOTER 1 YEAR IF UNDER 24 HRS. THE DAYS HOURS MIN. CITY, TOWN OR LOCATION OF DI	7. OATE OF BIRTH (Month, Day, Year)	Count	Vew York
TOR	SHADY GROVE AOKEN			Rockville	EAIR	Monto	
DIRECTOR	10a. STATE 10b. COUNT	gomery		wn or location hesda			10d. INSIDE CITY LIMITS? 1 YES 2 AND
	10e. STREET AND NUMBER			10f. ZIP CODE		10g. CITIZEN OF	
BY FUNERAL	5225 Pooks H	12. WAS DECEDENT EVER FORCES? 1 VE IF YES, GIVE WAR OR	R IN U.S. ARMED	20814 13. WAS DECENDENT OF HISPAI If yee, specify Cuban, Maxics 1 — YES 2 XNO Specific Control of the control	an, Puerto Rican, etc.)	or No— 14. RAC Blac Spec	E — American Indian, kk, White, atc. White
ETED	15. DECEDENT'S EDI (Specify only highest grad) Elementary/Secondary (0-12)	JCATION s completed) College (1-4 or 5+)		AL OCCUPATION done during most of working red.) Research S	186. KIND OF BUS		te of N.J.
BE COMPL	17. FATHER'S NAME (First, Middle, Last) Max Brown			18. MOTHER'S NA Lilli:	an Weledn	Sumame) iger	
0	19a. INFORMANT'S NAME (Type/Print) Patricia Ludwis Tea. METHOD OF DISPOSITION Y Lù Burlai 2 □ Cremetion 343 Ran		er 5225 Po	ORESS (Street and Number or Rural OKS Hill Rd N (Name of cemetery, crematory or	. 1213 N.		
	4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LI		Riverside	Cemetery 22. NAME AND ADORESS OF FA Danzansky-Golo	ACILITY	nelle Par	
4	Dearch (i Ston	-	1170 Rockville	Pike, Roc	kville,	MD 20852
	23. PART I. Enter the diseases, or shock, or heart feliure. IMMEDIATE CAUSE (Finel disease or condition resulting in death)	Liet only one cause or	n each line.	EMBOLISM	·	ratory srrest,	Approximats Interval Between Onset end Death
CERTIFICATION	Sequentielty list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	SUDE TO	S A CONSEQUENCE OF: S A CONSEQUENCE OF:	A CAVA SY	NOROM	E.	
N: MEDICAL	PART II. Other significant condition	ns contributing to deat	h but not resulting in the	ne underlying cause given in	Part I. 24a. WAS AN PERFOR	MED?	b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	Outpatient 3 DOA 4	26. PLACE OF DEATH (CATHER: Nursing Home 5 - Residence			
	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	28a. DATE OF INJUR (Month, Day, Yea	RY 28b. TIME OF	28c. INJURY AT	28d. DESCRIBE HOW II	NJURY OCCURED	
ETED BY	2 Accident investigation 3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJU building, etc. (5	URY At home, farm, stree Specify)	t, factory, office	281. LOCATION (Street a City or Town, State)	and Number or Rural	Route Number,
COMPLETED	torion only			t the time, data and place, and du n my opinion, death occured at the			(a) and manner as stated.
TO BE (296. SIGNATURE AND TITLE OF CERTIFIE TO LEAST L	De Jerge	M.O.		MBER 88	29d. DATE SIGNE	18/1990
	ROBERT L. D.	E JAGEK	MD-148	08 Physicia	n's hone -	Rockvill	lmo 20815
	NOV 19 '90	Julia Davis	bon-Randall				



BALTIMORE, MARYLAND 21203-3146	s that the death certificate be executed within commons after death. Page 6 may be retained by the hospital or attending physician.	ned by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Promit and Mental Hollene prior to burial, cremation, or removal.	and to help an extending the medical aversion must be entered to enter
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XO	ate be e	ysician prior to	Special a
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P.	eath c	attendi	2
ORDS, P.O. BOX 13146,	s that the do	ined by the	new latter

	- SINIE	STATE OF N	MARYLAND	DEPAR	RTMENT OF H	IEALTH AND	MENTAL HYGIE		0 3	3272
	REGISTRAR		C	ERIIF	ICATE OF	DEATH	REG. N	0.		
	1. DECEDENT'S NAME (First, Middle, Last)	T DOC	MED					DAY	YEAR	3. TIME OF DEATH
	LILA WALTO					T	11 16) 19	90	6:57 A M
	The state of the s	. SEX	6. AGE (In yrs. le		MONTHS DAYS	HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)		Country)	
	130 10 0103	☐ M 2 💢 F	68	YRS.			5/10/19:			Jersey
	9e. FACILITY NAME (If not institution, give stree	t and number)			9b. CITY, TOWN	OR LOCATION OF D	EATH	ATH		
6	Holy Cross Hospita	1			Silver	Spring		mery		
DIRECTOR	RESIDENCE OF DECEDENT 10a, STATE 10b, COUNTY			T 10c CIT	Y. TOWN OR LOCA	TION			T ₁	IOd. INSIDE CITY
<u>E</u>		0 m 0 MII			nevy Cha					LIMITS?
	Maryland Montg	omery		l CI		f. ZIP CODE		I 44 0171		IX YES 2 NO
A.			11.07.		10			10g. CITI		IAI COUNTRY?
FUNERAL	8101 Connecticut A					20815			USA	
5	11. MARITAL STATUS 1 Never Merried 2 X Merried	2. WAS DECEDEN FORCES? 1	YES 2 X				NIC ORIGIN? (Specify 1 in, Puarto Ricen, etc.)	fee or No	14. RACE - Black,	- American Indian, White, atc.
B	3 Widowed 4 Divorced	IF YES, GIVE W	MAR OR DATES		1 TYES	2 X NO Specif	y:		Specify	White
	15. DECEDENT'S EDUCAT	ION	146. 0	ECEDENT'S	USUAL OCCUPATI	ON	18b. KIND OF E	1 I I I I I I I I I I I I I I I I I I I	VICTOV	WILLE
쁜	(Specify only highest grade co	mpleted)		Give kind of le. Do NOT u	work done during mase retired.)	ost of working	IOD. KIND OF E	OSINESS/INC	7031R1	
٦	Elementary/Secondary (0-12)	College (1-4 or 5 -	+)	achei			Educa	tion -	Iin	guistics
COMPLETED	17. FATHER'S NAME (First, Middle, Last)		16	achei	<u> </u>	18 MOTHER'S NA	AME (First, Middle, Meid	-	DIII	guistics
	Isadore Berman					Jenny		known)		
BE	19e. INFORMANT'S NAME (Type/Print)		T,	Ob. MAII IN/	ADDRESS (Street		Route Number, City or 1	,		20815
2	Samuel I / Posner (hah.and					ue, #407N			
						metery, crametory or		LOCATION -		
	20a METHOO OF DISPOSITION 1 Buriel 2 Grametion 3 Remove 4 Donatton 5 Diction (Specify)	al from State	other (place)	David Memorial Garden					
	21. SIGNATURE OF FUNE AL SERVICE UCEN	REE /	_ King	Davi				lls C	nuren	, VA
	Dary J	n. H	se.	22. NAME AND ADDRESS OF FACILITY Danzansky-Goldberg Memorial Cha 1170 Rockville Pike, Rockville						
7	23. PART I. Enter the disease, or conclude, or heart fellure. Lie IMMEDIATE CAUSE (Final disease or condition resulting in death)	mul	ot coused the cuse on each life	10. પ (ene	ode of dying, suc	ch as cardiec or re	spiratory an	rest,	Approximete Interval Between Onset and Desth
CERTIFICATION	Sequentielly list conditione, if any, leading to immediets cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST		OR AS A CONS							
MEDICAL	PART II. Other significant conditions	contributing to	desth but not	t resulting	In the underlyle	ng cause given in	PERI	AN AUTOPSY CORMEC? 2 DAO		WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
IA	25. WAS CASE REFERRED TO MEDICAL	-/-			28. 1	LACE OF DEATH (C	heck only one)			
SIC	1 VES 2 NO	HOSPITAL:	☐ ER/Outpetient	3 🗆 DOA	OTHER:	me 5 🗆 Residence	6 Other (Specify)			
BY PHYSICIAN:	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	28e. DATE Of (Month, L	F INJURY Day, Year)	28b. TH	IJURY W	JURY AT ORK? YES 2 NO	28d. DESCRIBE HO	W INJURY OC	CURED	
0	3 Suicide 8 Could not be 4 Homicide determined		OF INJURY — At :	home, farm,	, atreet, factory, off	Ce	28f. LOCATION (Stre City or Town, St		or or Rumi Ro	oute Number,
COMPLET	29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: 29b. SYRATURE AND TITLE OF CERTIFIER						e time, date and place	and due to t	he cause(s)	and manner ee stated.
BE	V > A A A A A A	1165	Time			000				

DO 950 29d. DATE SIGNED (Month, Day, Year)

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

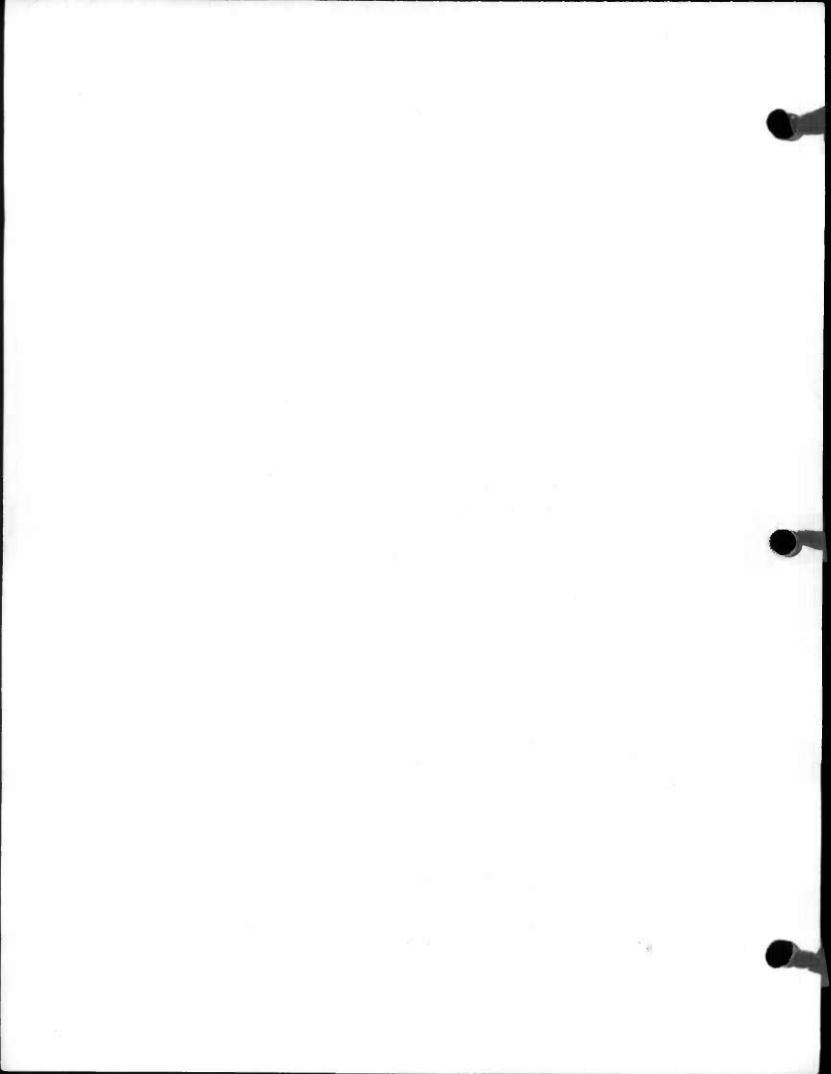
5225 Pooks Hill Road, Bethesda, MD Bernard H. Ostrow,

31. DATE FILED (Month, Day, Year)

5

32. REGISTRAR'S SIGNATURE
JUNA DAVIDON-HANDER

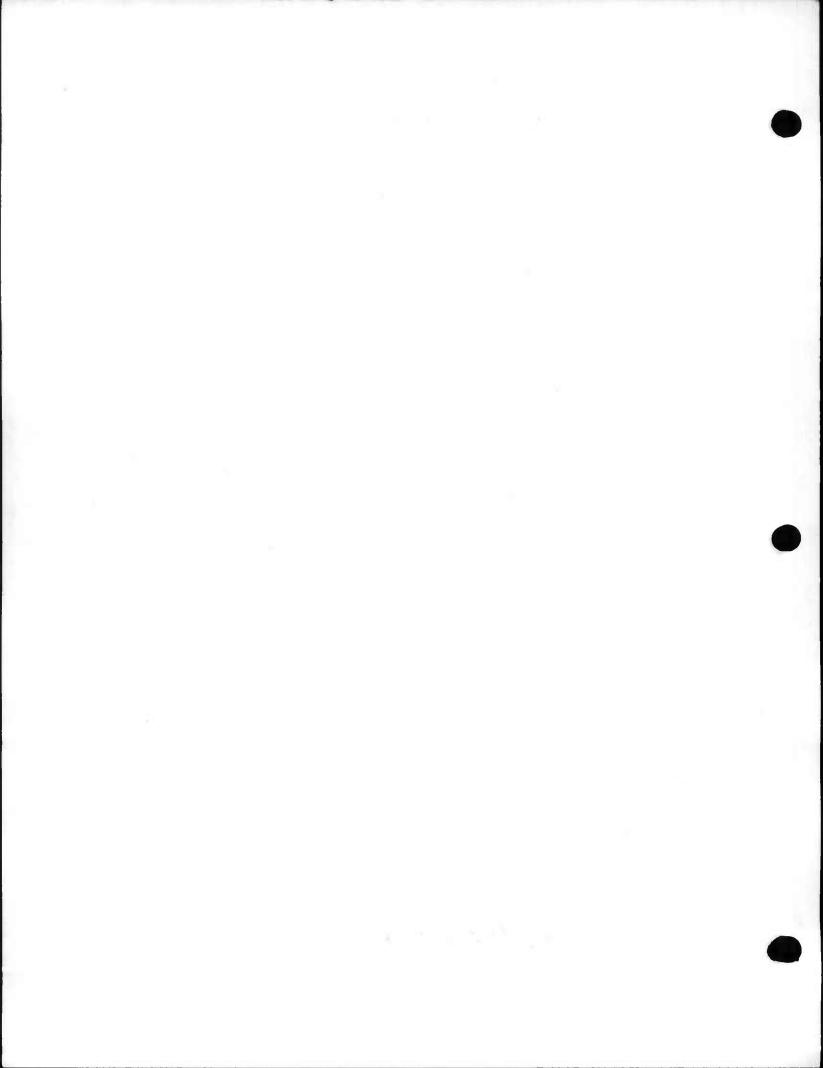
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TO THE MOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Zamours after death. Page 6 may be retained by the hospi	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	associate to the notice or item 22 shows any injury or other transfer event the market available notified at once
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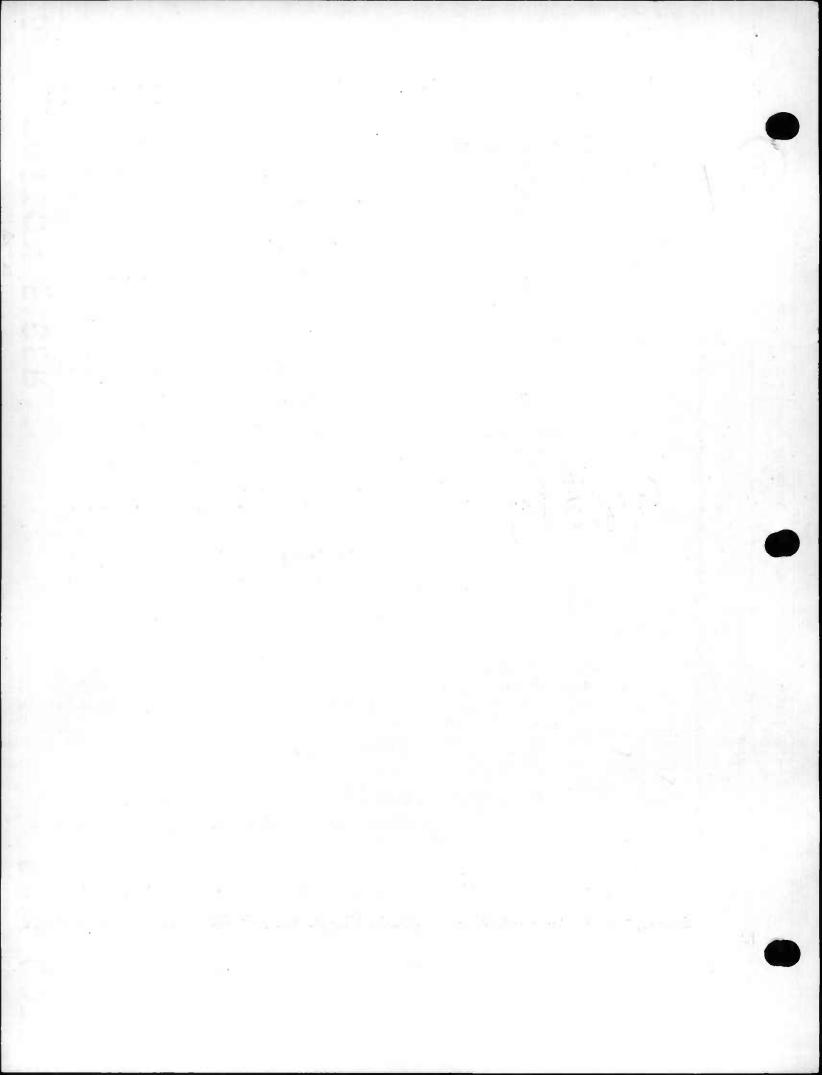
1 - FOR STATE REGISTRAR		STATE OF I	/ARYLAN		RTMENT (EALTH AND I	MENT	AL HYGIENI REG. NO.	E	90	33273
1. DECEDENT'S NAME (Firs.		HARRIE	TT M ペロカ	RAN	DALL			2. DAT MON		v .	YEAR 90	3. TIME OF DEATH
4. SOCIAL SECURITY NUM 215-30-88 98. FACILITY NAME (# not it	97	5. SEX 1 M 2 F	6. AGE (In)	yrs. last birthday YRS.	MONTHS	DAYS	IF UNDER 24 HRS. HOURS MIN.	7 2	E OF BIRTH inth, Day, Year)	4	8. BIRT	YLAND
ANNE ARUN	DEL M		CENT	ER			OLIS	LAITI				ARUNDEL
10a. STATE MARYLAND	10b. COUNTY		EL	10c. C	ANNA							10d. INSIDE CITY LIMITS? 1 YES 2 NO
100. STREET AND NUMBER							21403			U.	S.A	
11. MARITAL STATUS 1 Never Married 2 3 3 Widowed 4 Div	-	12. WAS DECEDEN FORCES? 1 IF YES, GIVE Y	YES	2 XNO	If y	res, sp	ENDENT OF HISPAI ecify Cuban, Maxics 2 NO Specif	an, Puert		or No—	14. RAC Slac Spec	
15. DE (Specify on Elementary/Secondary (CEDENT'S EDU ly highest grade (0-12)	CATION completed) College (1-4 or 5	+)	Give kind of the Do NOT	if work done dur use retired.)	ring mo	ost of working	10	66. KIND OF BUS	INESS/IN		
17. FATHER'S NAME (FINS), I		ESON					18. MOTHER'S NA					
19a. INFORMANT'S NAME (Type/Print) WDY			124	6 STO	NE	and Number or Rural WOOD CO	Route Nu	mber, City or Town	n, State, Zi	s.	
20s. METHOD OF DISPOSI DEPARTMENT 2 □ Cremett 1 □ Donation 5 □ Other 21. SIGNATURE OF FUNER.	on 3 🗆 Rem		0	ther place)	REST	CE	METERY		ANI	NAPO		
Jav	L	Bees	e				SE & SO			M	D: P.	ANNAPOLIS A.
23. PART I. Enter the ehock, or immediate cause (Fi disease or condition resulting in death)	heert fellure.	Liet only one ca	40 CV	h line.	72		ode of dying, suc			ratory ar	rreat,	Approximate interval Between Onset and Death
Sequentielly list condi if any, leading to immicause. Enter UNDERLY CAUSE (Disease or Inj that initiated events resulting in death) LA:	ediete rING ury	DUE TO	OR AS A C	ONSEQUENCE	OF):							
PART II, Other signific	ent condition	na contributing to	deeth but	not resultin	g in the und	erlyin	g cause given in	n Part I.	24a, WAS AN PERFOR	RMED?	24	ib. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED EXAMINER?	TO MEDICAL	HOSPITAL:			OTHER:		LACE OF DEATH (C					
1 VES 2 NO 27. MANNER OF DEATH Netural 5	Pending investigation	28e. DATE O		1ent 3 DOA		Bc. IN	JURY AT ORK? YES 2 NO	_	ther (Specify) DESCRIBE HOW I	NJURY O	CCURED	
a 🗆 autota	Could not be determined		OF INJURY — i, atc. (Specify	- At home, farm	n, etreet, fector	y, offi	ca	28f. L	OCATION (Street i ity or Town, State)	and Numbe	er or Rural	Route Number,
one) 2 ME	DICAL EXAMIN									nd dun to	the cause	e(s) and manner as stated.
296. SIGNATURE AND TITL	1 Wa	tru	ch	1 ~			29c, LICENSE NU	S / /	8	29d. DA	TE SIGNE	(Month, Day, Year)
30. NAME AND ADDRESS	OF PERSON WI	HO COMPLETED CAI	JSE OF DEAT	FN (6)	PP, Print)	1/4	157 1	AN	10/	MD)	11401

31. DATE FILED (MONTINO V) 19 1990 REGISTRAR'S SENATURE PANCESS.



CD.		DECEDENT'S NAME (First, Mic		Len		Richa	ırdso	n		MONTH	of DEATH D	AY 1.6	YEAR 1 9 9 0	3. TIME OF DEATH 6:10am
74	4.	SOCIAL SECURITY NUMBER		5. SEX	8. AGE (in yr	rs. last birthday)	IF UNDER		IF UNDER 24 HRS.	7. DATE (OF BIRTH , Day, Year)		6. BIRTH	IPLACE (State or Foreign
	1 2	217 - 01 - 7384	4	1 M 2 F	90	YRS.	MONTHS	DAYS	HOURS MIN.		8, 1	900	Country	rainia
TOR	4	FACILITY NAME (11 not instituted)	Plac						inier			9c. COU	NTY OF DE	
DIRECTOR	13	e. STATE 10	DENT	Υ		10c. CIT	Y, TOWN O	R LOCAT	TION					10d, INSIDE CITY
H		Md. h	lowar	ıd		A	nnapo	olis	Junctio	on				LIMITS?
AL	10	e. STREET AND NUMBER						101	. ZIP CODE			10g. CIT	IZEN OF W	VHAT COUNTRY?
FUNERAL	L	11014 Hilde	er Ai	enue					20701			1	U.S.A	١.
BY FUI	1	, MARITAL STATUS Never Merried 2 Mei Widowed 4 Divorced			NT EVER IN U.S I YES 2 WAR OR DATES	NO	1	f yes, sp	ecity Cuban, Maxie 2 NO Spec	en, Puerto F		a or No	Black Specif	E — American Indien, k, White, atc. Hy: Uhite
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COMPL	L	8				bui	lder					- em	ploye	ed
ш	17	Archer Clay		ardson					16. MOTHER'S N					
TO B	19	Gunhild Rea	inan			4202	Rain	(Street &	Place 1	At. Ro	ior, City or Tox	vn, State, Zij . , Mav	o code) rylan	nd
		METHOD OF DISPOSITION Burlel 2 Cremation Donation 5 Other (Sp		noval from State	20b. PL	ACE OF DISPO	SITION (Na	ma of co	metery, crematory or	,		aurel		
	II	SIGNATURE OF FUNERAL SI	ERVIPE	CENSEE			22.	NAME A	nd address of P Ldson Fu					
		MMEDIATE CAUSE (Final		V	use on each						lisc or rasp			
ERTIFICATION	S	sease or condition psulting in death) requentially list condition any, leading to immedia ause. Enter UNDERLYING AUSE (Disease or injury nat initiated events esulting in death) LAST	ite	е	OF AS A CO		/r-);		atreop					Intarval Betw Onset and Da
N: MEDICAL CERTIFICATION	S III	dequentially list condition any, leading to immedia ause. Enter UNDERLYING AUSE (Disease or Injury nat Initiated events sesuiting in death) LAST	condition	c. DUE TO	O (OR AS A CO	DISEQUENCE CONSEQUENCE the ur) y (a troop archal	27	red far	N AUTOPSY RMED?		Interval Between	
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PHYSICIAN: MEDICAL	S H C C C C I I I I	equentially list condition any, leading to immedia ause. Enter UNDERLYING AUSE (Disease or Injury net Initiated events southing in death) LAST ART II. Other significant WAS CASE REFERRED TO MEXAMINER? 1 YES 2 NO MANNER OF DEATH 1 Natural 5 Per	condition the co	d. DUE TO d. HOSPITAL: 1 Inpetient 2 28a, DATE O	O (OR AS A CO	ONSEQUENCE CONSEQUENCE the ur	26. Ph	a trocy archal	n Part I.	TQV(24a. WAS AI PERFO 1 □ YES	N AUTOPSY PMED?	246.	Interval Betwo Onset and Da Onset and Da Next and Da Onset and Da On	
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D BY PHYSICIAN: MEDICAL	S iff c C C C t t n n n n n n n n n n n n n n n	equentially list condition any, leading to immedia ause. Enter UNDERLYING AUSE (Disease or Injury net Initiated events esuiting in death) LAST ART II. Other significant VEN EXAMINER? 1 YES 2 NO MANNER OF DEATH 1 Natural 5 Per 2 Accident 3 Suicide 6 Conder 4 Homicide 1 CERTIFY	condition of the condit	d	O (OR AS A CO O	ONSEQUENCE CONSEQUENCE HER A Nur ME OF JUHY M	26. PN WW 1 Lory, officience, date	g cause given i	n Part I. Check only on 8 6 Othe 28d, DES 28t, LOC City	24a. WAS AI PERFO 1 YES Tr (Specify) ATION (Street or Yourn, State	N AUTOPSY PRMED? 2 NO INJURY OC	24b.	Interval Betwo Onset and Da	
BY PHYSICIAN: MEDICAL	S S H C C C T T T T T T T T T T T T T T T T	equentially list condition any, leading to immedia ause. Enter UNDERLYING AUSE (Disease or Injury net Initiated events esuiting in death) LAST ART II. Other significant VEN EXAMINER? 1 YES 2 NO MANNER OF DEATH 1 Natural 5 Per 2 Accident 3 Suicide 6 Conder 4 Homicide 1 CERTIFY	condition of the condit	d	OF INJURY OF INJ	ONSEQUENCE CONSEQUENCE HER OTHER A Nur ME OF JURY M atreet, fect	26. PN WW 1 Lory, officience, date	g cause given i	n Part I. Check only on 28d, DES 28t, LOC Chly use to the case the time, date	24a. WAS AI PERFO 1 YES Tr (Specify) ATION (Street or Yourn, State	N AUTOPSY PRMED? 2 NO INJURY OCCUPANT AND AUTOPSY AND AUTOPSY PRMED? anner as etc.	24b. CCURED or or Rural F	Interval Betwo	

DHMH-16 Rev 1/89



BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

2

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

BALTIMORE, MARYLAND 21203-3146

TO BE COMPLETED BY FUNERAL DIRECTOR

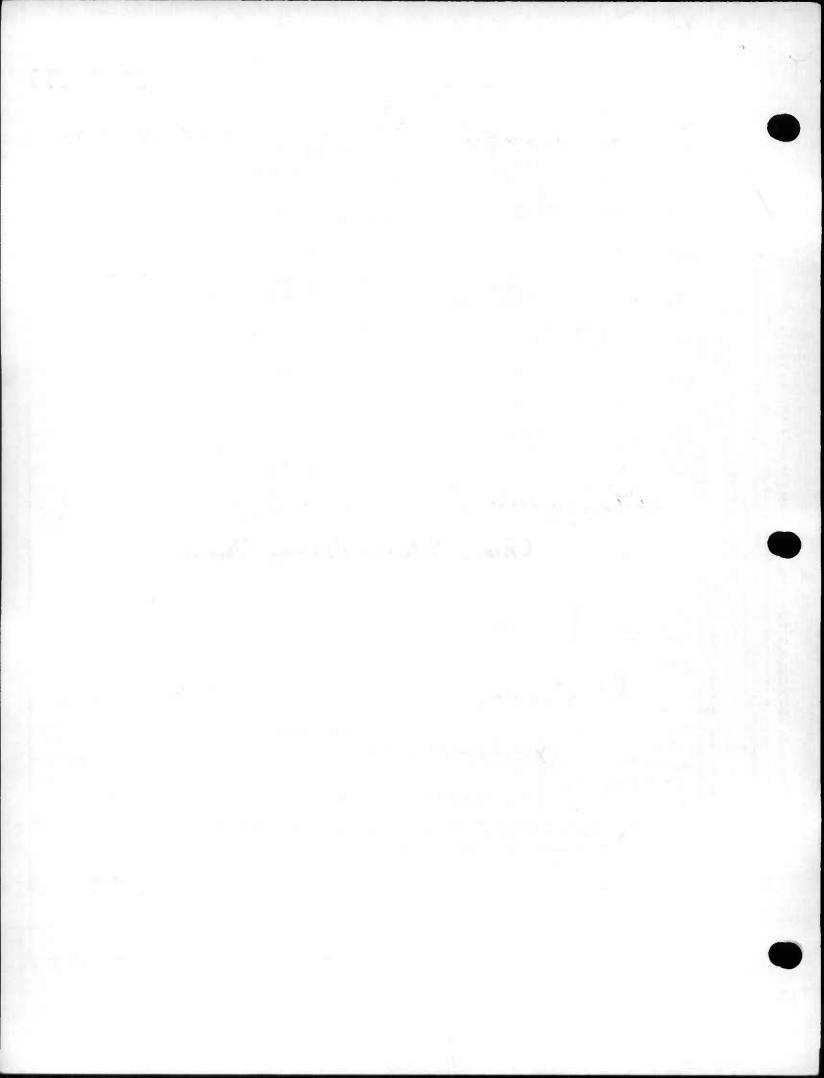
DECEOENT'S NAME (First	, Middle, Last)	.To	seph	1				2. DATE	E OF DEATH		WE NO C	3. TIME OF DEATH
WILLIAM		•		enh		ROS	IER N	OVE	MBER DA	17,1	. 9 90	1023.PM
A. SOCIAL SECURITY NUME		5. SEX	6. AGE (In yrs. le	st birthday)	F UNDER 1 Y	_	UNDER 24 HRS.	7. DATE	OF BIRTH		8. BIRTHE Country	PLACE (State or Foreign
217-34-15	14	1X	56	YRS.	ONTHS D	AYS H	OURS MIN.	017	05/34		Mary	land
9a. FACILITY NAME (If not in	stitution, give st	reet and number)		9			OCATION OF D	EATH			NTY DF DE	
PHYSICIA	NS ME	MORIAL	HOSPIT	CAL	LA	PL.	ATA			CH	IARL	ES
RESIDENCE OF DEC				I as a mark								
Morry Lond	10b. COUNTY	arles		10c. CITY,								10d. INSIDE CITY LIMITS?
Maryland		arres] Na	nje							1 TES 2 T NO
100. STREET AND NUMBER		1.2 C				10f, ZH	P CODE	0				HAT COUNTRY?
Route 6	, box				_		2066				S.A.	
11. MARITAL STATUS 1 Never Married 2	Married		YES 2 X	ND	If y	es, specif	y Cuban, Mexico	in, Puerto	N? (Specify Yea Rican, etc.)	or No—	Black	— American Indian, White, atc.
3 Widowed 4 Dive	orced	IF YES, GIVE V	AR DR DATES X		1	YES 2	NO Specif	y:			Specif	Black
15. DEC	EDENT'S EDUC	ATION	18e. D	ECEDENT'S US	SUAL OCCI	IPATION		16	b. KIND OF BUS	INESS/IND		Diack
(Specify onl	y highest grade	completed)	S	Give kind of wor e. Do NOT use i	k done duri		f working					
Elementary/Secondary (3-12)	College (1-4 or 5	"	Labor	or				Mitche	11	Supr	ly Cp.
17. FATHER'S NAME (First, M	fiddle, Last)					10	S. MOTHER'S NA		Middle, Maiden		Jupi	-, op.
Joseph 1		sier							ise Co			
19a. INFORMANT'S NAME (1	9b. MAILING A	DORESS (S	treet and			nber, City or Town		Code)	
Rose L. Ro		. Wife							njemoy			1662
89a. METHOD OF DISPOSIT			20h PLAC	E OF DISPOSIT	ION /Name	of comoto	or complete or		200 100	CATION -	City or Toy	un State
Burial 2 Crematic	on 3 🗆 Remo	oval from State	Sac	red H	lear	t Ce	emeter	У	La	a P1	ata,	Md.
21. SIGNATURE OF FUNERA	AL SERVICE LIC	ENSEE		15					AL HO			
· Havi	J C.	Echol	1						La Pla			20646
23. PART I. Enter the d					t enter th	e mode	of dying, suc	ch ss ca	rdiec or reepi	ratory sn	rest,	Approximete
IMMEDIATE CAUSE (Fig		List only one cer	ase on eech iir	10.								Onset end Deeth
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resulting in death)			(OR AS A CONS									
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Sequentielly liet condit if any, leeding to imme		DUE TO	(DR AS A CONS	EQUENCE OF):								
cause. Enter UNDERLY CAUSE (Disease or inju	ING	c										
that initiated events		DUE TO	(OR AS A CONS	EDUENCE OF):								į į
resulting in death) LAS	FT .	d										
PART ii. Other signific	ent condition	e contributing to	death but not	resulting in	the unde	rlvina c	ause alven ir	Part i	24a, WAS AN	AUTOPRV	24h	WERE AUTOPSY FINDINGS
	RIUI	_	TRE			niying c	adaa givan n	reit i.	PERFOR		270.	AVAILABLE PRIOR TO COMPLETION OF CAUSE
-	17116		IRE	101010	7				1 TYES 2	NO		DF DEATH?
	241					01	000					1 Nes 2 No
	TRO-	TNI	EST	INAL		13L	EED:	-				
25. WAS CASE REFERRED T EXAMINER?	TO MEDICAL	HOSPITAL:		- 10	OTHER:	26. PLAC	E OF DEATH (C	heck only	one)			
1 TES 2 NO		1 Kinpatient 2		3 DOA 4	☐ Nursin		5 🗌 Residence	7				
27. MANNER OF DEATH 1 Netural 5	Pending	28a. DATE DE (Month, L	NJURY Pay, Ybar)	28b. TIME INJU	RY	Bc. INJUR WORK	Y AT ? 3 2 NO	28d. O	EȘCRIBE HOW I	NJURY OC	CURED	
2 Accident 3 Suicide	Investigation	28e, PLACE (F INJURY — At I	nome, ferm, str				28f. LC	CATION (Street :	nd Numbe	r or Rural R	oute Number.
4 Homicide	Could not be determined	building	etc. (Specify)						y or Town, State)			V
29a. CERTIFIER 1 X CER	TIFYING PHYSI	CIAN: To the best o	my knowledge	death occurred	at the time	a, data an	d place, and rhe	e to the c	ause(a) and mar	nner aa ste	ted.	
(Check only												and manner as stated.
29b. SIGNATURE AND TITLE	E OF CHITIFIE	R SEE	1/	-		2	9c. LICENSE NU	MBER		29d. DAT	E SIGNED	(Month, Day, Year)
γ.	m	ndug	and	-	D		D2	6064	4		11.	18,70
30. NAME AND ADDRESS O	F PERSON WH	O COMPLETEO CAL	SE OF OEATH (IT	EM 27) (Type, F	Print)						-	
ANMANGA 31. DATE FILED (Month, Day)		VIDYA	SACAR R'S SIGNATURE	M.D.	D	0.	BOX 26	32	CHARL	QTTI	HA	LL MD, 206
NOV 2 O	'90		Tavidson-V		,, ,		4			1 0	, ,	
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Sulia Savidson-Randalle

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TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within z-mours after death. Page 6 may be retained	TO THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be filled within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	Supportant: If the marked or item 23 shows any injury, or other traumatic event, the medical examiner must be notified
offer.	/ the	leaf e
ULS :	I LOU	bed
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ithin	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fill be filled within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	nt. t
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	FOR 1 - STATE REGISTRAR	STATE OF MARY		TMENT OF H			HYGIENE REG. NO.		33276
	1. DECEMENT'S NAME (First, Middle, L	Untrivet	t. K	ACIN		2. DATE OF MONTH	DAY	8 9	
1	4. SOCIAL SECURITY NUMBER 216-10-5290 98. FACILITY NAME (If not institution, g	1 🗆 M 2 🔀 F	E (In yrs. lest birthday) 76 YRS.	MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN. PR LOCATION OF DE		BIRTH ey, Year) /1914		eirthPLACE (State or Foreign country)
108	Union Hospital	of Cecil Cou	nty	Elkton	n Location or be	EATH .		Cecil	OF DEATH
DIRE		cil		rth East					10d. INSIDE CITY LIMITS? 1 YES 2 X NO
FUNERAL	39 Elwood Lane			101	21901			1.5	OF WHAT COUNTRY?
BY FUN	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YE IF YES, GIVE WAR OR	S 2 NO	If yes, sp	ENDENT OF HISPAI ecity Cuben, Maxica 2 NO Specif	in, Puerto Rici	Specify Yes an, etc.)	or No- 14.	RACE - American Indian, Black, White, etc. Specify: White
COMPLETED	15. DECEDENT'S (Specify only highest of Elementary/Secondary (0-12) 12	EDUCATION trade completed) College (1-4 or 5+) N/A	16a. DECEDENT'S (Give kind of value) If the Do NOT us Homemake	USUAL OCCUPATION work done during mole retired.)	DN et of working	16b. KI	ND OF BUS	iness/indust	RY
BE COM	17. FATHER'S NAME (First, Middle, Last Antonio Defogli)				Mary	Bamb	ino	
10	190. INFORMANT'S NAME (Typo/Print) Eugene F. Racii	ne			ind Number or Aurel Liew Road				21901
	20a. METHOD OF DISPOSITION		tob. PLACE OF DISPOS other place)	SITION (Name of cer	netery, crematory or		20c. LOC	CATION — City	or Town, State
	4 Donation 5 Othyl (Specify) 21. SIGNATURE OF TUNERAL SERVICE	E-CICENSEE	Friend	Cr	ouch Fun	eral I	Home	vert,	MD 21901
CERTIFICATION	23. PART I. Enter the diseases, shock, or heer felli IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	a. DUE TO (OR ALL C.	S A CONSEQUENCE OF	clive Pa					Approximate interval Between Onset and Death
AL	PART II. Other algnificant cond	noma Mellitus	but not resulting	in the underlyin	g ceuse given in		In. WAS AN PERFOR	MED?	24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
N: MEDIC	Diabet	es Mellitus				-			1 YES 2 NO
SICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:	utnetient 3 🗆 DOA	OTHER:	ACE OF DEATH (C)		Procedure)		
BY PHYSICIAN:	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigat	28a. DATE OF INJUR (Month, Day, Yea	ry 26b. TIN	E OF 28c. IN.	URY AT DRK? YES 2 NO		-	NJURY OCCUR	ED
	3 Suicide 6 Could no 4 Homicide determine	t be 28e. PLACE OF INJU	IRY — At home, farm, pecify)	street, factory, offic	•		ION (Street a Town, State)	and Number or I	Rural Route Number,
COMPLETED	torison oray	HYSICIAN: To the best of my kn MINER: On the basis of exemina							euse(s) and manner as stated.
TO BE C	29b. SIGNATURE AND TITLE OF CERT	cheler-8.	MA) DEATH (ITEM 27) (Type	, Print)	29c LICENSE NU DQ3	MBER 322		29d. DATE SI	GNED (Month, Day, Year)
	31. DATE FILED (Month, Day, Year) NOV 20 390	32. REGISTRAR'S SI	GNATURE Uson-Randall						
	1101 20 30	O CONTRACTO				***			DHMH-16 Rev 1/6



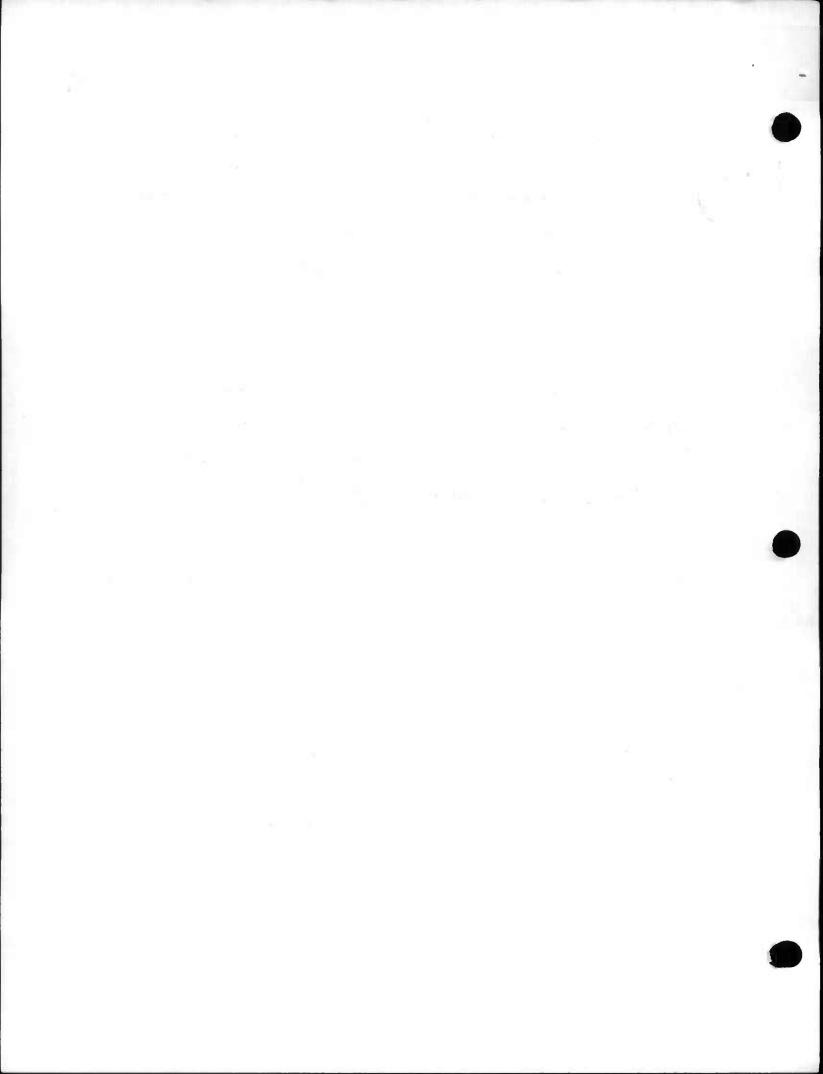
REGISTRAR		CI	ERITE	CATE	OF I	DEATH		REG. NO.		20	00611
1. DECEDENT'S NAME (First, Middle, Last) EDWIN E. RO!	DENHEISER		Jı				N N	oate of Death Nonth Da Ovember	6 1	VEAD	1555
4. SOCIAL SECURITY NUMBER		AGE (In yrs. las		IF UNDER t Y	/FAD	IF UNDER 24 HR		ATE OF BIRTH	0 1		ACE (State or Foreign
222-03-3192	1 X M 2 D F	71	YRS.		-	HOURS MIN	. (Month, Day, Year)	010	Country	
9a. FACILITY NAME (If not institution, give s	street and number)			9b. CITY. TO	OWN OR	LOCATION OF		111.23,1		NTY OF DEA	
Union Hospital			70		kto					ecil	
RESIDENCE OF DECEDENT											
10a. STATE 10b. COUNT			10c. CITY	, TOWN OR	LOCATIO	Midd	alet	cown		1	Dd. INSIDE CITY LIMITS?
	Castle		Pr	naros	-		Но	ise Apt			YES 2X NO
Apt. 7, 100 Si	lvor lako	D.d.			10f. 2	ZIP CODE	709			IZEN OF WH	AT COUNTRY?
11. MARITAL STATUS	12. WAS DECEDENT EN		MED	- 1 40 140	O DECE			RIGIN? (Specify Yes			- American Indian.
1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? IV	YES 2 1		If y	es, spec		xican, Pu	erto Rican, etc.)	or No.	Black,	white etc.
15. DECEOENT'S EDU		16a, DE	CEDENT'S	USUAL OCCI	UPATION	Section 1		16b. KIND OF BUS	INESS/IN	DUSTRY	
(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5+)	life	. Do NOT us								
12		Uni	on I	ipe	Fit	ters		Const	ruct	ion	
17. FATHER'S NAME (First, Middle, Lest)								First, Middle, Meiden			
Edwin E. Rode	nheiser,	Sr.					_	il Grac			
19a. INFORMANT'S NAME (Type/Print)								Number, City or Town	,	,	
Earle A. Rode:	nheiser							iddleto			
15 Buriel 2 □ Cremation 3 □ Rem	novel from State	other pi	lace)			tery, cremetory				City or Town	
4 Donation 5 Other (Specify)	KENNE	Grac	ета			cial	_		штид	ton,	Delawa
Test ST	111	1						CHISON			
Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initieted eventa resulting in deeth) LAST	С.	AS A CONSE			eren	as or	huy	duce			
PART II. Other significent condition	ne contributing to de	ath but not	resulting	in the unde	erlying	cause giver	In Part	1 YES 2	MED?		VERE AUTOPSY FINDING MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	/Outpatient	X DOA	OTHER:		8 - Resider		Other (Specify)			
1 YES 2 XNO	28a. DATE OF INJ		28b. TIM	URY	8c. INJU WOR	RY AT	100	I. DESCRIBE HOW I	NJURY OC	CURED	
27. MANNER OF DEATH Natural 8 Pending	(Month, Day,										
27. MANNER OF DEATH	(Month, Day, 1	JURY — At he (Specify)	ome, ferm,	street, factory	y, office		281	. LOCATION (Street a City or Town, State)	and Numbe	or Aurel Ro	ute Number,
27. MANNER OF DEATH Return 8 Pending Investigation 3 Suicide 6 Could not be determined	(Month, Day, 1	(Specify)	eath occurr	ed at the time	e, data s		due to ti	City or Town, State)	nner as sta	nted.	
27. MANNER OF DEATH Platural 2 Accident 3 Suicide 4 Homicide 29a. CERTIFER (Check only) 1 CERTIFYING PHYS	(Month, Day, 28s. PLACE OF It building, etc. SICIAN: To the best of my ER: On the basis of axam	(Specify)	eath occurr	ed at the time	e, data a		due to ti	City or Town, State) ne cause(s) and mai , data and place, an	nner as sta	ated. the cause(a)	
27. MANNER OF DEATH 2 Accident 8 Pending Investigation 3 Suicide 6 Could not be determined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMIN	(Month, Day, 28s. PLACE OF It building, etc. SICIAN: To the best of my ER: On the basis of axam	(Specify)	eath occurr	ed at the time	e, data a	ath occured at	due to ti	City or Town, State) ne cause(s) and mai , data and place, an	nner as sta	ated. the cause(a)	and manner sa stated

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

DHMH-18 Rev 1/89

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within ZR flours after death. Page 6 may be retained by the hos	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detach		IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
rurs after death. Page	in by the funeral direc	r removal.	nedical examiner m
xecuted within 24 no	and completely filled	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	natic event, the m
leath certificate be e	attending physician	ntal Hygiene prior to	ry, or other traum
requires that the d	been signed by the	t. of Health and Mer	shows any injur
PHYSICIAN: The law	this certificate has	with the State Depr	rked, or item 23
OR ATTENDING F	DIRECTOR: After 1	hours after death	item 28 is mar
TO THE HOSPITAL	TO THE FUNERAL	be filed within 72	IMPORTANT: If

	1 - STATE REGISTRAR	SIAIE UF I			ICATE O			REG. NO.			00270			
	1. DECEDENT'S NAME (First, Middle, Last)						_	2. DATE OF DEATH		241	3. TIME OF DEATH			
~	Esther V. Ri	ttenhou	se					Nov. 15		990	0530 м			
		5. SEX	6. AGE (In yrs. is	lest birthday)	IF UNDER 1 YEAR	IF UNDER 24 H	RS.	7. DATE OF BIRTH		8. BIRTI	IPLACE (State or Foreign			
	219 16 3291	1 □ M 2 € F	90	YRS.	MONTHS DAYS	HOURS M	W.	Nov. 14.	1900	Mar	y yland			
	9a. FACILITY NAME (If not institution, give stre	net and number)			9b. CITY, TOW	OR LOCATION O	OF DEA			NTY OF D				
r	lll Park Circle,				Elkt				С	ecil				
3	RESIDENCE OF DECEDENT						_							
	10a, STATE 10b, COUNTY	, ,		10c. CIT	Y, TOWN OR LO	ATION					10d. INSIDE CITY LIMITS?			
DIMEGLOR	Maryland Cec	11			Elkton						1 YES 2 NO			
FUNEHAL	10e. STREET AND NUMBER					IOI. ZIP CODE			10g. CIT	IZEN OF	WHAT COUNTRY?			
	lll Park Circle					21921				U.	S. A.			
5	11. MARITAL STATUS	12. WAS DECEDED	T EVER IN U.S.	ARMED				C ORIGIN? (Specify Yes	or No-	14. RAC	E American Indian,			
	1 Never Married 2 Married		MAR OR DATES	X 40		specify Cuban, M ES 2 X X NO S		Puerto Rican, etc.)		Spec	k, White, etc.			
	3 🔀 Widowed 4 🗌 Divorced					21.21	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				White			
5	15. DECEDENT'S EDUCA (Specify only highest grade of				USUAL OCCUP/ work done during			16b. KIND OF BU	SINESS/IN	DUSTRY				
ij	Elementary/Secondary (0-12)	College (1-4 or 5		ille. Do NOT u	ise retired.)	root or rooming								
<u> </u>	11			HOM	emaker									
COMPL	17. FATHER'S NAME (First, Middle, Lest)					18. MOTHER	'S NAM	E (First, Middle, Maiden	Surname)					
NE NE	William Holmes	}				Ann	ie	MacDona	ld					
ם מ	19a. INFORMANT'S NAME (Type/Print)								10c. LOCATION — City or Town, State					
-	H. Davis Rittenh	ouse		112	Normira	Avenue	, E	Elkton, MD	n, State, Zip Code) 21921 CATION — City or Town, State Pert, Maryland					
	20a. METHOD OF DISPOSITION		20b. PLAC	E OF DISPO	SITION (Name of	cemetery, cremator	ry or	20c. LO	OCATION City or Town, State					
	1 XBuriel 2 Cremation 3 Remo	val from State			Cemete	ry		Calv	ert,	Mar	yland			
1	21. SIGNATURE OF FUNERAL SERVICE LICE	ENSEE	1. 1	/	22 NAME	AND ADDRESS O	FAC	Funerals						
	▶ Robbi	61	Lab	1	Bow.	& Stack	ton	ngtreets						
-	23. PART I. Enter the diseases, or co	V. / i	at assumed the	doub Do							Approximate			
	shock, or heert failure. L				HOL SINGI LITE	node of dying,	, eucii	as ceruiec or resp	notory of	1000,	interval Between			
	iMMEDIATE CAUSE (Final disease or condition		0 0			A					Onset and Death			
	resulting in death)	1erm	had to	2.	ices pince	1 Anest	上							
		DUE IC	Of AS A CONS	SEQUENCE (OF):	P		th mutif	00.	MLO+	us b. cor			
CERTIFICATION	Sequentially list conditions, 6	Cat I	+ KIQ4	de le	ca of	aura	m.	in mide.						
	If any, leading to immediate cause. Enter UNDERLYING	DOL IV	TON AS A CONS	SEGUENCE (<i>э</i> г,									
3	CAUSE (Disease or injury	DUE TO	O OR AS A CONS	SEQUENCE (DFI:									
	resulting in deeth) LAST	that initiated events DUE TO (OR AS A CONSEQUENCE OF):								Ì				
ZAL	PART ii. Other significant conditions	contributing to	death but no	t resulting	in the underly	ing cause give	en in F	Part i. 24s. WAS AN		24	b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO			
3								1 YES			COMPLETION OF CAUSE OF GEATH?			
											1 YES 2 NO			
2								_						
PHYSICIAN: MEDI	25. WAS CASE REFERRED TO MEDICAL					PLACE OF OEAT	TH (Chec	ck only one)						
2	EXAMINER? 1 YES 2 NO	HOSPITAL: 1 Inpatient 2	☐ ER/Outpetient	3 🗆 DOA	OTHER:	ome 5 K Resid	ence 6	3 Other (Specify)						
H	27. MANNER OF DEATH	28a, DATE O	F INJURY	28b. TI	ME OF 28c.	INJURY AT		28d. DESCRIBE HOW	INJURY O	CCURED				
	1 Natural 5 Pending	(Month,	Day, Year)		M 1	WORK? YES 2 N	ю							
BY	2 Accident Investigation 3 Suicide 6 Could not be	28e. PLACE	OF INJURY — At	home, farm	, street, factory, c	ffice	\neg	281. LOCATION (Street		er or Rural	Route Number,			
	4 Homicide determined	building	, etc. (Specify)				- 1	City or Town, State)					
COMPLEIED	29a. CERTIFIER	MAN	4 4 4											
7	(Check only	_						to the cause(a) and ma			(-)			
5	2 MEDICAL EXAMINER	t; On the bests or	examination and/	or investigat	ion, in my opinio	i, death occured	of the t	time, data and place, a	nd dua to	the cause	(a) and menner as stated.			
BE	29b. SIGNATURE AND TITLE OF CERTIFIER					29c, LICENS			29d. DA		D (Month, Day, Year)			
2		Jan H				104	82	- 3		11/1	6/90			
-	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CA					7.1-1	on MD 0	1921					
									1 34 / 1					
	Dr. Jui-Chin Hs				Main St	reet, E.	IKt	On, MD Z	1921					
	Dr. Jui-Chin Hst 31. DATE FILED (Month, Dey, Year) NOV 16 '90	32. REGISTE	223 V MAR'S SIGNATURE Davidson—V	E		reet, E.	IKt	on, MD 2	1921					

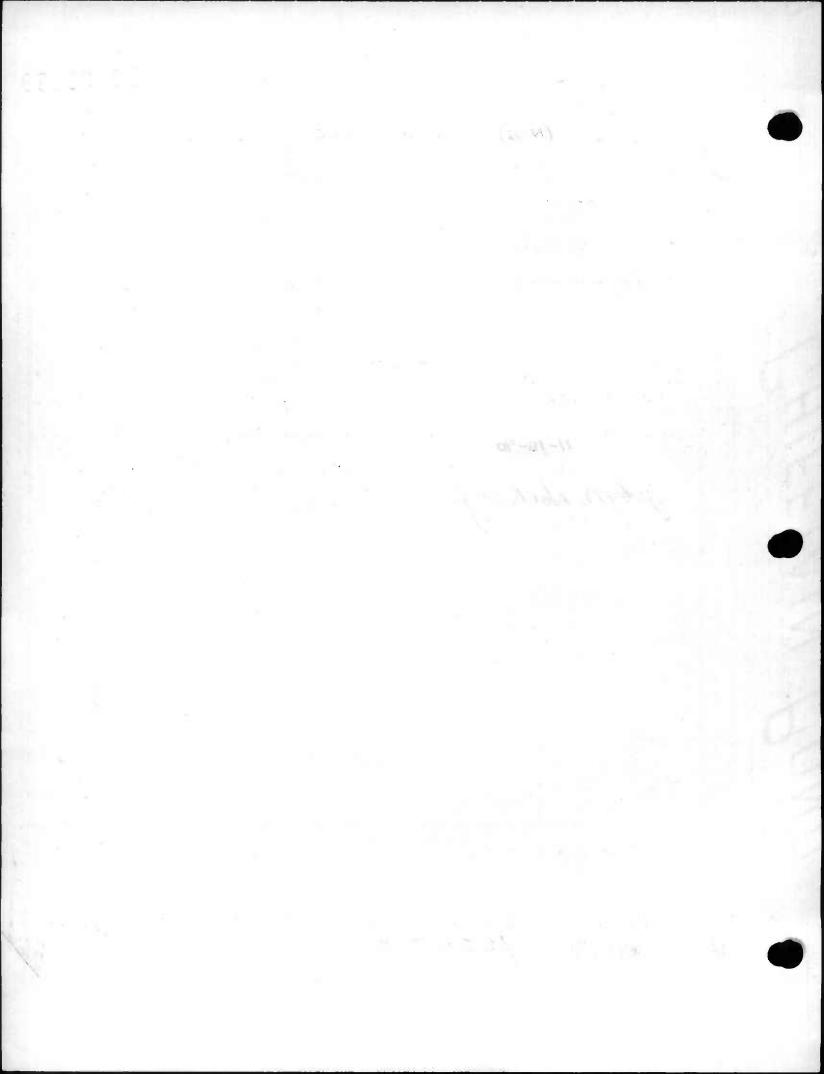


TO BE COMPLETED BY FUNERAL DIRECTOR

THE HOSPITAL DR ATTENDING PHY THE FUNERAL DIRECTOR: After this fled within 72 hours after death wit ORTANT: If Item 28 is marke.
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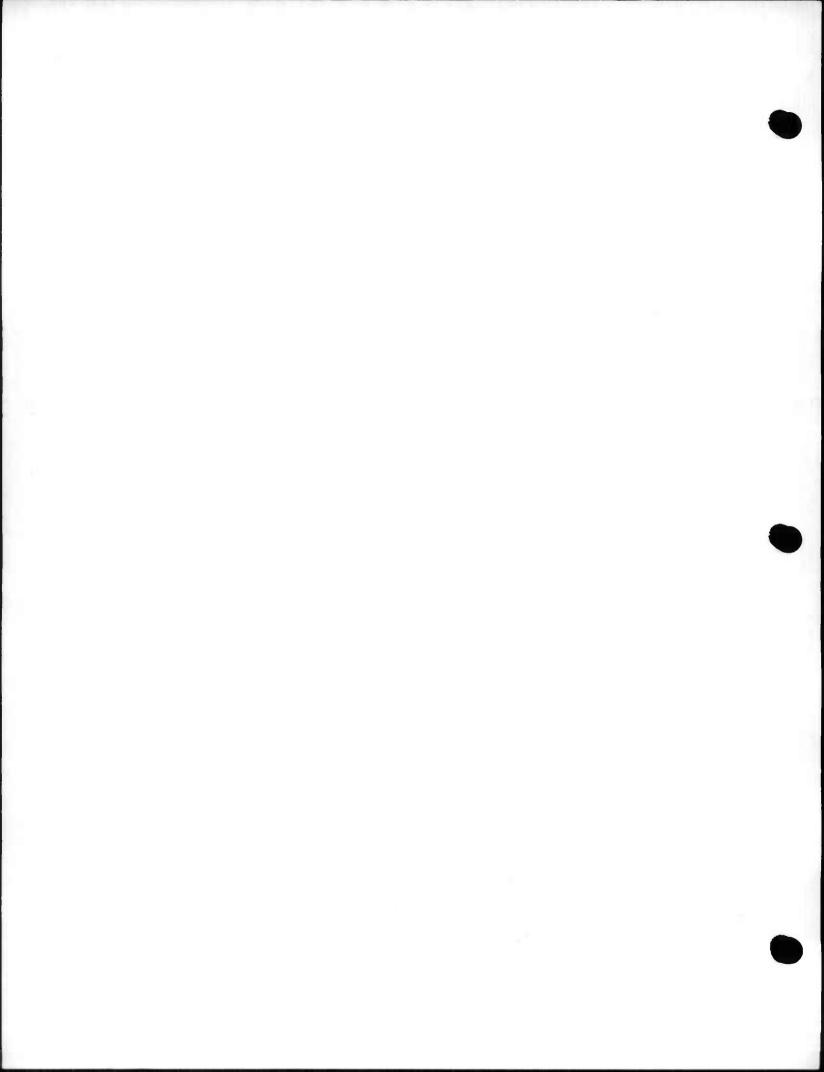
TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

1 - STATE REGISTRAR	STATE UF I			OF DE		MENIA	REG. NO.			0027
1. DECEDENT'S NAME (First, Middle, La	ist)	OLITTI	IOAIL	OI DE		2. DATE	OF DEATH			3. TIME OF DEATH
LILLIAM	(NMI)	PUB	ENI	FELD		MONT	H DAY		YEAR	7:50 a M
4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (in yrs. last birthday)	IF UNDER	1 YEAR IF U	NDER 24 HRS.	7. DATE	OF BIRTH		8. BIRTHP	LACE (State or Foreign
058-10-3118	1 M 2 XF	84 YRS.	MONTHS	DAYS HOU	RS MIN.		1-21-19	205	Country)	YORK
9n. FACILITY NAME (If not institution, gi	ve street and number)		9b. CITY	, TOWN OR LOC	CATION OF D		1-21-15	0.0	TY OF DE	- Carre
2801 BALTIMORE	AVE		00	TEAN CE	TV			7.74	ODCE	משת
RESIDENCE OF DECEDENT			1 00	CEAN CI	11			W	ORCES	SIEK
10a. STATE 10b. COL	INTY	10c, CI1	TY, TOWN C	OR LOCATION						10d. INSIDE CITY LIMITS?
MD. WOR	CESTER	oci	EAN C	CITY						YES 2 NO
10e. STREET AND NUMBER				10f. ZIP (CODE			10g. CITIZ	EN OF W	HAT COUNTRY?
2801 BALTIMORE	AVENUE			21	842			U.S	Δ	
11. MARITAL STATUS		T EVER IN U.S. ARMED		WAS DECENOE!	NT OF HISPA		N? (Specify Yes		14. RACE -	- American Indian, White, etc.
1 Never Married 2 Married	IF YES, GIVE Y	YES 2 XNO		If yes, specify 0			Hican, etc.)		Specify	
3 Widowed 4 XDIvorced				7					WH]	ITE
15. DECEDENT'S I (Specify only highest g		16a. DECEDENT'S	work done o	CCUPATION during most of w	rorking	160	. KIND OF BUS	INESS/IND	USTRY	
Elementary/Secondary (0-12)	College (1-4 or 5	ilfe. Do NOT u	ise rotired.)							
12 GRADES		BOOI	KKEEP					COUN	TING	
17. FATHER'S NAME (First, Middle, Last)				16. N	NOTHER'S N	AME (First,	Middle, Maiden	Surname)		
ISAAC RUBENF	ELD				SADI	E WE	IDER			
19e. INFORMANT'S NAME (Type/Print)		19b. MAILING	AODRESS	S (Street and Nur	mber or Aural	Route Nun	ber, City or Town	n, State, Zip	Code)	
RUTH TAUSTIN		2801	BALT	'IMORE	AVE	OCEA	N CITY.	MD.	2184	4 2
20s. METHOD OF DISPOSITION 1	11-18-90	20b. PLACE OF DISPO						CATION - C		
4 Donetion 5 Other (Specify)	iemover from State	BETH ISR	AEL C	EMETER	Y		SAL	TSBU	RY. N	ARYLAND
21. SIGNATURE OF FUNERAL SERVICE	74		22.	NAME AND AD	DRESS OF F					
> Auton	Hallow	nel.					HOME, F			
							.,SALIS			
23. PAST 1. Enter the diseases, abock, or heart fellu			not enter	the mode of	dying, au	ch aa car	diac or respi	ratory arm	pat,	Approximeta Interval Between
IMMEDIATE CAUSE (Finel		NIII.								Onset and Death
disease or condition resulting in death)	a	(OR AS A CONSEQUENCE C	9	- cas	1	anc	e			Byens
	DUE TO	(OR AS A CONSEQUENCE C	OF):							
Sequentielly list conditions,	b									
If any, leading to immediata	DUE TO	(OR AS A CONSEQUENCE O	OF):							
cause. Enter UNDERLYING CAUSE (Disease or injury	C									
that initieted events resulting in death) LAST	DUE TO	(OR AS A CONSEQUENCE O	DF):							
resulting in death) CAS!	d									
PART II. Other aignificent condi	tiona contributing to	death but not resulting	in the un	deriving cau	se given ir	Part i.	24a, WAS AN	AUTOPSY	24h	WERE AUTOPSY FINDINGS
							PERFOR	MED?		AMAILABLE PRIOR TO COMPLETION OF CAUSE
							1 TYES 2	≥ NO		OF DEATH?
										1 YES 2 NO
25. WAS CASE REFERRED TO MEDICA EXAMINER?	HOSPITAL:		OTHER		OF OEATH (C	heck only o	ine)			
1 TYES 2 KNO		ER/Outpetlent 3 🗆 DOA		aing Home 5	Residence	6 🗆 Oth	er (Specify)			
27. MANNER OF DEATH	28a. DATE OF (Month, E		WE OF	28c. INJURY A	AT	28d. DE	SCRIBE HOW II	NJURY OCC	URED	
1 Natural 5 Pending 2 Accident Investigati	on		M	1 YES	2 NO					
3 Sulcide 8 Could not	building.	OF INJURY — At home, farm, etc. (Specify)	street, fact	tory, office			CATION (Street a	nd Number	or Rural Ro	oute Number,
4 Homicide delermine	d						, (,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
290. CERTIFIER CERTIFYING PI	YSICIAN: To the best of	my knowledge, death occur	red at the I	ime, date and n	place, and du	e to the co	ruse(s) and man	mer as state	ed.	
ana)		xemination and/or investigati								and manner as stated.
29b. SIGNATURE AND TITLE OF CERT										
250. SIGNATURE AND TITLE OF CERT	2/-				LICENSE NU			29d. DATE	E SIGNED	(Month, Day, Year)
72		1 4.0.			030	69	0	-	11/1	6/20
30. NAME AND ADDRESS OF PERSON					2	1.0			4	
	, MACHATIA	1, 19. P.	175	E.	ARRO	KK.	57 3	SALI	360	Ry, m.a.
31, DATE FILED (Month, Day, Year)	32, REGISTRA	AR'S SIGNATURE	21927							11



STATE	OF	MARYL	AND /	DEP/	ARTMEN	T OF	HEALTH	AND	MENTAL	HYGIEN	ΙE
			C	ERTI	FICAT	E O	F DEAT	ГН		REG. NO),

	1 - FOR STATE REGISTRAR	STATE OF MARYL		RTMENT OF H		NTAL HYGIENE REG. NO.									
	1. DECEDENT'S NAME (First, Middle, Lest)	Poh	ert Loui	a Daha		DATE OF DEATH	Y YE	3. TIME OF DEATH							
/	4. SOCIAL SECURITY NUMBER		(In yrs. last birthday)		IF UNDER 24 HRS. 7.	NOV 15, 19	8,	2:30 P M BIRTHPLACE (State or Foreign							
)	102-20-3074		62 YRS.	MONTHS DAYS	I	OEC 6, 19:		Country) New York							
	9a. FACILITY NAME (If not institution, give str				OR LOCATION OF DEATH	1	9c. COUNTY								
FUNERAL DIRECTOR	7716 Timbercrest	Drive		Derw	boo		Mon	itgomery							
IRE	10e. STATE 10b. COUNTY			TY, TOWN OR LOCAT	TION			10d. INSIDE CITY LIMITS?							
-	Maryland Mon	ntgomery		Derwood	. ZIP CODE	:	10a. CITIZEN	1 YES 2 NO							
ERA	7716 Timbercrest	Drive			20855		1.5	ted States							
S	11. MARITAL STATUS	12. WAS DECEDENT EVER II			ENDENT OF HISPANIC ecify Cuban, Maxican, P			. RACE — American Indian, Black, White, atc.							
ВУ	1 Never Married 2 XX Marriad 3 Widowed 4 Divorced	1946-194	ATES		2 NO Specify:	derito findari, etc.,		Specify:							
	15. DECEDENT'S EDUC (Specify only highest grade	ATION	16a. DECEDENT'S	S USUAL OCCUPATION	ON	16b. KIND OF BUS	INESS/INDUS								
COMPLETED	Elamentary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT (
MP	17. FATHER'S NAME (First, Middle, Last)	4	Polic	e Office		Law En		ent							
	Robert Rabe					(First, Middle, Maiden :									
) BE	19a. INFORMANT'S NAME (Type/Print)		19b. MAILIN	G ADDRESS (Street a	and Number or Rural Rout			White stay ment Code) Ry or Town, State , Virginia al Home							
5	Martha Rabe		Same	as #10				City or Town, State D, Virginia ral Home							
	20a METHOD OF DISPOSITION 1 A Burlel 2 Cremation 3 Remo	wal from State	other place)	OSITION (Name of ce				City or Town, Stata							
	4 Donation 5 Other (Specify)		uantico		Cemetery ND ADDRESS OF FACILI			cico, Virginia nneral Home							
	18.2	10 East Deer Park Drive Gaithersburg, Maryland 20877													
	23. PART I. Enter the diseases, or c							t, Approximate							
	dhock, or heart fellure. I IMMEDIATE CAUSE (Final	list only one couse on e	eech line.		\										
ļ	disease or condition resulting in deeth)	- Wet	12/4/10	CV	langioc	2(0110)	MR	6 ms.							
_	DUE TO (OR AS A CONSEQUENCE OF):														
5	Sequentielly liet conditione, If any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF):														
2	CAUSE (Disease or injury	DUE TO (OR AS	A CONSEQUENCE	OE):											
CERTIFICATION	that initiated evente resulting in deeth) LAST	d.		. ,.											
	PART ii, Other algnificant condition	a contributing to death	but not resulting	in the underlyin	g cause given in Pa	rt I. 24a. WAS AN	AUTOPSY	24b. WERE AUTOPSY FINDINGS							
S				scommons II • 11	Michigan Ministra	PERFOR		AMAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?							
PHYSICIAN: MEDICAL								1 TES 2 NO							
ä															
SICI	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 KHO	HOSPITAL:	entire a Dot	OTHER:	LACE OF DEATH (Check										
HX	27. MANNER OF DEATH	28a. DATE OF INJURY	28b. TI	ME OF 28c. IN	JURY AT 2	6d. DESCRIBE HOW II	NJURY OCCUP	RED							
ВУР	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	"		YES 2 NO										
	3 Suicide 6 Could not be 4 Homicide detarmined	28e. PLACE OF INJUR building, atc. (Spe	Y — Al home, farm scify)	, street, factory, offic	26	8f. LOCATION (Street a City or Town, State)	and Number or	Rural Route Number,							
COMPLETED	29a. CERTIFIER XX CERTIFYING PHYSI	CIAN: To the best of my know	wiedge, death occu	rred at the time, dat-	and place, and due to	the cause(a) and mer	ner as stated.								
MO								cause(s) and menner as stated.							
BE	296. SIGNATURE 300 TITLE OF CENTURES	Miller	mo		29c. LICENSE NUMBE	ER	29d. DATES	SIGNED (Month, Day, Year)							
2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF O	EATH (ITEM 27) (Tyr	PINICE	8/1/2	D. (Mar	mD 20832							
	31. DATE EILED (Month; Day, Year)	Julia Davidso	NATURE - 100				1	·							
	NOV 16 '90	grina Davidso	n-Manager	•											



2

	FOR	STATE OF N	MARYLAND / DEPA	RTMENT	OF H	FAITH	AND N	MENTAL H	YGIENI		0	33281			
	1 - STATE REGISTRAR			FICATE					EG. NO.	XC	218	84 720			
1	1. DECEDENT'S NAME (First, Middle, Last)							2. DATE OF D	DEATH	,	YEAR	3. TIME OF DEATH			
	PETER PAUL REGR							NOVEME		4, 1		9:25A M			
		5. SEX	8. AGE (In yrs. les) birthde		1 YEAR DAYS	HOURA	24 HRS. MIN.	7. DATE OF B (Month, De)	(HTTH (, Ybar)		8. BIRTHP Country)	LACE (State or Foreign			
		1 M 2 🗆 F	50 ^{YRS}					6-12-	-40			SYLVANIA			
	9a, FACILITY NAME (If not institution, give stre	et end number)				R LOCATIO		ATH		9c. COU	NTY OF DE	ATH			
DIRECTOR	VA MEDICAL CENT	ER		FOR	T HO	WARD				BALT	'IMOR	Ε			
E	10a. STATE 10b. COUNTY		10c. C	HTY, TOWN C	R LOCAT	ION						IOd. INSIDE CITY			
	VIRGINIA FAIRFA	X	BUF	KE								I ☐ YES 2 √ NO			
AL.	10e. STREET AND NUMBER				101.	ZIP CODE				10g. CITI	ZEN OF WI	IAT COUNTRY?			
FUNERAL	9608 BLINCOE CO	URT			2	22015				U.	S.A.				
5		12. WAS DECEDEN	T EVER IN U.S. ARMED				OF HISPANIC ORIGIN? (Specify Yea or No— 14. RACE — American Indian, Black, White, atc.)								
BY	1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE Y				ZX NO			4 41.00		Specify	?			
	15, DECEDENT'S EDUCA	TION	16a, DECEDENT	r's USUAL O	CCUPATIO	NA.		18h KIN	D OF BUS	INESS/INC	WHTEV	ITE			
	(Specify only highest grade of Elementary/Secondary (0-12)	College (1-4 or 5	(Give kind	of work done	during mo	st of working	g	1000 1111	0. 000		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
7	Elementary Secondary (e-12)	2	GENER	AL ST	VCS	OFF	TCE	RST	ATE	DEPARTMENT					
COMPLETED	17. FATHER'S NAME (First, Middle, Lest)								, Maiden Surname)						
BE C	PETER REGRUT MARY TRENOFF														
10 B	PETER REGRUT 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)														
F	CLINICAL RECORD	S. VAMO						FORT	HOWA	RD.	MD	21052			
	20a, METHOD OF DISPOSITION 1 X Burial 2 Cremetion 3 Remove	rel from State	20b. PLACE OF DISI other place)				,		20c. LO	CATION -	City or Tow	n, Stata			
	4 Donetion 5 Other (Specify)		ST MAR						GREE	ENTR	EE,	PA			
	21. SIGNATURE OF FUNERAL SERVICE LICE	NSEE	111	22.		D ADDRES		JNERA:	т. нс	MES	- TN	C			
	1/remp 1	2 N	ette					A. VI							
	23. PART I. Enter the diseases, or co shock, or heart fallure. Li			D not antar	tha mo	da of dyl	ng, sucl	h aa cardlac	or reapl	ratory an	rest,	Approximata Interval Between			
	IMMEDIATE CAUSE (Final											Onset and Death			
	disesse or condition resulting in desth)									6 YEARS					
	DUE TO (OR AS A CONSEQUENCE OF):														
ERTIFICATION	Sequentially list conditions, L. CONTRACTURE OF FOUR EXTEMITIS, APHASIA OUE TO (OR AS A CONSEQUENCE OF): 6 YEARS										6 YEARS				
Ä	If any, leading to immediate cause. Enter UNDERLYING S/P GASTRO TUBE FEEDING														
F	CAUSE (Disease or injury that initiated events	DUE TO	(OR AS A CONSEQUENCE	OF):											
制	reaulting in death) LAST d.														
O	PART II. Other significant conditions	contributing to	death but not resulting	ng In the u	ndarivin	g causa c	lven in	Part I. 24	. WAS AN	AUTOPSY	24b.	WERE AUTOPSY FINDINGS			
8									PERFOR	37		AVAILABLE PRIOR TO COMPLETION OF CAUSE			
ED					-			_ ''	YES 2	NO P		OF DEATH?			
2								-				t PES 2 NO			
AN	25. WAS CASE REFERRED TO MEDICAL				26. PI	ACE OF D	EATH (Ch	eck only one)							
SIC		HOSPITAL:	☐ ER/Outpetient 3 ☐ DO	OTHE		e 6 🗆 Re	eldence	6 Other (Sp	pecify)						
PHYSICIAN: MEDICAL	27. MANNER OF DEATH	28a. DATE O	F INJURY 26b.	TIME OF	28c, INJ WC	URY AT		28d. DEŞCRI	BE HOW I	NJURY OC	CURED				
ВУ	XXX Xetural 5 Pending 2 Accident Investigation		111-2-5	М		YES 2	NO								
	3 Suicide 6 Could not be 4 Homicide detarmined	28e. PLACE building	OF INJURY — At home, far i, etc. (Specify)	m, street, fec	tory, offic	•		261. LOCATIO	ON (Street o own, State)	and Numbe	r or Rural Re	oute Number,			
E	290. CERTIFIER 1 X CERTIFYING PHYSIC	IAN: To the best of	of my knowledge, death occ	curred at the	time, date	and place	and due	to the causeli	e) and mar	ner se ste	rted.	· · · · · · · · · · · · · · · · · · ·			
COMPLETED	(Check only one) 2 MEDICAL EXAMINER											and manner as stated.			
	296. SIGNATURE AND TITLE OF CERTIFIER	. /				29c. LICI	ENSE NUI	MBER		29d. DAT	TE SIGNED	(Month, Day, Year)			
BE	11/1/.	///	110		29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Yea										

WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

32. REGISTRAR'S SIGNATURE
Julia Davidson Randolle

9600 NORTH POINT ROAD

M.D.

WEN-SHYANG WU,

*90

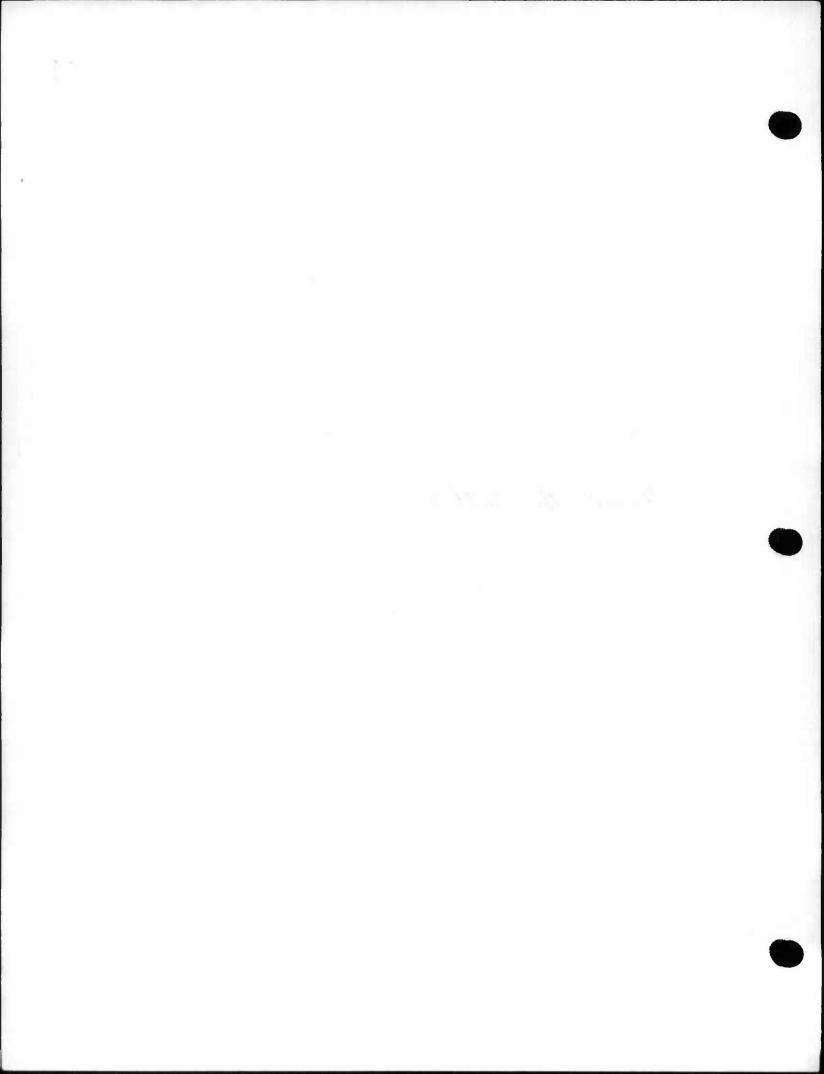
31. DATE FILED (Month, Day, NOV 16

DHMH-16 Rev 1/89

21052

▶ 11-14-90

FORT HOWARD, MARYLAND



DIVISION OF VITAL RECORDS, P.O. BOX 13146, BALLIMON	BALTIMORE, MARYLAND 21203-3146
HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	nay be retained by the hospital or attending physician.
FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Proversity of the state has a state heart and Mental Hyderie prior to burial, cremation, or removal.	; page 5 should be detached for use as the burial-transit permit.

DonTIT

4. SOCIAL SECURITY NUME		WALTER		R	ELTHAI			11 17	9	3. TIME OF DEATH 10:		
578-30-8782		SEX 6.	AGE (in yrs. les	st birthday)I	ONTHS DAYS	IF UNDER 24 HRS	- 0	MATE OF BIRTH Month, Day, Year) INE 3, 19		BIRTHPLACE (State or Foreign Country) MASS		
9e. FACILITY NAME (If not in		end number)	. 12	9	b. CITY, TOW	OR LOCATION OF						
WASHINGT	ON ADVE	NTIST HOS	PITAL	AL TAKOMA PARK MON						GOMERY		
RESIDENCE OF DEC	10b. COUNTY			I son CITY	TOWN OR LO	ATION				10d. INSIDE CITY		
MD.	200	GEORGES			YATTSV					LIMITS?		
10e. STREET AND NUMBER						101. ZIP CODE			10g. CITIZEN	OF WHAT COUNTRY?		
4203 LO	NGFELLO	V ST.			_	20781			U.	S.A.		
11. MARITAL STATUS		WAS DECEDENT EVER FORCES? 1	ER IN U.S. AF	ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No. 14. RACE - Am.								
1 Never Married 2 💢 3 Widowed 4 Divo		IF YES, GIVE WAR								Specify:		
	1									WHITE		
15. DEC (Specify onl	EDENT'S EDUCAT y highest grade cor	npleted)	(G	ECEDENT'S US	rk done during	TION most of working	16b. KIND OF BUS	INESS/INDUS	TRY			
Elementary/Secondary (t	1-12)	College (1-4 or 5+)		BOOKBINDER FED.						p		
17. FATHER'S NAME (First, M	liddle, Lest)		D	BOOKBINDER FED. GOV T.								
THOMAS	ean se	RELIE	TAN			LEN		A EAR WILL	KNOWN			
19e. INFORMANT'S NAME (TARRETTE		b. MAILING A	DDRESS (Stre			Number, City or Town		rde)		
BERENICE	ELIHAN		SA			44						
20a. METHOD OF DISPOSIT	20b. PLACE	LACE OF DISPOSITION (Name of cemetery, cremetory or 20c. LOCATION — City or Town, State										
1 Deurlei 2 Tremetion 3 Removal from State other (Specify) CHAMBERS CREMATORY RIVERDALE, MD.								E. MD.				
21. SIGNATURE OF FUNERA	L SERVICE LICEN	SEE			22. NAME	AND ADDRESS OF	FACILIT					
> am	11/1/6	nella.	M x	100091	T. T. T.	CHAMDE	ממי	CO DIT	ד ד א כוכוים	E, MD.20737		
Sequentially list conditions, it is any, leeding to imme cause. Enter UNDERLY CAUSE (Disease or injusted initiated events resulting in death) LAS	ing arry	DUE TO GO	AS A COMSE	QUENCE OF	PNU	CONCEST LOSCIEN MONIA	75	Part FA	ILURE			
PART II. Other algorific	D MEDICAL	ath but ribt	MT	21	ing cause given		1 T YES 2	MED?	249. WEIRE AUTOPSY FINDINGS MARLABLE PRIOR TO COMPLETION OF CAUSE OF DEATHY 1 YES 2 NO			
1 YES 2 NO		HOSPITAL: Winputient 2 ☐ El	R/Outpatient	3 DOA	OTHER: I 🗌 Nursing I	lome 5 🗆 Residen	ce 6 🗆	Other (Specify)				
27. MANNED OF DEATH		28s. DATE OF IN. (Month, Day,	JURY Year)	28b. TIME INJU	OF 28c.	INJURY AT WORK?	280	d. DEȘCRIBE HOW I	NJURY OCCUI	RED		
1 Netural 5 2 Accident	Pending Investigation					YES 2 NO						
a District	Could not be determined	28e. PLACE OF II building, etc	NJURY — At h . (Specify)	ome, farm, str	reet, factory, c	ffice	280	City or Town, State)	and Number or	Rural Route Number,		
S Could not be determined building, etc. (Specify) 29a. CERTIFIER 1 (Cheste and Council Counc												
-000		- N										

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DHMH-16 Rev 1/89

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DIVISION OF VITAL RECORDS, P.O. BOX 13146,	ecuted	nd cor burial,
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문	that	ed by
8	uires	Sign
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Z	NG PI	fter the
010	LEND	DR: A
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0	TAL 0	AL D
	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and complete be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, crem.
	墨	THE PIECE
	2	23

	1 - FOR STATE REGISTRAR	STATE OF I	MARYLAND /		TMENT				MEN		IENE	(90	33283		
100	1. DECEDENT'S NAME (First, Middle, Lest) Reginald	rchiba	ld							THE OF DEA	-90	_ 9	YEAR	3. JIME OF DEATH		
3	4. SOCIAL SECURITY NUMBER	5. SEX 1XXM 2 ☐ F	8. AGE (In yrs. In:		IF UNDER 1	YEAR DAYS	IF UNDER	24 HRS.		ATE OF BIRT Wonth, Day, Ye	Н			LACE (State or Foreign		
	214-07-7051 9e. FACILITY NAME (If not institution, give str		79	YRS.	9b. CITY,	TOWAL O	D I OCATI	ON OF D		pt 29	9,1		Mar	yland		
æ	Dorchester Gene		cnital				ridg		MIN					hester		
6	RESIDENCE OF DECEDENT		Spicar	_				е					JOIC	nester		
E	10a. STATE 10b. COUNTY			10c. CIT	Y, TOWN OF								- 1	10d. INSIDE CITY LIMITS?		
2	Maryland Doi 100. STREET AND NUMBER	cheste	r		Cam		ldge					10e CITIZ		YES 2 NO		
FUNERAL DIRECTOR	700 Hughlett St	reet						613				log. Offia	US	IN COUNTRY		
P.	11. MARITAL STATUS	12. WAS DECEDEN	T EVER IN U.S. AF	RMED NO						RIGIN? (Speci arto Rican, et		or No—		- American Indian, White, etc.		
BY	3 Wildowed 4 Divorced		MAR OR DATES				2X X40						Specify	White		
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade		(0	ECEDENT'S Sive kind of a. Do NOT u	USUAL OC	CUPATIO	N st of worki	ng		16b. KIND 0	F BUS	INESS/INDI	JSTRY			
7	Elementary/Secondary (0-12)	College (1-4 or 5	+)		Clo	t h	Emr	lov	99							
OM	17. FATHER'S NAME (First, Middle, Last)			.,	010					irst, Middle, M	faiden S	Surname)				
BE C	Samuel Reagan						Es	ta	W	ille	J					
5	19a. INFORMANT'S NAME (Type/Print)									Number, City				4.640		
	Elizabeth Will	rey			Mead SITION (Nan				am.	brid		MICI.		1613		
	1 Donation 5 Other (Specify)	oval from State	other p	lace)	awn					2				, Md.2161		
	21. SIGNATURE WUNERAL SERVICE LIC	ENSEE					D ADDRE	_	CILITY	Thor				l Home		
	I thin I fon	en			70	0 1	ocu	st	st					d. 21613		
	23. PAR Enter the diseases, pr c ahock, pr heert failure. I	omplications the	at caused the d	eath. Do	not enter	the mo	de of dy	ing, suc	h es	cerdiec or	reepi	ratory em	est,	Approximate interval Between		
	IMMEDIATE CAUSE (Finel	Cong	estive H	Heart	Fail	Lure		F-0		0	-			Onset and Death		
	resulting in deeth)	DUE TO	O (OR AS A CONSE		17C	HE	(1-19	+1 C	ure	-			yes yrs		
z	Cocorpnary Artery Disease Discose															
CERTIFICATION	Sequentially list conditions, If any, leeding to immediate															
FIC S	Cause. Enter UNDERLYING CAUSE (Disease or injury	DUE TO	OR AS A CONSE	OUENCE O	IFI:									-		
E	thet initiated events resulting in death) LAST				,											
	PART II. Other aignificant condition	e contribution to	death but ant	reas delega	In the res	dadsta		-luna la	Does	1 04- 14		AUTOPSY	Laub	WERE AUTOPSY FINDINGS		
CAL				-	18	-	7	given in	ratt	P	ERFOR	MED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE		
ED	GASTRO IN TO	inal Ble	eding			/	/			ישי	ES 2	NO		OF DEATH?		
N.																
PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL EXAMINER?			OTHER		ACE OF I	DEATN (C/	heck or	nly one)							
1YS	1 TYES 2 NO 27. MANNER OF DEATH	1 X Inpatient 2 28a. DATE O	ER/Outpetient	3 DOA 28b. TII	4 🗆 Nurs			ealdence	_	Other (Special DESCRIBE	-	N III IBV OCC	HIBED			
BY P	1 Netural 5 Pending 2 Accident investigation	(Month,	Day, Year)	IN -	JURY	WO	PRK? YES 2	NO	200	. DESCRIBE			ONED			
1	3 Suicide 6 Could not be determined	28e. PLACE building	OF INJURY — At h , etc. (Specify)	ome, farm,	street, facto	ory, offic	•		261.	City or Town,		and Number	or Rural Ro	oute Number,		
COMPLETED	29e. CERTIFIER 1 CERTIFYING PNYSIONE) 2 MEDICAL EXAMINE													and manner as stated.		
BE C	206. SIGNATURE AND TITLE OF CERTIFIER	0	100					ENSE NU						(Month, Day, Year)		
TO B	30, NAME AND ADDRESS OF PERSON WH	Dkow	cy MU	-	0.1.0		D-	166	09							

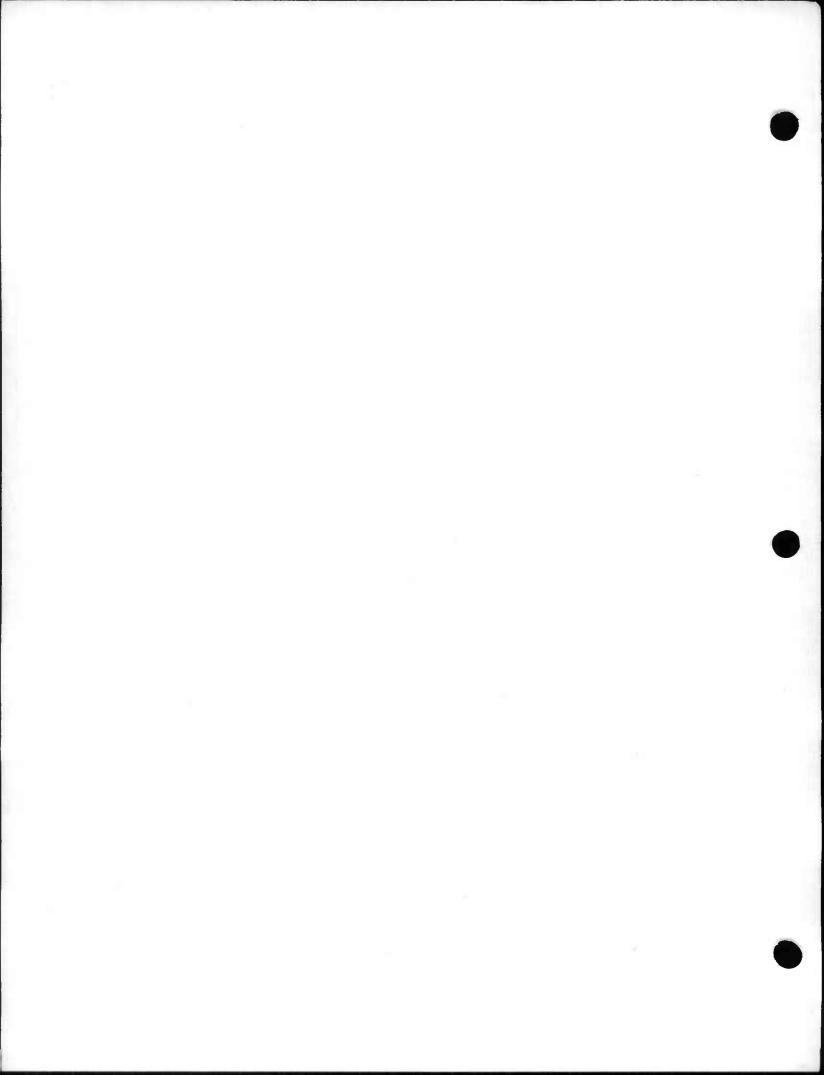
134 RN ST

503 BUICZ

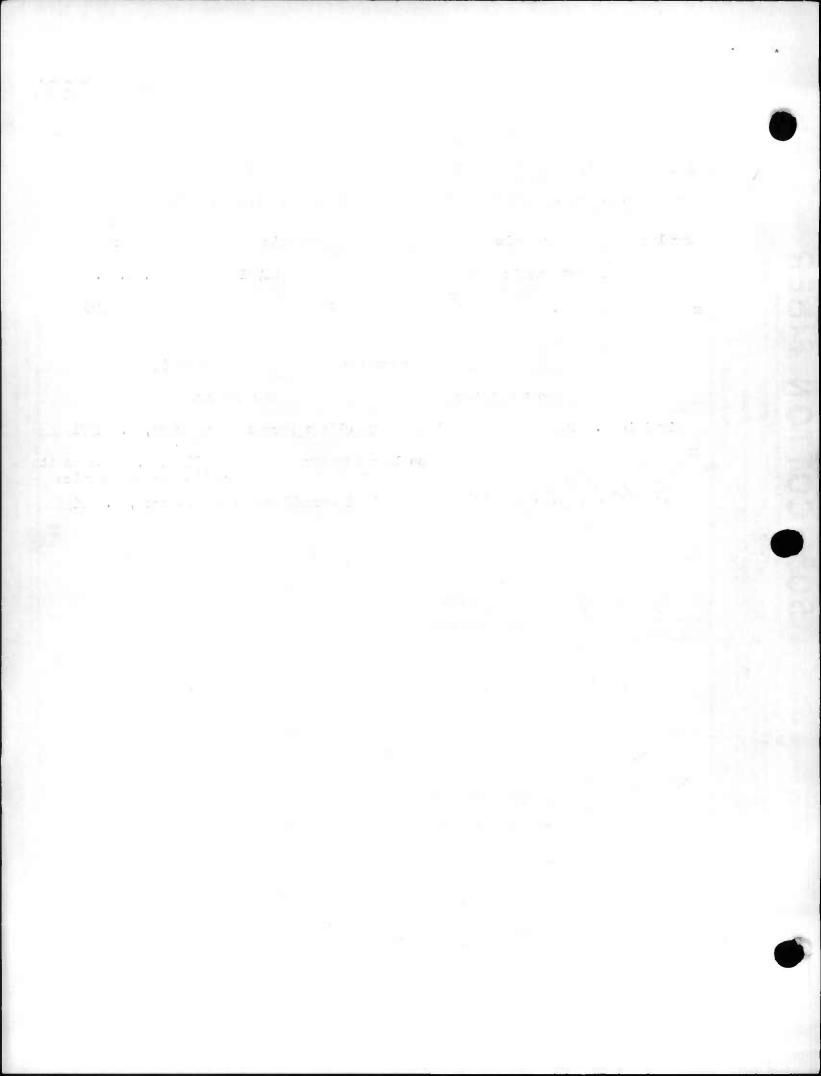
31. DATE FILED (Month, Day, Year) NOV 23

32. REGISTRAR'S SIGNATURE
Sichia Davidson-Randell

DHMH-16 Rev 1/89



	1 - STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTM				YGIENE EG. NO.	90	33281				
	1. DECEDENT'S NAME (First, Middle, Last) ZOOQ Li	ster Steeve		UNDER 1 YEAR		2. DATE OF E	DAY / 3	90 8	ME OF DEATH 55 A M E (State or Foreign				
9	9a_FACILITY NAME (If not institution, give s	1 M 2 F	83 YRS. MOI	ITHS DAYS	IF UNDER 24 HRS. NOURS MIN. OR LOCATION OF DE	(Month, De)	3-07	Country) TY OF DEATH	14000				
ривесто	HOMEWOOD RESIDENCE OF DECEDENT		nter	31 W	Patrick S	t Frede	ericle mod		rederick				
	Maryland Maryland	Frederick	100, 0117, 10		Freder	rick	10g. CITI2		INSIDE CITY LIMITS? YES 2 NO				
ERA	31 Wes	t Patrick Str	eet.			21701		II. S.	Δ.				
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	U.S. ARMED	If yes, sp	ENDENT OF HISPAI ecity Cuben, Mexico 2 NO Specif	NIC ORIGIN? (Sp en, Puerto Ricen		14. RACE — Ar Black, Whit Specify:					
COMPLETED	16. DECEDENT'S EDU (Specify only highest grade Elemantary/Secondary (0-12)	CATION completed) College (1-4 or 5+)	16a. DECEDENT'S USL (Give kind of work life. Do NOT use re	IAL OCCUPATION done during monthred.)	ON at of working	16b. KIN	D OF BUSINESS/IND	USTRY					
APL	Everimentary/secondary (0-12)	2	Hom	emaker			Domesti	C					
S	17. FATHER'S NAME (First, Middle, Last)				CE WEIGHT		e, Malden Surname)						
BE	19s, INFORMANT'S NAME (Type/Print)	Thomas Liste				Edna M		State, Zip Code)					
5	Virginia S. Re	ad					Frederic		24201				
	20a. METHOD OF DISPOSITION	20b.	PLACE OF DISPOSITIO				20c. LOCATION —						
	1 Donation 8 Other (Specify)	oval from State	other place) Woodl	awn Ce	metery		Wellesley, Massachusett						
	21. SIGNATURE OF FUNERAL SERVICE LI	0 00			Carroll	116.	rzullo Fu ad Uppe	neral	Service				
	23. PART I. Entar the diseases, or	complications that caused List only one cause on as							Approximata Interval Between				
	IMMEDIATE CAUSE (Final	_		A	1				Onset and Death				
	disease or condition resulting in death)		where	Acc.	det								
_	QUE TO (OR AS A CONSEQUENCE OF):												
5	If any, leading to immediata												
CA	Cause. Enter UNDERLYING CAUSE (Disease or injury												
CERTIFICATION	hat initiated events DUE TO (OR AS A CONSEQUENCE OF): equiting in death) LAST												
		d						+					
PHYSICIAN: MEDICAL	PART II. Other algnificant condition	na contributing to death bu	it not resulting in t	he underlyin	g ceuse given in		PERFORMED?	AMAII COM OF D	E AUTOPSY FINDINGS LABLE PRIOR TO PLETION OF CAUSE MEATH? YES 2 NO				
N.													
ICI/	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:		THER:	ACE OF DEATH (C			_					
HYS	27. MANNER OF DEATH	1 Inpatient 2 ER/Outpi	28b. TIME O	F 28c. IN.	URY AT		BE HOW INJURY OCC	CURED					
ВУ Р	Natural 5 Pending Accident Investigation	(Month, Day, Year)	INJURY		YES 2 NO								
	3 Suicide 8 Could not be 4 Homicide determined	28a. PLACE OF INJURY building, etc. (Speci	— At home, ferm, streetfy)	al, factory, offic	•	281. LOCATIO City or To	N (Street and Number wn, State)	or Rural Route	Number,				
COMPLETED	one)	ICIAN: To the best of my knowle							manner as atated.				
TO BE C	29b. SIGNATURE AND TITLE OF CERTIFIE	Ja-rr			29c. LICENSE NU	JMBER	29d. DATI	E SIGNED (Mon	rh, Day, Year)				
F	30. NAME AND ADDRESS OF PERSON WI	O COMPLETED CAUSE OF DEA	HTH (ITEM 27) (Type, Pri	nt)									
	31. DATE FILED (Month, Day, Year) NOV 16 '90	32. REGISTRAR'S SIGN	NON- Pandall	,					~				



BALTIMORE, MARYLAND 21203-3146

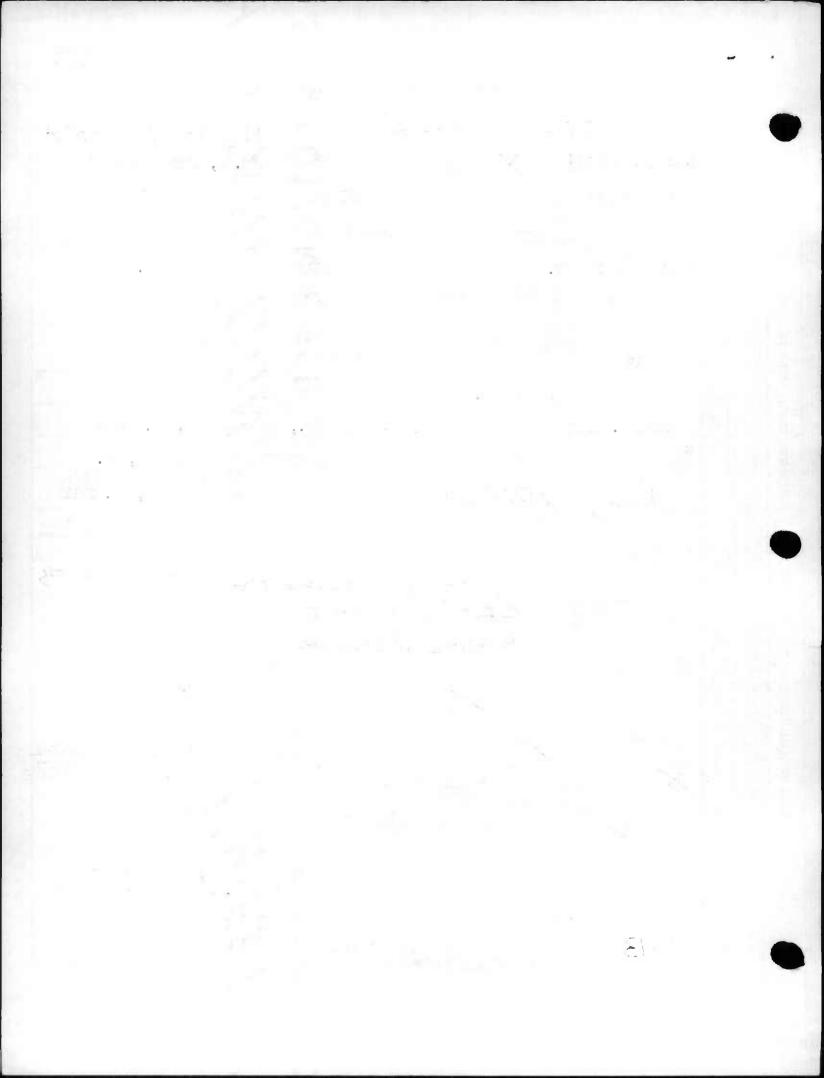
DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO THE HOSPITAL, OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTION: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the buriat-transit permit. Pages 1, 2, 3 should, be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to buriat, cremation, or removal.

IMPORTANT: If Nem 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be netified at once.

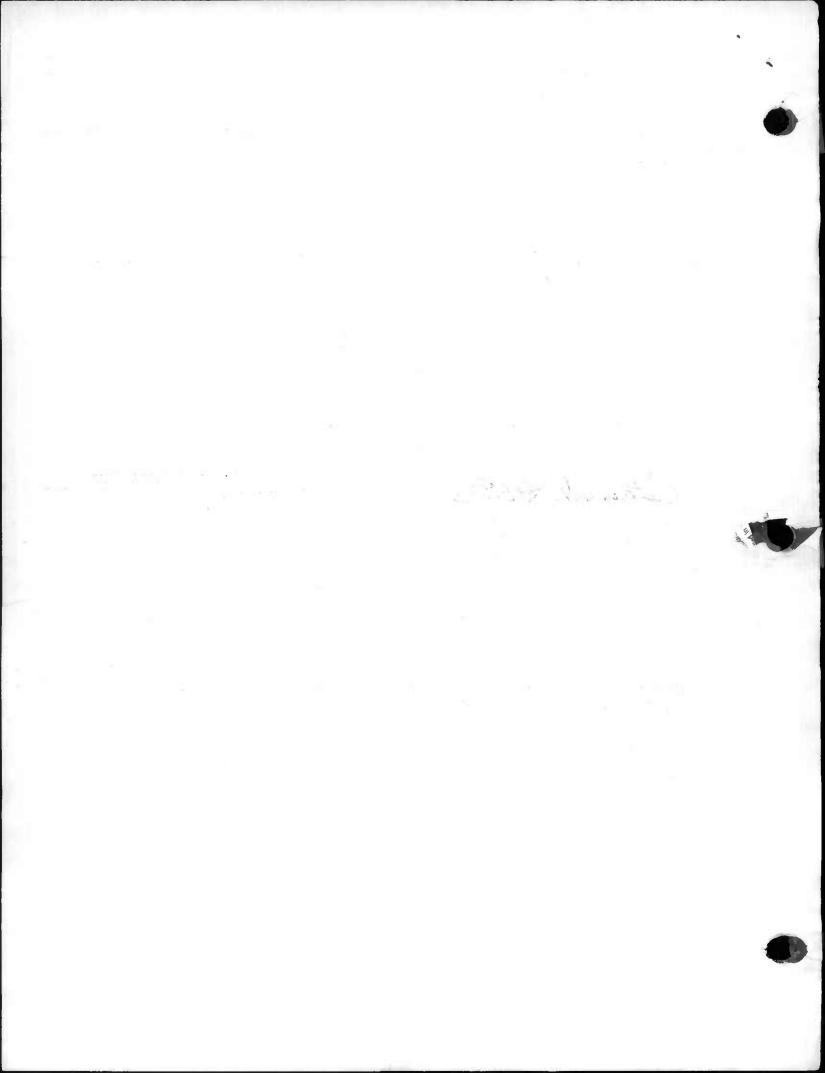
FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPART CERTIFIC			MENTA	REG. NO.				
DECEDENT'S NAME (First, Middle, Last)	IRIS S	TARR		13	2. DATE	OF DEATH	3 9	YEAR	O 35 A	
215_28-0014	5. SEX 1 M 2 F		IF UNDER 1 YEAR IONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.		of BIRTH	32		YIAND	
9a. FACILITY NAME (If not institution, give a	treet and number)		BALTI	MORE	DEATH		9c. COUNT		ATH	
RESIDENCE OF DECEDENT 10a. STATE 10b. COUNT MARYLAND BA	LTIMORE		TOWN OR LOCA	OR LOCATION 10d. INSIDE CITY LIMITS? 1 YES 2						
100. STREET AND NUMBER 803 GREEN VIEW C'	r.		10	1. ZIP CODE 21136	П		10g. CITIZE	N OF WH	IAT COUNTRY?	
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES IF YES, GIVE WAR OR I	2 NO	If yes, s	CENDENT OF HISP secify Cuban, Maxi 3 2 X NO Spe	can, Puarto		or No— 1		American Indian, Whita, atc.	
15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)		18 DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use referred.) BUS DRIVER EDUCATION								
17. FATHER'S NAME (First, Middle, Last)	PRESTON H.	PHILLIPS				Middle, Melden S BETH DA				
19a. INFORMANT'S NAME (Type/Print) DANIEL W. STARR	W. STARR 803 GREENVIEW CT., REISTERSTOWN, MD. 21136							136		
20a. METHOD OF DISPOSITION 1- Burtal 2 Cremation 3 Rem 4 Donation 6 Other (Specify)	oval from Stata	b. PLACE OF DISPOSIT	TION (Name of co	metery, cremetory o	n, State					
	DRUID RIDGE CEMETERY PIKESVILLE, MD. 122. NAME AND ADDRESS OF FACILITY ECKHARDT FUNERAL CHAPEL OWINGS MILES MD. 21137									
immediate cause (final disease or condition resulting in desth) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. Scler DUE TO (OR AS	A CONSEQUENCE OF) A CONSEQUENCE OF) A CONSEQUENCE OF) A CONSEQUENCE OF)	CHO		ITIS	÷			Month	
PART II. Other algnificant condition	ne contributing to desth	but not resulting in	the underlyi	ng cause given	in Part i.	24a. WAS AN PERFORI	AED?		WERE AUTOPSY FINDINGS MARILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1										
cond unity	EICIAN: To the best of my kno ER: On the basis of axaminati				the time, dat		due to the	cause(a)	and manner as stated. Month, Day, Year)	
30. NAME AND ADDRESS OF PERSON WI	1	AT HO	SPITA	LOF Al fr	BH	HLTI	TOR	E		
7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7										



Ther death. Page 6 may be retained by the hospital or attending physician.	this certificate has been signed by the attending physician and completely the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 who with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or moral. It is not them 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.	
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within the death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely the funeral director, page 5 should be detached the filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or moval. IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	

1. DECEDENT'S NAME (FI	st, Middle, Last)	AR'	SHE	LTON					2. DAT	e of death	M1990	YEAR	3. TIME OF DEATH	
A. SOCIAL SECURITY NUI		T T	GE (In yrs. last							MONTHY . 10, DAY 990 YEAR 7. DATE OF BIRTH S. BIRTHP			PLACE (State or Foreign	
200-28-1709 1 NEMALE 64				YRS.	MONTHS	DAYS	HOURS	MIN.	04709/26 GERMANY			ANY		
IN FACILITY NAME (If not institution, give etreet end number) UNION MEMORIAL HOSPITAL UNION MEMORIAL HOSPITAL RESIDENCE OF DECEDENT							ORE ORE					TY OF D	OF DEATH	
MDSTATE 10b. CONTROLL				TAN	EPTOR					10d. INSER CITY LIMITS? 1 YES 2 N			10d. INSEPT CITY LIMITS? 1 YES 2 NO	
30 STEEMMERCE ST.						101	. ZIP CODI	2178	7	7 10g. CITIZEN OF WE			HAT COUNTRY?	
1 (/	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced 12. WAS DECEDENT EVER IN U FORCES? 1 YES IF YES FIVE WAR OR DATE				- 11	f yes, sp		n, Mexica	in, Puerto Rican, etc.)			Black	6. RACE — American Indien, Black, White, etc.	
(Specify o	ecedent's edu	completed)	/G/	CEDENT'S tve kind of Do NOT u	work done done retired.)	CUPATIO	ON st of worldr	g	10	Sb. KIND OF BU	ISINESS/IND	USTRY		
Elementary/Secondary	(0-12)	College (1-4 or 5+)	KIT	CHEN	AIDE	3				COL	LEGE			
17. FATHER'S NAME (First, UNKNOWN								HER'S NA UNKN		, Middle, Maide	Sumame)			
190. INFORMANT'S NAME RAYMOND W.	SHELTO		30	COM	MERCE	ST	•	TA		mber, City or To	vn, State, Zip	Code) MD	21787	
1 🗆 Burial 2 🗆 Crema	20e. METHOD OF DISPOSITION BURIAL 1				CE OF DISPOSITION (Name of cemetery, crematory or DISPOSITION)					28c. LOCATION — City or Town, State LADIESBURG, MD				
21. SIGNATUE OF FUNE														
Sich	im	APill	20	J	13	6 E		timo	ore	Skiles St., T	aneyt	own,		
23. PART I. Enter the shock, or IMMEDIATE CAUSE (f disease or condition resulting in death)	diseases, or heart failure.	complications that cal List only one cause of e. Due to (or	used the de on each line SO PS SS ASIA CONSEC	le	13 not entar	6 E	. Bal	timo	ore	St., I	aneyt	own,		
shock, or IMMEDIATE CAUSE (F disease or condition	diseases, or heart failure.	complications that car List only one cause of DUE TO (OR DUE TO (OR C.	se ps is	DUENCE O	22.1 13: not entar	6 E	. Bal	timo	ore	St., I	aneyt	own,	MD 21787 Approximate Interval Between	
Shock, or IMMEDIATE CAUSE (I disease or condition resulting in death) Sequentially list cond if smy, leading to imm cause. Enter UNDER! CAUSE (Disease or in that initiated events resulting in death) List	diseases, or heart failure. Finel dittions, nediate. YING astr	complications that call List only one cause of DUE TO (OR b. DUE TO (OR c. DUE TO (OR d.	AS A CONSEC	DUENCE O	22.1 13: not entar	6 E	Bal	timo	ore	St., T	aneyto	own,	MD 21787 Approximate Interval Between Onset end Deeti	
shock, or IMMEDIATE CAUSE (if disease or condition resulting in death) Sequentially list cond if smy, leading to imm cause. Enter UNDERI CAUSE (Disease or in that initiated events reaulting in death) LA PART II. Other signifit	diseases, or heart failure. Finel dittons, nedlate YING nighty AST Cent condition Themselves	complications that car List only one cause of DUE TO (OR DUE TO (OR C.	AS A CONSECUTION DUTY TO THE PROPERTY OF THE P	DUENCE O	13inot entar	6 E	Bal	timo	ore	St., T	aneytory srr	own,	MD 21787 Approximate Interval Between	
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shock, or IMMEDIATE CAUSE (If disease or condition resulting in death) Sequentially list condition if sny, leading to immediate. Enter UNDERICAUSE (Disease or in that initiated events resulting in death) LIMPART II. Other significant in the condition of the co	diseases, or heart failure. Finel dittons, nedlate YING nighty AST Cent condition Themselves	Complications that call List only one cause of DUE TO (OR b. DUE TO (OR d. DUE TO (OR d. Call Contributing to deal Contributing to deal Contributing to deal Contribution to deal	AS A CONSECUTION OF THE PROPERTY OF THE PROPER	DUENCE O	22.1 13inot enter	the moderlyIn	g causa Commo 5 R	given in	Part I.	24a. WAS A PERFO	N AUTOPSY HMEO?	OWN,	Approximate Interval Between Onset end Deeti O	
shock, or IMMEDIATE CAUSE (if disease or condition resulting in death) Sequentially list condition if smy, leading to immide cause. Enter UNDERI CAUSE (Disease or in that initiated events resulting in death) LATERIAL CAUSE (Disease or in that initiated events resulting in death) LATERIAL CAUSE (Disease or in that initiated events resulting in death) LATERIAL CAUSE (DISEASE) 25. WAS CASE REFERRED EXAMINER? 1 Noture 1 Nat	diseases, or heart failure. Finel ditions, nediate yilling astructure. Cent condition TO MEDICAL	complications that call the call	AS A CONSECTION OF THE PROPERTY OF THE PROPERT	DUENCE O	22.1 130 not enter PF): In the un 20.1 OTHEF 4 Nun M	the moderiyin	g causa Commo 5 R	given in	Part I.	24a. WAS A PERFC (1 (A) YES (W. W. become)	N AUTOPSY RMED? 2 NO INJURY OCC	OWN,	Approximate Interval Between Onset end Deeti O	
shock, or IMMEDIATE CAUSE (if disease or condition resulting in death) Sequentially list condition if sny, leading to immicause. Enter UNDERI CAUSE (Disease or in that initiated events resulting in death) Lipart II. Other significant in the condition of the co	diseases, or heart failure. Finel ditions, mediate ying as T cent condition TO MEDICAL Pending Investigation Could not be determined	Complications that cat List only one cause of DUE TO (OR DUE TO (O	AS A CONSECTION AS A CONSECTIO	DUENCE O DUENCE O Teaulting DOA 28b. Tiff IN	22.1 130 not enter DF): DF): In the un CA OTHER 4 Num ME OF JURY M street, fect	the moderlyin 26. Pi 26. Pi 27. Saling Hon 28c. INN W 1 Tory, office	g causa County LACE OF Cone 5 - R JURY AT JURY AT YES 2 [given in	Part I.	24a. WAS A PERFO (1 A YES W. W be one) ther (Specify) bescribe How or Town, State of the	N AUTOPSY RIMED? 2 NO INJURY OCC	24th	Approximate Interval Between Onset end Deeti O	
shock, or IMMEDIATE CAUSE (if disease or condition resulting in death) Sequentially list condition if sny, leading to immicause. Enter UNDERI CAUSE (Disease or in that initiated events resulting in death) Lipart II. Other significant in the condition of the co	diseases, or heart failure. Finel dittons, mediate eximal exima	Complications that cat List only ona cause of DUE TO (OR DUE TO (OR DUE TO (OR d. DUE TO (OR d. DUE TO (OR d. DUE TO (OR	AS A CONSECTION AS A CONSECTIO	DUENCE O DUENCE O Teaulting DOA 28b. Tiff IN	22.1 130 not enter DF): DF): In the un CA OTHER 4 Num ME OF JURY M street, fect	the moderlyin 26. Pi 26. Pi 27. Saling Hon 28c. INN W 1 Tory, office	g causa Commo 5 R JURY AT DRICT TORICT en in	Part I. Part I. 2ed. C	24a. WAS A PERFO (1 A YES W. W be one) ther (Specify) bescribe How or Town, State of the	N AUTOPSY INJURY OCC	24k CUREO or Rural	Approximate Interval Between Onset end Deeti O		

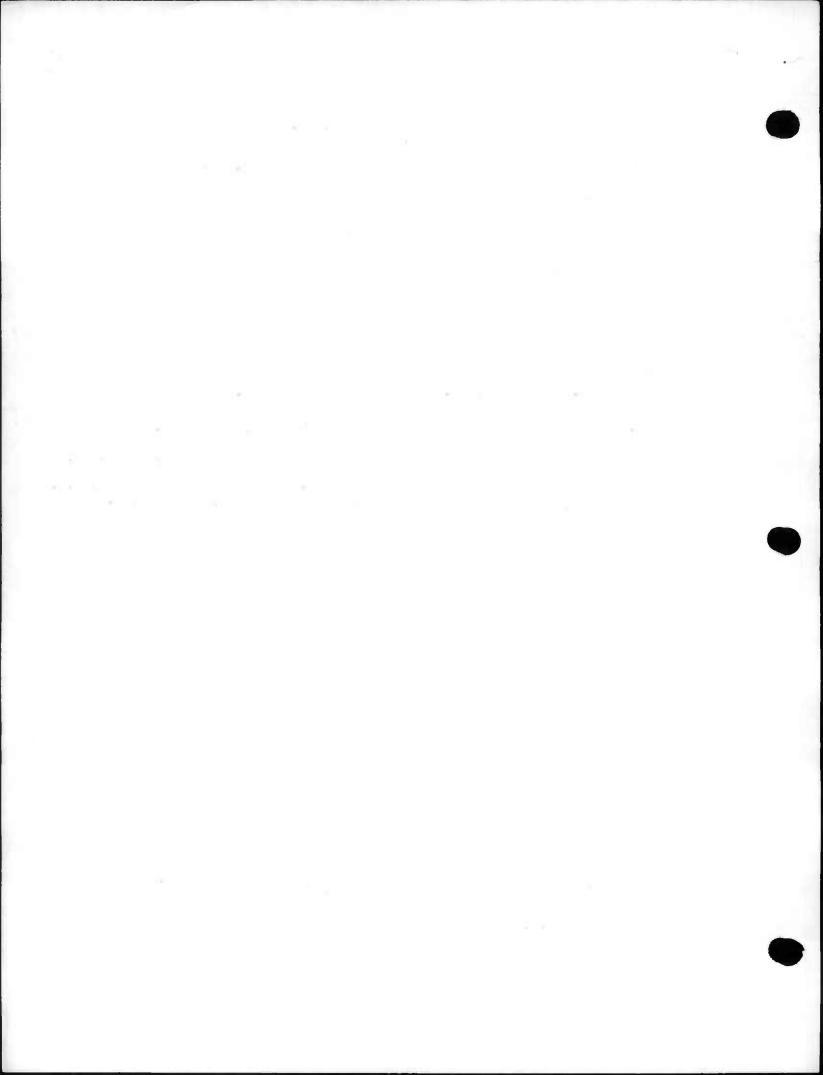
31. DATE FILED (Month, Day, Year) 15



TO BE COMPLETED BY FUNERAL DIRECTO

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crem	vent,
burial,	hows any Injury, or other traumatic event,
01 10	age .
pd a	2
tygiene	othe
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Ment	n lun
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ealth	50
Of H	ğ
Dept.	23
be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, thi
the	0
with	28 Is marked, or
death	E
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hour	Te T
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within	TANT
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FOR 1 • STATE REGISTR	AR	STATE OF MA					EALTH AND I	MENT	AL HYGIEN			
			Wal- DBEL. AGE (in yrs. ins	SR.	Str IF UNDER		IF UNDER 24 HRS.	NO N	OVEMBE OVEMBE TE OF BIRTH Orith, Day, Year) V. 19,1	r 17	8. BIRTH Country	3. TIME OF DEATH 7.30 A M PLACE (State or Foreign) Yland
Frankl	ME (If not institution, give sin Square H					, TOWN O	R LOCATION OF DI			9c. COL	Itim	EATH
10a. STATE Maryla	nd 106. COUNTY	larford		10c. CI1	JOE	pa						10d. INSIDE CITY LIMITS? 1 NO PES 2 NO
< 11	onnawood Dr	rive				101	21085			10g. CI	USA	THAT COUNTRY?
3 Widowed	NTUS ried 2 Married 4 Divorced	12. WAS DECEDENT E FORCES? 1 _ IF YES, GIVE WAR	YES 2 0			If yes, sp	ENDENT OF HISPAI edity Cuban, Maxica 2 NO Specif	nn, Puer		s or No- 14. RACE — American Indian, Black, White, atc. Specify: White		
Elementary/S	15. DECEDENT'S EDU (Specify only highest grade secondary (0-12)		(G	ECEDENT'S Give kind of a. Do NOT u	work done se retired.)		N st of working		186. KIND OF BU	SINESS/IN	DUSTRY	
17. FATHER'S NA	AME (First, Middle, Last) tian H.	Strobel	. Tr.				16. MOTHER'S NA		st, Middle, Maiden			
19a. INFORMAN	T'S NAME (Type/Print) J. Strobel	DOLOGO	19				nd Number or Rural Sworth Ro	Route N	lumber, City or Tow	m, State, Z	lip Code)	85
	F DISPOSITION Cremation 3 Rem 5 Other (Specify)	oval from Stata	20h PLACE	OF DISPO	SITION /N	ama of cor	netery, cremetory or ed Metho		20c LC	CATION	City of To	wn Stete
	OF FUNERAL SERVICE LIC	CENSEE Mary	nes	975	22. H	NAME AI	d K. Mc	COM	as III	Fune	ral H	ome, P.A.
IMMEDIATE (disease or co reaulting in c	ondition	a. DUE TO (6	n each line	EOUENCE	CUL DF):		nucl					Approximate Interval Between Oneat and Deati
If any, leadin	g to immediate UNDERLYING ase or injury events	с	PR AS A CONSE									
	er significant condition	ns contributing to d	eeth but not	reaulting	in the u	nderlyin	g cause given in	Part I	24a. WAS AF PERFO 1 X YES	RMED?	y 24b	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE I		HOSPITAL:			OTHE	R:	ACE OF DEATH (C					
	DEATH 5 Pending	1 inpatient 2 1 28a. DATE OF IN (Month, Day,	NJURY	28b. TI		28c. IN.	URY AT PRICY YES 2 NO		Other (Specify) DESCRIBE HOW	INJURY O	CCURED	
2 Accide 3 Suicide 4 Nomici	8 Could not be	28e. PLACE OF building, et		ome, farm	streat, fac	ctory, offic	•		LOCATION (Street City or Town, State		er or Rural i	Route Number,
4 Nomici 29a. CERTIFIER (Check only one)	1 CERTIFYING PHYS	HCIAN: To the best of m										a) and manner as stated.
296. \$10 14701	AND TITLE OF CENTIFIE	sur	OF DEATH //TI	EM 271 (7am	e Printi		29c. LICENSE NU	JMBER		29d. D/	ATE SIGNED	(Month, Day, Year)
Dor	tia Jones	M D 900	O Fran	klin		re I	Drive	213	237			
1100	1 7 30	Julia Davi	dson-Par	dose.								



TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

TO BE COMPLETED BY FUNERAL DIRECTO

STATE C)F I	MARYLAND	/ DEPAI	RTMENT	0F	HEALTH	AND	MENTAL	HYGIENI
		C	ERTIF	ICATE	0	F DEAT	ГН		REG. NO.

FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM			MENTAL HYGIEN				
1. OECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH			ME OF DEATH	
DAVID L	SWEARS					14.199	O 5.	20pm M	
4. SOCIAL SECURITY NUMBER	1		INDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	8.	BIRTHPLAC	E (State or Foreign	
214-52-8890	1 ∰M 2 □ F	41 YRS. MON	THS DAYS	HOURS MIN.	(Month, Day, Year) L2-08-48		Country) IRGII	NT A	
9a. FACILITY NAME (If not institution, give	street and number)	4 4	CITY, TOWN O	R LOCATION OF DE		9c. COUNTY		ATU	
DOCTORS COMMUN	ITY HOSPITAL	OF P.G. CO	. LA	NHAM-SEA	BROOK	PRINC	E GEO	RGE'S CO.	
10a. STATE 10b. COUNT			WN OR LOCAT	ION			10d.	INSIDE CITY LIMITS?	
MD	Prince Geo	orgd Uppe	R MAR	LBORO			1 🗆	YES 2 NO	
104. STREET AND NUMBER				ZIP COOE		10g. CITIZEI	N OF WHAT	COUNTRY?	
4905 COL. CON	TE PLACE		2	0772		113	SA		
11. MARITAL STATUS	12. WAS DECEDENT EVER I		13. WAS DEC	ENDENT OF HISPAN	IC ORIGIN? (Specify Ye			merican Indian, Ita, atc.	
1 Never Married 2 Married	FORCES? 1/ES			city Cuban, Maxica 20 NO Specify	n, Puerto Rican, atc.)		Specify:	ita, atc.	
3 Widowed 4 Divorced	17000							WHITE	
15. OECEDENT'S EOU (Specify only highest grade Elementary/Secondary (0-12)		16a, OECEOENT'S USU. (Give kind of work of life. Do NOT use reti	done during mos	N at of working	16b. KIND OF BU	JSINESS/INOUS	TRY		
12	2.	COMPUTER	Oper	ator	COMPU	TER			
17. FATHER'S NAME (First, Middle, Last)		, 30 01.11	JPOL		ME (First, Middle, Maide				
CLAYTON SWEAR	S				KINNER	· ·			
19a. INFORMANT'S NAME (Type/Print)		19b, MAILING ADD	RESS (Street =		Route Number, City or To	wn, State. Zio Co	ode)		
CATHERINE SWE	ARS				LACE, UP			ORO. MD	
20a. METHOD OF DISPOSITION		b. PLACE OF OISPOSITIO				OCATION — CIT			
1 ☐ Burial 25 ☐ Cremation 3 ☐ Ran 4 ☐ Donation 8 ☐ Other (Specify)	noval from State	other place)	RO CR	EMATOR	Y BA	LTIMO			
21. SIGNATURE OF FUNERAL SERVICE L	ICENSEE			ID ADDRESS OF FA	NERAL HO	ME. P	Δ		
· Thomas D	Hardonte				IS RD, G	*		ďΡ	
IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	· Esophag	A CONSEQUENCE OF): A CONSEQUENCE OF):	gast	leed in	avices				
CAUSE (Disease or Injury that initiated events resulting in death) LAST	d	A CONSEQUENCE OF):							
PART II. Other eignificant condition	ons contributing to death		a underlying	g cause given in		IN AUTOPSY DRMED? 2 NO	AWA COP OF	RE AUTOPSY FINDINGS ILABLE PRIOR TO APLETION DF CAUSE DEATH? YES 2 NO	
25. WAS CASE REFERRED TO MEDICAL	1		28 DI	ACE OF DEATH (Ch	eck only one)				
EXAMINER?	HOSPITAL:		THER:						
1 YES 2 NO 27. MANNER OF DEATH	1 Inpatient 2 ER/Out	28b. TIME O			8 Other (Specify) 28d. OESCRIBE HOW	/ IN Itimy Acces	DED		
1 Natural 8 Pending	(Month, Day, Year)	28B. TIME OF	WC	PRK? YES 2 NO	200. JEGUNIBE NOW		···EU		
3 Suicide 8 Could not be datarmined	28a. PLACE OF INJUR building, atc. (Spo	JURY — At home, farm, street, factory, office (Specify) 28f. LOCATION (Street City or Town, State)					and Number or Rural Route Number,		
TOTALK OTHY	SICIAN: To the best of my know							f menner as stated.	
	and their areas of the section								
29b. SIGNATURE AND TITLE OF CERTIFI				29c LICENSE NU	MBER	29d, DATE	GNED (Mo	nen, Day, Year)	
	CRUZ, MI	2.		N 2016	33	- II	161	40	
30. NAME AND ADDRESS OF PERSON W		EATH (ITEM 27) (Type, Pri	1	/ ^	Suite	CC	(Not	N	
WILHELMAA CA	1998 ACT 1998 AS 2018	00 Old	Brand	h /tv	e Droz	in	- d	20731	

e manage and a feet of

FOR STATE REGISTRAR

	1. DECEDENT'S NAME (First, Middle, Last) WALTER	- H. SHI	ERBERTSO	2. DATE OF DEATH MONTH DA	YEAR	3, TIME OF DEATH						
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs.	last birthday) JF UNDER 1 Y	EAR IF UNDER 24 HRS.	7. DATE OF BIRTH	8. BIRT	HPLACE (State or Foreign						
)	212057470 1×1120 1 84	YRS. MONTHS	HOURS MIN.	(Month Day, Year)	S Man	cyland						
	Be. FACILITY NAME (If not institution, give street end number)		OWN OR LOCATION OF DEA	тн	9c. COUNTY OF	DEATH						
CTO	Anne Arundel Medical Cent	er A	nnapolis		MH	•						
-MB	10e. STATE 10b. COUNTY	10c. CITY, TOWN OR	OCATION			10d. INSIDE CITY LIMITS?						
ā	Maryland Anne Arundel	Anna	apolis		The same of the	1 YES 2 X NO						
PAI	1144 Bay Ridge Road		10f. ZIP CODE 21403		U.S.	WHAT COUNTRY?						
FUNERAL DIE	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S.		S DECENDENT OF HISPANI	C ORIGIN? (Specify Yea		CE — American Indian, ck, White, etc.						
ВУ F	1 Never Merried 2 Merried FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES		es, specify Cuben, Mexican, YES 2 X NO Specify:	, Puerto Rican, etc.)	Spe	icity:						
	_ 30 W 00 WW	DECEDENT'S USUAL OCC	IDATION	18b. KIND OF BUS		ite						
ETE	(Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+)	(Give kind of work done duri life. Do NOT use retired.)	ing most of working		imore G	2.6						
APL	8	Inspector	r		Lectric							
COMPLETED	17. FATHER'S NAME (First, Middle, Lest)			E (First, Middle, Maiden								
BE	William Sherbert			Suitt								
2	19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)											
	Elizabeth R. Sherbert 1144 Bav Ridge Road, Annapolis, MD											
	20g, METHOD OF DISPOSITION 1											
	2. SIGNATURE OF FUNERAL SERVICE LICENSEE	22. NA	ME AND ADDRESS OF FAC		-	21401						
	Donolar X. Fy Tu		ylor Fune 17 Glouces									
7.0	23. PART I. Enter the diseases, or complications that caused the shock, or heart failure. Let only one cause on each i	deeth. Do not enter th	e mode of dying, such	ae cerdiec or respi	ratory errest,	Approximate interval Between						
	IMMEDIATE CAUSE (Finel					Onset and Death						
	disease or condition resulting in deeth) a. IS rath AnoxiA Due to (OR AS A CONSEQUENCE OF):											
_	- Cardio R	Resource or;	Arres	-								
01	Sequentially list conditions, if env. leading to immediate Due to (or as a consequence of):											
CA	ceuse. Enter UNDERLYING CAUSE (Disease or Injury that initiated quarter DUE TO (OR AS A CON	yocardial	cofance	in		42"						
CERTIFICATION	that initiated events resulting in deeth) LAST	A .	Dance -	Austic &	Largin	, 4 cm						
			20200									
MEDICAL	PART II. Other significent conditions contributing to deeth but no Charic Renzel Fail	ot resulting in the unde	erlying couse given in F	PERFOR	REDA	4b. WERE AUTOPSY FINOINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE						
Ö	Carried to Heart Ma	Ch. She	DM FACE	Z. 1 □ YES 2	NO NO	OF DEATH?						
	Coragues react 1300	00 10	111111111111111111111111111111111111111			1 YES 2 NO						
MAI	25. WAS CASE REFERRED TO MEDICAL EXAMINER?		26. PLACE OF DEATH (Che	ck only one)								
PHYSICIAN	EXAMINER? 1 YES 2 NO HOSPITAL: 1 Inpatient 2 ER/Outpatient	OTHER:	g Home 5 🗆 Residence (B ☐ Other (Specify)								
PH	27. MANNER OF DEATH 28s. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	WORK?	28d. DEŞCRIBE HOW I	NJURY OCCURED							
BY	Accident Investigation 200 PLACE OF INJURY A	I home form etreel fector	1 YES 2 NO	281. LOCATION (Street	and Number or Burs	il Route Number						
9	3 Suicide e Could not be delermined celermined		Troute Parrison,									
COMPLET	29e. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the best of my knowledge	, death occurred at the tim	e, date end place, end due	to the cause(e) end ma	nner as stated.							
OM	one) 2 MEDICAL EXAMINER: On the beals of examinetion end	l/or investigation, in my opi	nion, death occured at the I	lime, date and place, er	nd due to lhe caus	e(a) and manner as stated.						
BE C	29b. SIGNATURE AND TITLE OF CERTIFIER		29c. LICENSE NUM	BER C	29d. DATE SIGN	ED (Month, Day, Year)						
TO B	agrice (1)		U317	フナ	- ///	17/50						
	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (AND CONDON MD (6)	(ITEM 27) (Type, Print) SMUPP	y Aus Ar	mzpolis	and .	21401						
	31, DATE FILED (Month, Dev. Your) Julia Lavidson-Rondelle	RE										

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

33289

90

1. DECEDENT'S NAME (First, Middle, Lest)

9a. FACILITY NAME (If not institution, give street and number)

5. SEX

5 5 5 Wallace Manor Lane (wooded path)

ANNE ARUNDEL

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

22. REGISTRAN'S SIGNATUSE

Frank J. Peretti, M.D.

31. DATE FILED (Month, Day, Year) NOV 23 1990

10b. COUNTY

105 WALLACE MANOR RD.

1 M 2 F

Edward

4. SOCIAL SECURITY NUMBER

1 - FOR STATE REGISTRAR

10a, STATE

MD

10e. STREET AND NUMBER

Pages 1, 2, 3 should

DIRECTOR

7

BY FUN	11, MARITAL STATUS 1 Never Merried 2 Merried 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 TYEE IF YES, GIVE WAR OR KOREA	8 2 NO	If yes, s	CENDENT OF HISPAI pecity Cuban, Mexica B 2 NO Specifi	in, Puerto	IN? (Specify Yea or No Rican, atc.)		RACE — Am Black, White Specifit I	pericen Indian, n, etc. lite
LETED	15. DECEDENT'S EDI (Specify only highest grad Elementary/Secondary (0-12)	JCATION	Ille. Do NOT us	work done during m se retired.)	osl of working	16	b. KIND OF BUSINES		RY	
COMPL	12		MAKINA	WATER	_		WATERMA			
8	17. FATHER'S NAME (First, Middle, Last)						, Middle, Maiden Surn	ame)		
W		SHAI			FRANCE		PRIEL			
<u>و</u>	19a. INFORMANT'S NAME (Type/Print)						mber, City or Town, Sti			
	DUDLEY W. PURD	EY JR	101 W	ALLACE	MANOR	RD.	EDGEWA	TER	, MD	21037
	20s. METHOD OF DISPOSITION 1	novel from State	Ob. PLACE OF DISPOS			Y	ALE	ON — City		nta
	29 SIGNATURE OF FUNERAL SERVICE L		for	1	r Funer		Chapel	-		liş Md.
	#3. PART I. Enter the diseases, or shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. Arteric		c Cardio				ry arreat		Approximate interval Betweek Onset and Deat
ERTIFICATION	that initiated events resulting in death) LAST									
EDICAL C	PART II. Other significant condition	ns contributing to death	but not resulting	in the underlying	ng cause given in	Part I.	24a. WAS AN AUT PERFORMED	25	AMAIL	AUTOPSY FINDINGS ABLE PRIOR TO LETION OF CAUSE EATH?
Σ							HEAD ON	LY	1☆	YES 2 NO
₹	25. WAS CASE REFERRED TO MEDICAL			26. F	PLACE OF DEATH (C)	heck only	one)			
200	EXAMINER? 1 YES 2 NO	HOSPITAL:	utpetient 3 🗆 DOA	OTHER:	me 5 🗆 Residence	6.E) Ot	her (Specify) SCO	ne (9	See 97	A above
BY PHYSICIAN:	27. MANNER OF DEATH 12 Netural 5 Pending 2 Accident Investigation	28a. DATE OF INJUR (Month, Day, Year	Y 28b. TIN	IE OF 28c. IN	JURY AT PORK? YES 2 NO	28d. DESCRIBE HOW INJURY OCCURED				
9	3 Suicide a Could not be determined	28e. PLACE OF INJU building, etc. (S	RY — At home, farm, pecify)	street, factory, off	ica		OCATION (Street and in ity or Town, State)	Number or I	Rural Route N	lumber,
COMPLET	conton only	SICIAN: To the best of my kn							euse(a) end	menner as stated.
7	296. SIGNATURE AND THE OF CERTIFI	En ///			29c. LICENSE NU	MBER	29	d. DATE SI	GNED (Monti	h, Day, Year)
00	TAN AME AND ADDRESS OF PERSON W	NO COMBI EXED CALIBE OF	-		OCM	E		11	1/22/9	90

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE **CERTIFICATE OF DEATH**

IF UNDER 1 YEAR

10c, CITY, TOWN OR LOCATION

EDGEWKER

Jr.

DAYS

EDGEWATER

111 Penn St.

IF UNDER 24 HRS.

9b. CITY, TOWN OR LOCATION OF DEATH

101, ZIP CODE

21037

Shane

6. AGE (In yrs. last birthday)

Baltimore, Md. 21201

90 33290

8. BIRTHPLACE (State or Foreign Country)

10d. INSIDE CITY LIMITS?

1 YES 2 NO

90

9c. COUNTY OF DEATH

MD

Anne Arundel

10g. CITIZEN OF WHAT COUNTRY?

USA

3. TIME OF DEATN

8:25

PM

REG. NO.

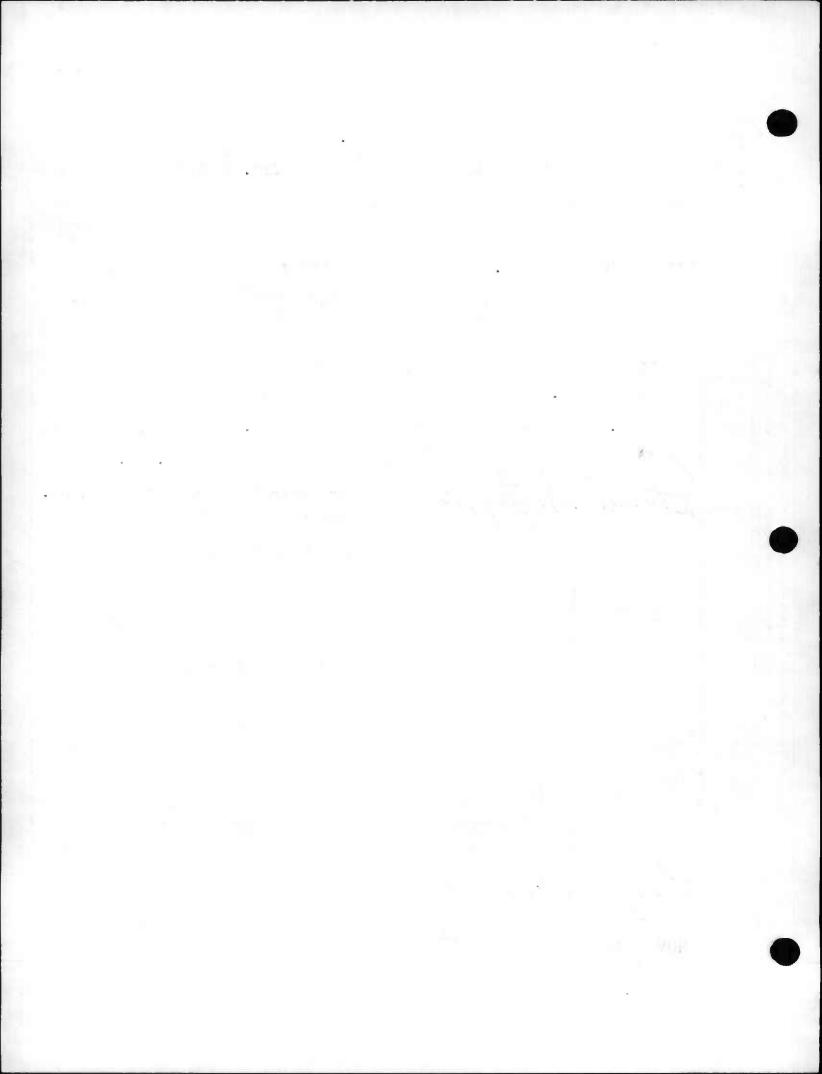
20

2. DATE OF DEATH MONTH

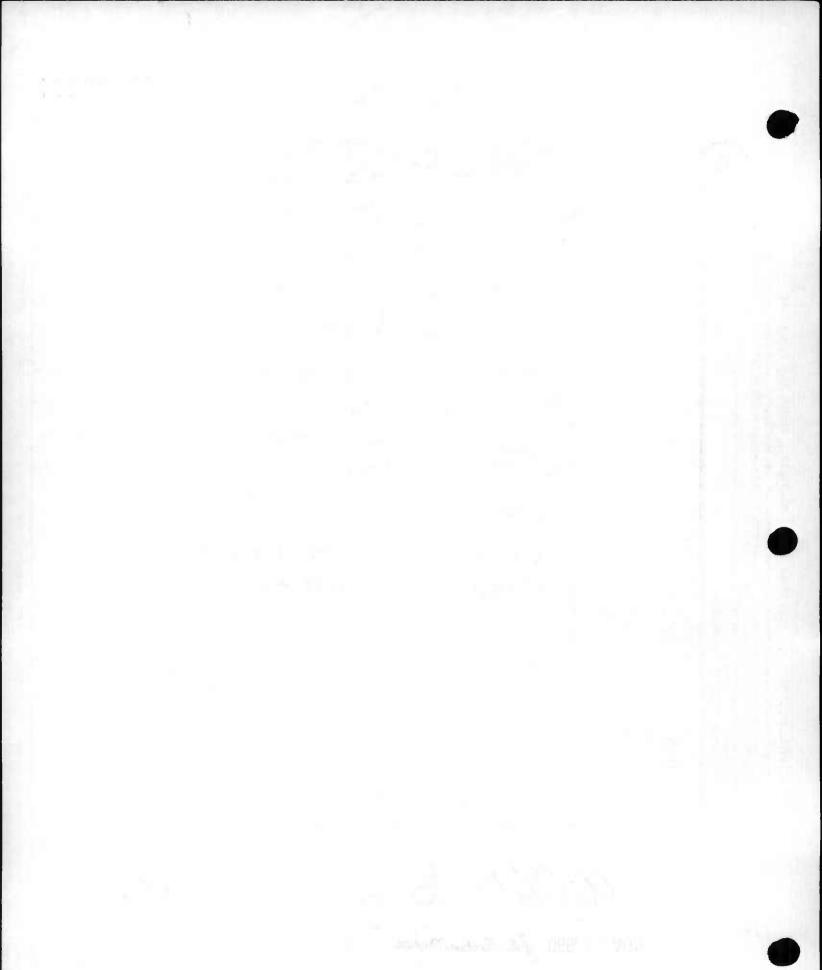
7. DATE OF BIRTH (Month, Day, Year)

10

OTTO

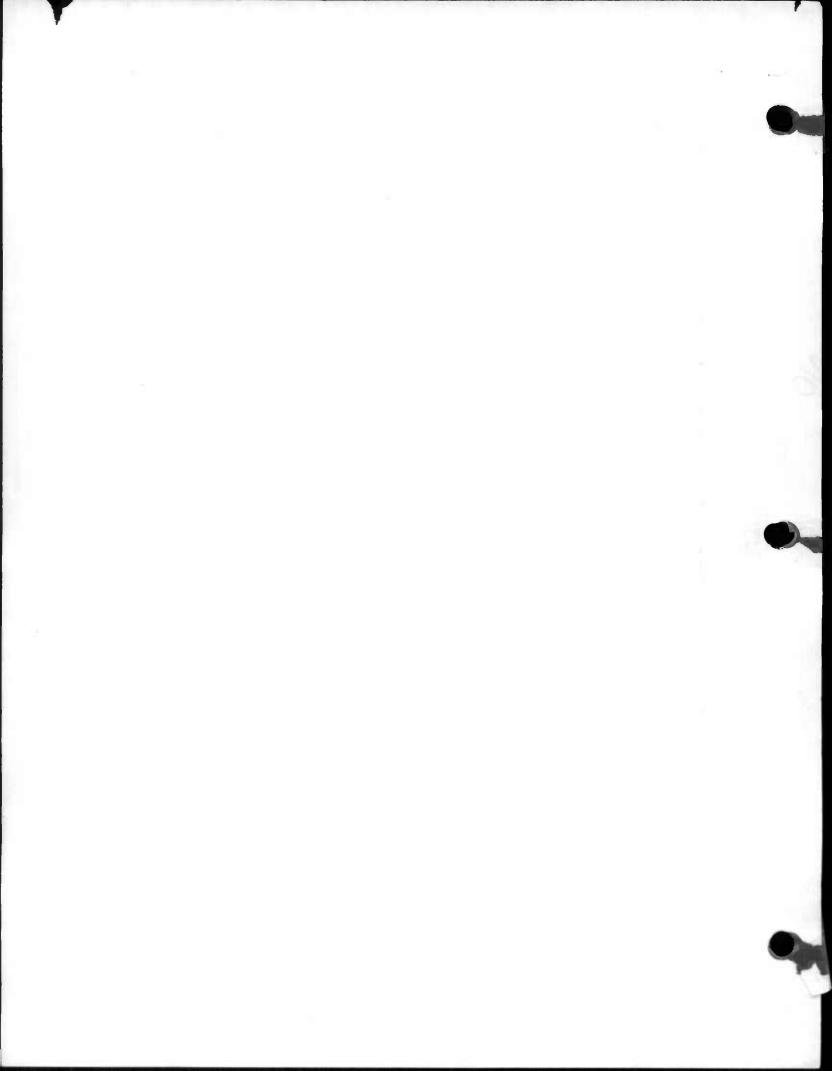


	1 - STATE REGISTRAR	STATE OF MA	RYLAND / DEPAR CERTIF						IYGIEN		30	33	3291
	1. DECEDENT'S NAME (First, Middle, Last)	1215						2. DATE OF	DEATH	AY .	YEAR	3. TIME OI	F DEATH
-	David	Bahen	Sp AGE (In yrs. last birthday)	arks F UNDER				Novemb		9 199			00 м
D	578 62 1957	1 2 M 2 F	44 YRS.	MONTHS	DAYS	IF UNDER	MIN.	7. DATE OF Month, Do	13,	1946	Countr	PLACE (State of State	
11	Se FACILITY NAME (If not institution, give str	eet and number)		9b. CITY	, TOWN O	R LOCATIO	ON OF OE			9c. COU	NTY OF D		
0	Malvert Memorial			Pr	ince	Fre	deri	ck		Ca	alve	rt	
DIRECTO	10m STATE 10b. COUNTY		10c. CIT	Y, TOWN C	OR LOCAT	ION						10d. INSID	
	MD Calve	ert	Owi	Owings									2)(NO
RAL	100. STREET AND NUMBER 3630 Halls Creek	Tana			10f	ZIP CODE				10g. CITI		YHAT COUN	TRY?
FUNERAL	11. MARITAL STATUS	12. WAS OECEOENT E	VER IN U.S. ARMED	13.	WAS OFC		736 F HISPAN	HC OBIGIN? (S	inecify Ver	or No.	US.	A America	en Indian
ВҰ	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 IF YES, GIVE WAR	YES 2 WD								Speci	k, White, etc	
COMPLETED	15. OECEOENT'S EOUC (Specify only highest grade of	ATION completed)	18a. DECEDENT'S (Give kind of life. Do NOT u	USUAL O	CCUPATIO	ON et of workin	g	16b. KII	ND OF BU	SINESS/INC	DUSTRY		
J.E.	Elementary/Secondary (0-12)	College (1-4 or 5+)	mechan						Ant	omoti	ve		
OM	17. FATHER'S NAME (First, Middle, Last)					18. MOTI	HER'S NA	ME (First, Midd					
BE C	Neal W		Sparks	- 7.0			Eva				Ca	arlso	n
TO B	19s. INFORMANT'S NAME (Type/Print)				_		or Rural F	Route Number,	City or Tow	m, State, Zip	Code)		
	Barbara M. Sparks		Same				netory or		20c.10	CATION	City or To	wn State	
	1 Burial 2 Cremation 3 Remo	val from State	Metropol							exand			
	21. SIGNATURE OF FUNERAL SERVICE LICE	NSEE				D ADDRE							
	John Mari	sch		Ra	usc	h Fur	nera:	1 Home	, Ow	ings,	MD	207	36
CERTIFICATION	23 ART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiec or respiretory errest, shock, or heart failure. List Dnly one cause Dn each line. IMMEDIATE CAUSE (Finel disease or condition resulting in death) Due TO (OR AS A CONSEQUENCE OF): Due TO (OR AS A CONSEQUENCE OF): Due TO (OR AS A CONSEQUENCE OF): Due TO (OR AS A CONSEQUENCE OF): Due TO (OR AS A CONSEQUENCE OF): Due TO (OR AS A CONSEQUENCE OF): Due TO (OR AS A CONSEQUENCE OF):										et end Death		
N: MEDICAL	PART II. Other eignificent conditions	contributing to de	eth but not resulting	in the ur	nderiyin	g cause (given in		a. WAS AN PERFOI		246	AMAILABLE	ON OF CAUSE
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		ОТНЕ		ACE OF D	EATH (Ch	eck only one)					
PHYSICIAN:	1 YES 2 NO	1 Inpatient 2 E	NOutpatient 3 DOA	4 🗆 Nur	rsing Horr	URY AT	sidence	6 Other (S		IN RIDY OC	CHRED		
	1 Netural 5 Pending	(Month, Day,		JURY	WC	PRK?	ND	200. DESCR	BE NOW	INJUNY OC	CONED		
TED BY	2 Accident investigation 3 Suicide 8 Could not be datermined	28e. PLACE OF II building, etc	JURY — At home, farm, . (Specify)	street, fac	tory, offic	•		28f. LOCATI City or 1	ON (Street fown, State	and Number	r or Rural	Route Numbe	84,
COMPLETED	29a. CERTIFIER 1 CERTIFYING PHYSIC ONE) 2 MEDICAL EXAMINER		knowledge, death occur									s) and mann	ner as stated.
BE	296. SIGNATURE AND TITLE OF CENTIFIER	~_			29c. LIC	ENSE NUI	E NUMBER 29d. DATE SIGNED (M			S/ (Month, Day	150		
ОТ	Emad Al Banna	a, M.D.	OF DEATH (ITEM 27) (Typ		rinc	e Fr	eder	ick,	Mary]	land			
	NOV 23 1990		signature Mandala	73.	estiyyes	~							



	1 - STATE STATE REGISTRAR	MARYLAND / DEPAI CERTIF	FICATE OF		REG. NO.	t	20	00292			
	1. DECEDENT'S NAME (First, Middle, Last)	mme			2. DATE OF DEATH MONTH	199	YEAR	7.30 - M			
	4. SOCIAL SECURITY NUMBER 5. SEX	6. AGE (In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)		8. BIRTNP Country)				
	064 36 9079 1□ M 2 ⊠ F	77 YRS.	11-03-1913					MD UNTY OF OEATB			
DIRECTOR	9a. FACILITY NAME (If not institution give street and number)	Laco	HAVES		2000	9c. COU	NTY OF OE	si CO			
8	RESIDENCE OF DECEDENT	14607	1777		1700	17	77 12				
E	10s. STATE 10b. COUNTY	10c. CI	TY, TOWN OR LOCA					IOd. INSIDE CITY LIMITS?			
	MD Harford 104. STREET AND NUMBER			rdeen		10a. CIT		1 ☐ YES 2 🔀 NO			
ERA	24 Valley Bottom Road	Box B-3	1	21001			USA				
FUNERAL	11. MARITAL STATUS 12. WAS DECEDI	INT EVER IN U.S. ARMED			C ORIGIN? (Specify Yes	or No-	14. RACE	– American Indian, White, atc.			
BY F		WAR OR DATES		S 2 XNO Specify:			Specify				
	15. DECEDENT'S EDUCATION	16a. DECEDENT	S USUAL OCCUPATI	ON	16b. KIND OF BU	SINESS/INC	DUSTRY	WILLES			
COMPLETED	(Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or	5+) Ille. Do NOT		ost or working							
MP	4	Home	maker	1							
	17. FATNER'S NAME (First, Middle, Last) John Hooper				E (First, Middle, Meiden League	Sumame)					
BE	19a, INFORMANT'S NAME (Type/Print)	19b. MAILIN	G ADDRESS (Street		oute Number, City or Tow	n, State, Zij	o Code)				
10	Mr. Joseph J. Simms	24 7	Valley Be	ottom Roa	d, Box B	-3,	Aber	deen 21001			
	20a, METNOD OF DISPOSITION 1 & Burial 2 Cremation 3 Removal from State	20b. PLACE OF DISPO					City or Tow				
	4 Donation 5 Other (Specify)	_ Highv		orial Gard		rford	Co.	, Maryland			
	M):00, cm & &	~T			Funeral ace, MD	Hom	e, P.	Α.			
	23. PART I. Enter the diseases, or complications t							Approximata			
	ahock, or haart fallure. List only one cause on each lina. IMMEDIATE CAUSE (Final disease or condition resulting in death) Due to (on as a consequence or)										
CERTIFICATION	Sequentially list conditions, if any, laading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST										
MEDICAL	PART II. Other significant conditions contributing	to death but not resulting	g ¹ (n)the underlyi	ng cause given in I	Part I. 24s. VAS sh Ptyrio 1 (YES	RMED?		WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? † YES 2 NO			
PHYSICIAN:	29. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL:		OTHER:	PLACE OF DEATH (Che	eck only one)						
IXSI		ER/Outpetient 3 🗆 DOA	4 🗆 Mursing Ho	me 5 🗆 Residence	6 ☐ Other (Specify) 28d, DESCRIBE HOW	District Cha	-CLUBED				
	1 Metural 5 ☐ Pending (Month		NJURY W	VES 2 NO	and, describe now	INJURY OC	COMED				
TED BY	2 Accident Investigation 3 Suicide 6 Could not be determined	OF INJURY — At home, farming, etc. (Specify)	street, factory, off	ice	261. LOCATION (Street City or Town, State		er or Rural R	oute Number			
COMPLETED	29a. CERTIFIER (Check only one) 1 💢 CERTIFYING PHYSICIAN: To the best of MEDICAL EXAMINER: On the best of	the control of the control of the		Care and the carried of				and manner as stated.			
BE	296. SIGNATURE AND TITLE OF CHITTIER 296. VICENSE NUMBER 296. November 90										
2	30. NAME AND ADDRESS OF PERSON WHO COMPLETED OF	on Medical (avre de G	race, MD	210	78				
	31. DATE BILER (Menthy Day Abox) 32/PEGIS	RAR'S SIGNATURE Davidson-Randall									



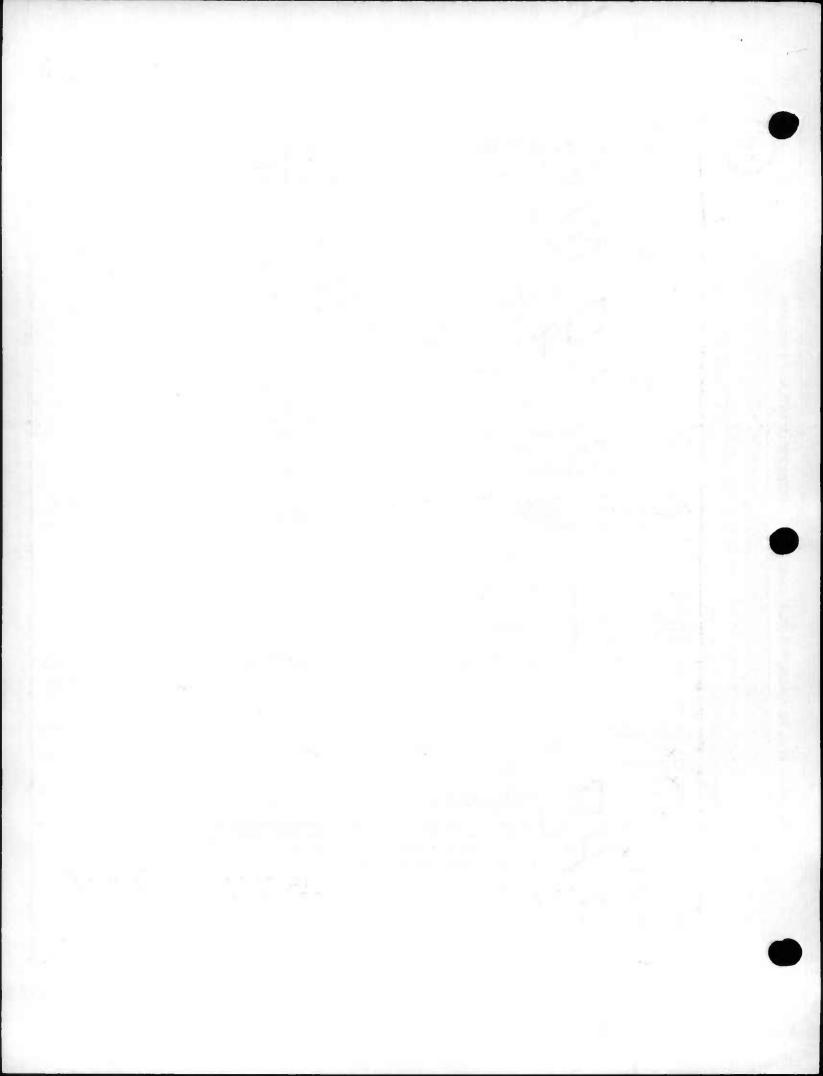


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	1. DECEDENT'S NAME (First, M	Widdle, Lest)	Allen S	ships	ley		01	DEATH	2. DATE MONTH	OF OEATH			TIME OF DEATH
	4. SOCIAL SECURITY NUMBER	R	6. SEX	6. AGE (in yrs.	last birthday)	IF UNDER		IF UNDER 24 HRS.		OF BIRTH	-	B. BIRTHPLA Country)	ACE (State or Fore
			1 ₩ 2 □ F	4	10 YRS.	MONTHS	DAYS	HOURS MIN.		2-50]		imore,
-63	Ba. FACILITY NAME (If not instit	-				9b. CITY,		LOCATION OF D	EATH			OF OEAT	ГН
-O	Union Ho	-	3 T				EII	cton			Ce	ecil	
DIRECT		10b. COUNTY			10c. CIT	Y, TOWN O	R LOCATIO	ON				10	d. INSIDE CITY
금	De.	New (Castle			Cla	ymor	nt				1.	LIMITS?
ERAL	10a. STREET AND NUMBER						101.	ZIP CODE			10g. CITIZI	EN OF WHA	T COUNTRY?
ER	21 Denham	m Aver	nue					1	9703		U	.S.A	•
BY FUN	11. MARITAL STATUS 1 Never Married 2 M 3 Widowed 4 Divorce	Aarried	12. WAS DECEDEN FORCES? 1 IF YES, GIVE W	YES 2	ARMED	1	f yes, spec	ENDENT OF HISPA city Cuben, Mexic 2 NO Speci	an, Puerto I		or No—	14. RACE — Black, W Specify:	American Indian White, etc. White
ED E		DENT'S EDUCA	TION	160	DECEDENT'S	USUAL OC	CHPATIO	N .	186	KIND OF BUS	INESS/INDU	ISTRY	
ETE		highest grade co			(Give kind of Ille. Do NOT u	work done one retired.)	during most	t of working	100			aini	
PL	9	12)	College (1-4 or 5 4	" Ha	andyma	an				Gene	ral		
COMPL	17. FATHER'S NAME (First, Mick	idle, Last)	9 700					16. MOTHER'S N.	AME (First, I	Viddle, Malden S	Surname)		
BE C	Frank T.				Lucy	Ann	Baker	r					
10 B	19a. INFORMANT'S NAME (Typ					b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Curlew Circle Newark, De. 19702							
F	Thomas L. S		ey										
	20s. METHOD OF DISPOSITIO	3 Remov	val from State	othe	er place)			etery, crematory or			CATION C		14.5
	4 Donation \$\times \text{Other (Specify)} \ R. A. Ferris & Co. West Chester, I											r. Pa.	
	23. SIGNATURE OF FUNERAL SCHOOL LICENSEE 259EASTN 3										0 011	C30C	1/14.
	21. SIGNATURE OF FUNERAL	MENTICE LICE	NSEE						1CILTHO				
	10)	9_		2 ² &	선修 AM	runero e		me 25°	9 ^E ns: kton	in S	t . 2192
	23. PART I. Enter the dis-	ieases, or co	emplications the	st caused the	death. Do line.	22cmot enter	선修 AM	runero e		me 25°	9 ^E ns: kton	in S	t . 2192 Approximat Interval Bet
NO	23. PART 1. Enter the dis- shock, or free IMMEDIATE CAUSE (Fina disease or condition resulting in death)	seases, or co ort failure. Id	omplications the	of caused the use on each	e death. Do	not enter	선修 AM	runero e		me 25°	9 ^E ns: kton	in S	t . 2192 Approximat Interval Bet
ATION	23. PART I: Enter the dis- shock, or her IMMEDIATE CAUSE (Fina disease or condition resulting in death) Sequentially list condition if any, leading to immedia	seases, or co	omplications the	at caused the use on each	e death. Do	not enter	선修 AM	runero e		me 25°	9 ^E ns: kton	in S	t . 2192 Approximat
FICATION	23. PART I. Enter the dis- shock, or her IMMEDIATE CAUSE (Fina disease or condition resulting in death) Sequentially list condition if any, leading to immedia cause. Enter UNDERLYIN CAUSE (Disease or Injury	beases, or co	omplications the let only one cau	of caused the use on each	e death. Do line.	not enter	선修 AM	runero e		me 25°	9 ^E ns: kton	in S	t . 2192 Approximat Interval Bet
RTIFICATION	23. PART 1. Enter the dis- shock, or her IMMEDIATE CAUSE (Fina disease or condition resulting in death) Sequentially list condition if any, leading to immediatuse. Enter UNDERLYIN	beases, or co	omplications the let only one cau	of caused the use on each (OR AS A CON)	e death. Do line.	not enter	선修 AM	runero e		me 25°	9 ^E ns: kton	in S	t . 2192 Approximat
DICAL CERTIFICATION	23. PART I: Enter the dis- shock, or her IMMEDIATE CAUSE (Fina disease or condition resulting in death) Sequentially list condition if any, leading to immedicause. Enter UNDERLYIN CAUSE (Disease or injury that initiated events	b. liste NG	omplications the let only one cau	of caused the use on each (OR AS A COR)	o death. Do line. 2	not enter	the mod	e of dying, au	ch as carr	me 25°	9 ^E S kton ratory arre	in S , Md	Approximatinterval Bet Onset and I
()	23. PART I. Enter the dis- shock, or her immediate CAUSE (Fina disease or condition resulting in death) Sequentially list condition if any, leading to immediate cause. Enter UNDERLYIN CAUSE (Disease or Injury that initiated events resulting in death) LAST	b. liste NG	omplications the let only one cau	of caused the use on each (OR AS A COR)	o death. Do line. 2	not enter	the mod	e of dying, au	ch as carr	Me 25° E1 illiac or respir	9 ^E S kton ratory arre	in S , Md	Approximatinterval Bet Onset and I
: MEDICAL C	23. PART I. Enter the dis- shock, or her immediate CAUSE (Fina disease or condition resulting in death) Sequentially list condition if any, leading to immedia cause. Enter UNDERLYIN CAUSE (Disease or Injury that initiated events resulting in death) LAST	seases, or co ert failure. Li al b. a. c. d.	omplications the let only one cau	of caused the use on each (OR AS A COR)	o death. Do line. 2	not enter	the mod	te of dying, au	n Pert I.	25 Elliflac or respir	9 ^E S kton ratory arre	in S , Md	Approximate Interval Bet Onset and I
: MEDICAL C	23. PART I. Enter the dis- shock, or her immediate CAUSE (Fina disease or condition resulting in death) Sequentially list conditio if any, leading to immedi cause. Enter UNDERLYIN CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant 25. WAS CASE REFERRED TO EXAMINER?	b. a. b. late c. d. d. d. d. MEDICAL	DUE TO CONTributing to	of caused the use on each of the caused the use on each of the caused the cau	o death. Do line. 2 Q W / NEEQUENCE CONSEQUENCE CONSE	not enter	the mod	e of dying, au	n Pert I.	25 Elliflac or respir	9 ^E S kton ratory arre	in S , Md	Approximatinterval Bet Onset and I
SICIAN: MEDICAL C	23. PART I. Enter the dis- shock, or her immediate Cause (Fina disease or condition resulting in death) Sequentially list conditio if any, leading to immedi cause. Enter UNDERLYIN CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant 25. WAS CASE REFERRED TO EXAMINER? 1 N YES 2 NO	b. a. b. late c. d. d. d. d. MEDICAL	DUE TO CONTributing to	of caused the use on each of the caused the use on each of the caused the use of the caused the cau	o death. Do line. Part of the sequence of the	not enter	the mod	de of dying, au	n Part I.	25 E1 diac or respiration of the control of the con	9 ^E S S S S S S S S S S S S S S S S S S S	in S Md	Approximate Interval Bet Onset and I
PHYSICIAN: MEDICAL C	23. PART 1. Enter the disshock, or free immediate CAUSE (Fina disease or condition resulting in death) Sequentially list condition if any, leading to immediate. Enter UNDERLYIN CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant in the condition of the condition	beases, or coort. failure. Lid	DUE TO CONTributing to	of caused the use on each (OR AS A COR) (OR AS A COR) (OR AS A COR) (OR AS A COR) (OR AS A COR) (OR AS A COR)	o death. Do line. Posequence of the sequence	not enter	the mod the mod adertying 28. PL R: sing Home 28. WJ	de of dying, au	n Part I.	25 E1 diac or respiration of the control of the con	9 ^E S S S S S S S S S S S S S S S S S S S	in S Md	Approximate Interval Bet Onset and I
BY PHYSICIAN: MEDICAL C	23. PART I. Enter the dis- shock, or her immediate CAUSE (Fina disease or condition resulting in death) Sequentially list conditio if any, leading to immedi cause. Enter UNDERLYIN CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant 25. WAS CASE REFERRED TO EXAMMER? 1 YES 2 NO 27. MANNER OF DEATH 1 Manural 5 PA 2 Accident	beases, or coert failure. Link ali a. a. b. liste NG d. d. MEDICAL Pending myestigation	DUE TO DUE TO DUE TO CONTributing to CONTributing to CONTRIBUTION	of caused the use on each of the caused the use on each of the caused the use on each of the caused	o death. Do line. Property of the second of	OTHES	the modertying 28. PL R: aling Home 28c. (NOI	cause given in	n Pert I.	25 F1 Iflac or respir	AUTOPSY MED?	24b. WAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAA	Approximatinterval Bet Onset and I
ED BY PHYSICIAN: MEDICAL C	23. PART 1. Enter the dissace, or her immediate CAUSE (Fina disease or condition resulting in death) Sequentially list condition if any, leading to immediate. Enter UNDERLYIN CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant immediately in death initiated events resulting in death) LAST 25. WAS CASE REFERRED TO EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 PR 2 Accident 3 Suicide 6 C	beases, or coort. failure. Lid	DUE TO CONTributing to CONTributing to CONTRIBUTAL: 1	of caused the use on each (OR AS A COR) (OR AS A COR) (OR AS A COR) (OR AS A COR) (OR AS A COR) (OR AS A COR)	o death. Do line. Property of the second of	OTHES	the modertying 28. PL R: aling Home 28c. (NOI	cause given in	n Part I.	25 E1 diac or respiration of the control of the con	AUTOPSY MED?	24b. WAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAA	Approximatinterval Bet Onset and I
D BY PHYSICIAN: MEDICAL C	23. PART 1. Enter the dis- shock, or her immediate CAUSE (Fina disease or condition resulting in death) Sequentially list conditio if any, leading to immedi cause. Enter UNDERLYIN CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant 25. WAS CASE REFERRED TO EXAMINER? 1 N YES 2 NO 27. MANNER OF DEATH 1 Matural 5 P 1 Matural 5 P 2 Accident 3 Suicide 6 C 4 Homicide 6 C	b. a. b. late a. d. d. d. d. d. d. d. d. d. d. d. d. d.	DUE TO CONTributing to CONTributing to CONTRIBUTAL: 1	of caused the use on aach (OR AS A COR	o death. Do line. A LA LA LA LA LA LA LA LA LA LA LA LA LA	not enter Primer In the un OTHES 4 Num RE OF JUNY M	the mod	cause given in	n Part I.	25 E1 Illiac or respiration or respiration or respiration or respiration or respiration or respiration or respective or respiration or respective or respiration or respira	AUTOPSY MED? NJURY OCC	24b. W A C O O 1	Approximatinterval Bet Onset and I

Gulia Davidson-Randall

nshain. M.D. Union Hosp. of Cecil County Elkton



Maryland

10g. CITIZEN OF WHAT COUNTRY? U.S.A.

3. TIME OF DEATH

1958 8. BIRTHPLACE (State or Foreign

> 10d. INSIDE CITY LIMITS? 1 X YES 2 NO

> > Approximate interval Between **Onset and Death**

24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?

1 YES 2 NO

and due to the cause(s) and manner as stated.

29d. DATE SIGNED (Month, Day, Year)

9-90

21921

Elkton, Maryland

105 East Main Street,

14. RACE — American Indian, Black, White, atc. Specify: White

	1 - STATE REGISTRAR		STATE OF N	ARYLA	ND / DEPAI						YGIENE			
	1. DECEDENT'S NAME (First	, Middle, Last)							2.	DATE OF D	EATN			3. TIME OF
	William	W.	Singlet	on,	Jr.					ov. 1	8, 1		YEAR	195
	4. SOCIAL SECURITY NUM	BER	5. SEX	6. AGE (In	yrs. last birthday)	IF UNDER		IF UNDER	24 HRS. 7.	DATE OF BI	IRTN		a. BIRTH	PLACE (State
	215 32 629	7	1 XM 2 F	5	55 YRS.	MONTHS	DAYS	HOURS	MIN.	(Month, Day,		935	Count	rylan
	9a. FACILITY NAME (If not in	stitution, give	street and number)			9b. CITY,	TOWN	OR LOCATIO	N OF DEATH	N .		9c. COU	NTY OF D	EATN
естов	Union Hos		of Cecil	Cour	nty		1	Elkto	n				Cec	il
쓮	10e. STATE	10b. COUNT	Υ		10c. CF	TY, TOWN O	R LOCA	TION						10d. INSIDE
DIR	Maryland		Cecil			Ell	ktor	n						1 K YES
RAL	10a, STREET AND NUMBER			-			10	f. ZIP CODE				10g. CITI	ZEN OF V	VHAT COUNT
Tall I	115 East H	ligh St	treet					219	21			U	.S.A	
BY FUNE	11. MARITAL STATUS 1 Never Merried 2 3 Widowed 4 Div		12. WAS DECEDEN FORCES? 1 IF YES, GIVE V	YES	2 X NO	H	yes, sp		F NISPANIC (), Maxican, P Specify:			Black, White, at-		t, White, atc.
ED		EDENT'S EDU			18a. DECEDENT	S USUAL OC	CUPATI	ION 18b. KIND OF 8				INESS/INC	USTRY	
E	Elementary/Secondary (College (1-4 or 5	+)	(Give kind of			uat or Working						
COMPL	12				Store	Cler	k			Ret	ail	Gas	& Gr	ocery
Ö	17. FATNER'S NAME (First, A								ER'S NAME					
DE	William W. Singleton, Sr. Alice Gre									Gree	n			
0	190. INFORMANT'S NAME (Shirley		Mercer								Number, City or Town, State, Zip Code) Elkton, MD 21921			1
	1X Burial 2 Cramatton 3 Removal from State Other place)									Elkton, Marylar				
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY HICKS HOME FOR Funerals Bow & Stockton Streets													
	23. PART I. Enter the cahock, or I		complications the									ratory sn	rest,	Appr
	iMMEDIATE CAUSE (Fi disesse or condition resulting in death)	nai →			SMI CONSEQUENCE									Onse
5	Sequentially list condi		b. END	STY IOR AS A	CONSEQUENCE		YL.	DIS	BAS	E				
IFICATION	If any, leeding to immediate. Enter UNDERLY CAUSE (Disease or injustrate initiated events	ING	C		CONSEQUENCE (
CERTIF	that initiated events resulting in death) LAST d.													
MEDICAL	PART II. Other signific	ent condition	ens contributing to	death bu	it not resulting	in the un	derlyir	ng cause g	iven in Pa		PERFOR	MED?	241	WERE AUTO AWAILABLE F COMPLETION OF DEATH?
AN	25. WAS CASE REFERRED	TO MEDICAL					26. P	PLACE OF DE	EATN (Check	only one)				
SIC	EXAMINER? 1 YES 2 NO		HOSPITAL:	☐ ER/Outpi	itlant 3 🗆 DOA	OTHER		me 5 🗆 Ra	sidence 6 [Other (So	ecify)			
Y PHY		Pending Investigation	28a. DATE OF		26b. Ti	ME OF	W	JURY AT ORK? YES 2		8d. DESCRIE	BE NOW IF	NJURY OC	CURED	
TED BY	2 Accident 3 Suicide 6 4 Nomicide	Could not be determined	28e. PLACE (building	of INJURY, etc. (Speci	At home, farm	street, fact	ory, offi	ce	20	Bt. LOCATION City or Tox	N (Street a wn, State)	ind Numbe	r or Rural	Route Number
OMPLE	onel		SICIAN: To the best of											e) and manno
O	29b. SIGNATURE AND TITL								NSE NUMBE					(Month, Day,
BE	I Frem &	11- a	wirl.						746			> /	1-	14-4
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FOR STATE

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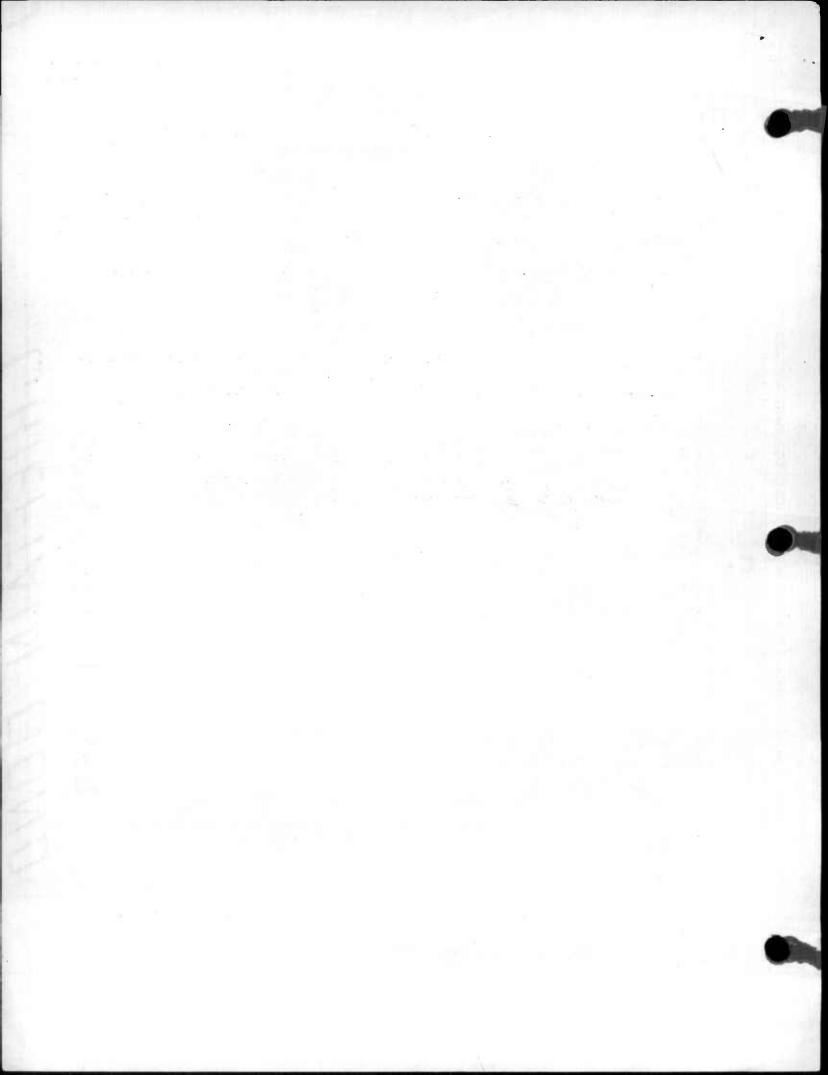
31. DATE FILED (Month, Day, Year) NOV 1 9 '90

Dr.Rolando A. Najera, M.D.,

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

32. REGISTRAR'S SIGNATURE

Gulia Davidson-Randale



DHMH-16 Rev 1/89

	1 - STATE REGISTRAR 1. DECEDENT'S NAME (First	i, Middle, Last)		1	CERTIF			ГН	REG. NO. 2. DATE OF DEATH DO NOTH		YEAR 3, TIM	E OF DEATH		
7	4. SOCIAL SECURITY NUMBER	S BER	5. SEX	S Wt	yrs. last birthday)	IF UNDER 1 YE	AR IF UNDER	24 HRS.	7. DATE OF BIRTH	- 9	8. BIRTHPLACE	(State or Foreign		
	515-18-06		1XXM 2 ☐ F	64	YRS.		WN OR LOCATI		(Month, Day, Year) July 22,19	V	Country) Kans	as		
. 2, 3 s	Harford M		l Hospit	al			e de Gi			Наг	rford			
L. Pages 1, 2, 3;	Maryland	10b. COUNTY	Harford		1	, town or L Havre	ocation de Gra	ace			L	ISIDE CITY MITS? (ES 2 NO		
rrial-transit permit. FUNERAL D	100. STREET AND NUMBER 227 Robin H		ad, P.O.	Вох	333		101. ZIP COD		078-0333	10g. CIT	OTIZEN OF WHAT COUNTRY? $U.S.A.$			
B #	3 Widowed 4 Dive		FORCES? 1	ENT_EVER IN U.S. ARMED 1. VES 2 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \					INIC ORIGIN? (Specify Yea or No— 14. RACE — Ameri an, Puerto Rican, stc.) 14. RACE — Ameri Black, White, a					
once. COMPLETED	15. DEC (Specify on Elementary/Secondary (I	ceoent's eouc ly highest grade 0-12)	ATION	+)	6e. DECEDENT'S (Give kind of v life. Do NOT us Human E	vork done durir e retired.)	ng most of work		Aberdeen, Maryland					
B # 1	Henry Sweet								E(First, Middle, Meiden 1ella Spa	arks				
	Winona S. Sweet 227 Robin Hood Rd.,								rel Route Number, City or Town, State, Zip Code) P.O. Box 333, Havre de Grace,					
funeral director, p	20a. METHOD OF DISPOSITION 1 Burlal 2 (Expression 3 nameval pom State 4 Donation 5 Other (Specify)) 21. SIGNATURE OF FUNERAL ERVICE LIGHTS 20b. PLACE OF DISPOSITION (Name of cemetery, cremetery or other place) R.A. Ferris & Company 22. NAME AND ADDRESS OF FACILITY Lee A. Patterson & Perruyille Marula													
ompletely filled in by the	23. PART I. Entar the canock, or in IMMEDIATE CAUSE (In disease or condition resulting in death)	naart fallure. I	Examplications the List only one can also out to	use on and	ch line.	2vil	mode of dy			Iratory at		Approximata nterval Between Onset and Deati		
ending physician and of the hygiene prior to burit or other traumatic ERTIFICATION	Sequentially list condi- if any, leeding to imme cause. Enter UNDERLY CAUSE (Dissess or Inj- that initieted events resulting in death) LAS	ring ury	DUE TO	O (OR AS A CO	consequence of conseq	Con	Ani	ny	Arteny	A	Jean			
on signed by the of Health and Me hows any injur MEDICAL	PART II. Other signific	ant condition	e contributing to	death but	t not reaulting	In the unde	rlying cause	given in P	PERFO	RMED?	AWAIL/ COMP OF DE	AUTOPSY FINDINGS ABLE PRIOR TO LETION OF CAUSE ATH? YES 2 NO		
State Dept Item 23	25. WAS CASE REFERRED EXAMINER?	TO MEDICAL	HOSPITAL:	☑ ER/Outpet	tient 3 🗆 DOA	OTHER:	26. PLACE OF		ck only one)		<u> </u>			
5 × 4		Pending investigation	28a. DATE OF		28b. TIR	E OF 28	c. INJURY AT WORK?		28d. DESCRIBE HOW	INJURY O	CCURED			
Rer de IS	3 Suicide 8 4 Homicide	Could not be determined		OF INJURY - i, etc. (Specif)	At home, farm,	street, fectory	, office		28f. LOCATION (Street City or Yown, State		er or Rural Route N	umber,		
A SE	29a. CERTIFIER 1 NOER (Check only one) 2 MEI								o the cause(s) and ma ims, data and place, s			nanner se stated.		
E E E	296, SIGNATURE AND TITL	E OF CERTIFIE	R A V A				29c. LI	ENSE NUMI	BER	29d, DA	TE SIGNED (Month	, Day, Year)		
BE BE			gu		7			200	2		11-10	-90		
TO THE FUNER be filed within IMPORTANT: TO BE COI		100	O COMPLETEO CAL	*	Java	, Print)	4 (Jul	er, m	d.	2107	-90 18		

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IMPORTANT. If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

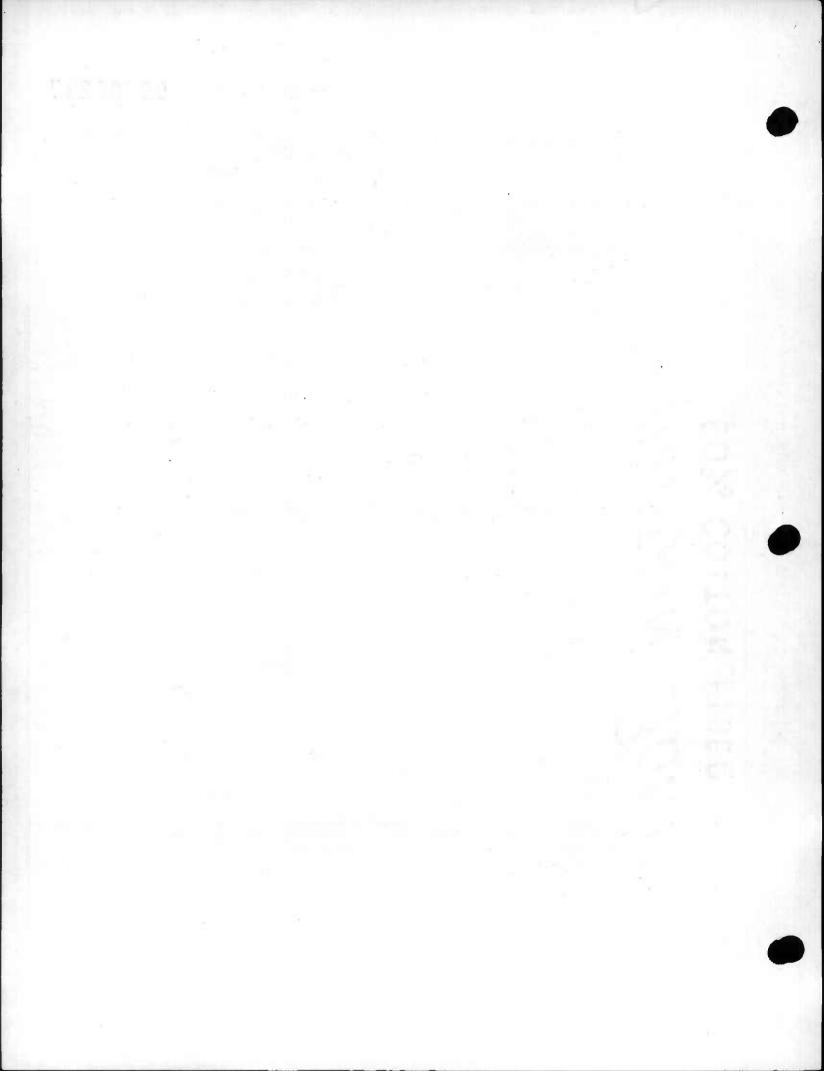
-	FOR STATE REGISTRAR	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND I CERTIFICATE OF DEATH	MENTAL	HYGIENE REG. NO.
. 0	ECEGENT'S NAME (First, Middle, Last)		2 DATE O	E OFATH

REGISTRAR		CERTIFIC	CATE OF	DEATH	REG. NO).			
1. OECEOENT'S NAME (First, Middle, Last)	Ger	trude	SAVA	3 &)AY YE	3. TIME OF DEATH		
4. SOCIAL SECURITY NUMBER 228–24–1745	1 - M 2 🔀 F 6		IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	June 12	,1927	SHITHPLACE (State or Foreign Va.		
PENINSULA GENERA			SALISE	URY	ATH	WICO	OF DEATH MICO		
100. STATE 10b. COUNT Va . AC C	oma c k		10c. CITY, TOWN OR LOCATION Atlantic 10d. INSIDE LIMITS 1 VES						
10e. STREET AND NUMBER Rt.175 Box	143	•	101. ZIP CODE 23303 10g. CITIZI						
11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS OECEDENT EVER FORCES? 1 YES IF YES, GIVE WAR OR I	2 - NO	2 NO It yes, specity Cuben, Mexican, Puerto Rican, etc.) Black, White,						
15. OECEDENT'S EDI (Specify only highest grad	JCATION e comoleted	16a. DECEDENT'S L	RY						
Secondary (8-12)	College (1-4 or 5+)		(Give kind of work done during most of working le. Do NOT use retired.) Domestic House Work						
17. FATHER'S NAME (First, Middle, Last)			ME (First, Middle, Maider	n Surname)					
James A.	Savage	Mary E. Fiddermon							
19e. INFORMANT'S NAME (Type/Print)					oute Number, City or To				
Herbert Sav									
1 Suriel 2 Cremetion 3 Ret	noval from State		of Disposition (Name of competer), cremetory or Saint onns Atlantic.						
4 Doneston 5 Other (Specify) Saint Ohns Atlantic, 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY									
Keith E. G.	Wharto	2	Whart	on F. I	H Acc	omac, l	/irginia		
ahock, or heert fallure. List only one cause on each lina. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediata cause. Entar UNDERLYING CAUSE (Disease Dr Injury that inlitiated events resulting in death) LAST List only one cause on each lina. Intarval Between Onset and Daath Onset and Daath Onset and Daath Onset and Daath Onset and Daath Onset and Daath Onset and Daath Onset and Daath Onset and Daath Onset and Daath Onset and Daath									
PART II. Other significant condition	ne contributing to daeth	but not resulting in	n the underlyin	g cause given in		N AUTOPSY DRMED? 2 NO	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
25. WAS CASE REFERRED TO MEDICAL EXAMINER?				ACE OF DEATH (Ch	eck only one)				
1 YES 2 NO	HOSPITAL:	rtpatient 3 DOA	OTHER: 4 Nursing Hon	e 5 🗆 Residence	6 Other (Specify)				
27. MANNER OF DEATH 1 Natural 5 Pending Investigation	26e. DATE OF INJURY (Month, Day, Year)		URY WO	URY AT DRK? YES 2 NO	28d. DESCRIBE HOW	INJURY OCCUR	ED		
2 Accident Investigation 3 Suicide 6 Could not be determined	28e. PLACE OF INJUR building, etc. (Sp	RY — At home, ferm, secify)	street, factory, offic		26f. LOCATION (Stree City or Town, State		Rural Route Number,		
One)	SICIAN: To the best of my kno						nuse(e) end manner as stated.		
29b. SIGNATURE AND TITLE OF CERTIFIER 29d. Date Signature and title of Certifier 29d. Date Signature And Title OF CERTIFIER 29d. Date Signature And Title OF CERTIFIER 29d. Date Signature And Title OF CERTIFIER 29d. Date Signature 29d. Date S									
296. SIGNATURE AND TITLE OF CERTIFIER 296. DATE SIGNED (Month, Delignation of the complete Cause of Death (ITEM 27) (Type Print)									
Vicini	HO COMPLETED CAUSE OF D	DEATH (ITEM 27) (Type,	Print)			URY m	D 21801		
31. DATE FILED (Mogth, Day, Year)	32. REGISTRAR'S SIG	dson-Randel	2		SALISB		A		

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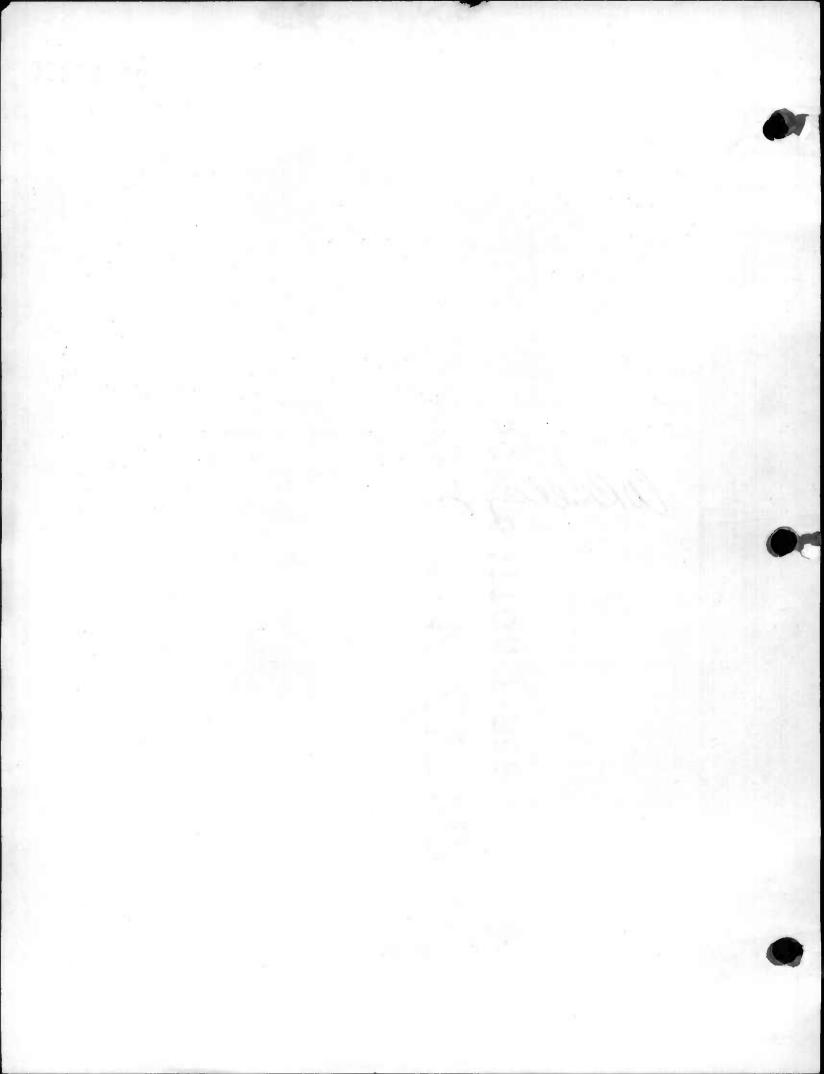
	1 - FOR STATE REGISTRAR	STATE OF MARY		TMENT OF			IYGIENE REG. NO.	90	3	3297	
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF	DEATH DAY	YEA		TIME OF DEATH	
	WILLIAM	RALPH	SM	ITH		NOV.		990		10:00	
\	4. SOCIAL SECURITY NUMBER 220-68-8853	1 💢 M 2 🗆 F	E (In yrs. last birthday) 33 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	?. DATE OF (Month, D. FEB.	ty, Year)	C	ountry)	INIA	
4	Pe. FACILITY NAME (If not institution, give RT 3, BOX 310,				OR LOCATION OF DE	EATH	90	WICO			
DIRECT	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNT		10c. CIT	Y, TOWH OR LOCA DELMAR	ATION					d, INSIDE CITY LIMITS?	
	100. STREET AND NUMBER RT 3, BOX 310	011100			21875		10			YES 2 X NO	
BY FUNERAL	11. MARITAL STATUS 1 Never Merried 2 XXMerried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YE IF YES, GIVE WAR OR	S 2 XNO	If yes, s	CENDENT OF HISPAN pecify Cuben, Mexice S 2 XNO Specify	n, Puerto Rica		No- 14. F	RACE -	American Indian, hite, atc.	
COMPLETED	18. DECEDENT'S EDI (Specify only highest grad Elementary/Secondary (0-12)	JCATION s completed) College (1-4 or 5+)	(Give kind of a		noet of working		ND OF BUSINE			WILLE	
MP	12 YEARS	NO	INDEPE	NDENT D.	ISTRIBUTO			SNACE	(2)		
BE CO	17. FATHER'S NAME (First, Middle, Last) WILLIAM	CARROLL	SMITH		16. MOTHER'S NA		unk)		IORN	ILEY	
0	19e. INFORMANT'S NAME (Type/Print)	UTDE			end Number or Rural I)		
	KAREN SUE SMITH- 20e. METHOD OF DISPOSITION 1 1	13/90 a	Ob. PLACE OF DISPO	SITION (Name of or	, MD 21875 20c. LOCATION — City or T SALISBURY,						
	21. SIGNATURE OF FUNERAL REPORCE LICENSIES 22. NAME AND ADDRESS OF FACILITY HOLLOWAY FUNERAL HOME, PA 501 SNOW HILL RD, SALISBURY, MD 2										
	23. PART I. Enter the diseases, or complications trul seased the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one sause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF):										
ERTIFICATION	Sequentially list conditions, if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST b. DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):										
CAL CE	PART II. Other significant condition	na contributing to death	but not resulting	in the underlyi	ng cause given in	-	a. WAS AN AUT PERFORME	D?	AM	ERE AUTOPSY FINDS AILABLE PRIOR TO OMPLETION OF CAUS	
N: MEDIC						_ '	YES 2	40		DEATH?	
CIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26.1 OTHER:	PLACE OF DEATH (Ch	eck only one)					
(0)	1 TYES 2 XNO	1 Inpetient 2 I ER/O		4 Nursing Ho	me 5 Residence	6 Other (S	pecify)				
ву РНУ	27. MANNER OF OEATH 1 Natural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY AT WORK? WORK? 1 VES 2 NO							D		
ED	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJU building, etc. (S	RY — At home, ferm, pecify)	street, factory, off	ice	28f. LOCATI City or	ON (Street and fown, State)	Number or R	ural Rout	s Number,	
COMPLET	anal	SICIAN: To the best of my kn IER: On the basis of examine							use(e) ar	nd manner ee stat	
BE	29h. SIGNATURE AND JITLE OF CENTRE	Take,	m.o.		29c. LICENSE NUI		21	ed. DATE SIG	MED (M	onth, Day, Year)	
10	Jomes E. Ma						l's bur		MI	7	
10	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SI				<u> </u>	300	//			

DHMH-16 Rev 1/89



BALTIMORE, MARYLAND 21203-3146	2 - Tours after death. Page 6 may be retained by the hospital or attending physician.	y ffiled in by the funeral director, page 5 should be detached for use as the burial-fransit permit frion, or removal.	the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within z-ricurs after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlat-transit permit. P be filled within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burlat, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

SARA	astj	SCHLUETER	2		NOV. 1	2, 1990	3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER	5. SEX 6. A	GE (In yrs. last birthda)			7. DATE OF BIRTN (Month, Day, Year)	8.	BIRTHPLACE (State or Foreign Country)
101-03-4542 9e. FACILITY NAME (If not institution, g	1 M 2 F	74 YRS.		HOURS MIN.	APRIL 30		NEW YORK
586 DAGSBORO RO	DAD			LISBURY			ICOMICO
10e. STATE 10b. CO MARYLAND	WICOMICO	10c. C	SALISBI				10d. INSIDE CITY LIMITS? 1 YES 2 X NO
10%. STREET AND NUMBER 586 DAGSBORO	DD			101. ZIP CODE 2 180 1		10g. CITIZEN	USA
11. MARITAL STATUS 1 Never Married 2 XX Married 3 Wildowed 4 Divorced	12. WAS DECEDENT EVI FORCES? 1 1 1 IF YES, GIVE WAR O	res 2 XNO	If yes,	ECENDENT OF NISP	ANIC ORIGIN? (Specify) can, Puarto Rican, etc.)	fee or No— 14.	RACE — American Indian, Black, White, etc. Specify:
15. DECEDENT'S		16e. DECEDENT	'S USUAL OCCUPA	TION	16b. KIND OF B	USINESS/INDUS	WHITE
(Specify only highest of Elementary/Secondary (0-12)	College (1-4 or 5+)		of work done during use retired.) OKKEEPER	most of working		HARDWARI	F.
17. FATHER'S NAME (First, Middle, Last		200	ARREDI DR	16. MOTNER'S N	AME (First, Middle, Maid		
ISAAC	(nmn)	GABRIEL		FLORE			AGNUS
190. INFORMANT'S NAME (Type/Print) HENRI C. SCHLU		586	DAGSBORO	RD, SAL	SBURY, MD		de)
28a. METNOD OF DISPOSITION 1 X Burial 2 Cremation 3 4 Donation 5 Other (Specify)	1/15/90 Removal from State	20b. PLACE OF DISP other place) NEW MONTH				W YORK	or Town, State LONG ISLAND
21. SIGNATURE OF PUMERAL SONIC	Olen	2	HOLL	OWAY FUN		PA	
resulting in death) Sequentially list conditions, if any, lasding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	b. DUE TO (OR .	AS A CONSEQUENCE AS A CONSEQUENCE AS A CONSEQUENCE	OF): OF):				6 mon
that initieted events resulting in death) LAST	d	AS A CONSEQUENCE	orj.				
PART II. Other significant cond	litions contributing to dee	th but not regulting	g in the underly	ing cause given i	PERF	AN AUTOPSY ORMED? 2 NO	24b. WERE AUTOPSY FINDIN AMAILABLE PRIOR TO COMPLETION OF CAUSI OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICA	AL		26.	PLACE OF DEATH (Check only one)		
THE RESIDENCE	HOSPITAL:	Outpatient 3 🗆 DOA	OTHER:	ome 5 Anaeldenc	6 Other (Specify)		
EXAMINER?	I C industrial T C CLA				I		
1 YES 2 THO 27. MANNER OF DEATN 1 Natural 5 Pending	26e. DATE OF INJU (Month, Day, Ye		INJURY	NJURY AT WORK?	28d. DESCRIBE NOV	W INJURY OCCUP	RED
1 TYES 2 THO 27. MANNER OF DEATN	26a. DATE OF INJU (Month, Day, Ye lion 26a. PLACE OF IN. building, etc.	JURY — At home, farr	M 1	WORK? YES 2 NO	286. LOCATION (Stre- City or Town, Sta	et and Number or	
1 YES 2 SNO 27. MANNER OF DEATN 1 Netural 5 Pending Investigat 3 Suicide 6 Could no determine 29a. CERTIFIER (Check only 1 CERTIFYING P	28e. DATE OF INJU (Manth, Day, Ye titlen to be ad 28e. PLACE OF IN. building, etc.) PNYSICIAN: To the best of my building.	JURY — At home, farr (Specify)	M 1 [m, street, lactory, of	WORK? YES 2 NO	261. LOCATION (Stre- City or Town, Sta	et and Number or ite)	Rural Route Number,
1 YES 2 SNO 27. MANNER OF DEATN 1 Netural 5 Pending Investigat 3 Suicide 6 Could no determine 29a. CERTIFIER (Check only 1 CERTIFYING P	28e. DATE OF INJU (Month, Day, Ye (Month, Day, Ye and Date of INJudge). 28e. PLACE OF INJudge). 28e. DATE OF INJudge). 28e. DATE OF INJudge). 28e. DATE OF INJudge). 28e. DATE OF INJudge). 28e. DATE OF INJudge). 28e. DATE OF INJudge). 28e. DATE OF INJudge). 28e. DATE OF INJudge). 28e. DATE OF INJudge). 28e. DATE OF INJudge). 28e. DATE OF INJudge). 28e. DATE OF INJudge). 28e. DATE OF INJudge). 28e. DATE OF INJudge). 28e. DATE OF INJudge). 28e. DATE OF INJudge). 28e. DATE OF INJudge). 28e. PLACE OF INJudge). 28e. DATE OF INJUDGe). 28e	Specify) At home, farr (Specify) Knowledge, death occuration and/or investigation.	INJURY M 1 [In, street, lactory, or In, street, lactory, or In, street, lactory, or In, in, in, in, in, in, in, in, in, in, i	WORK? YES 2 NO Yice atta and place, and d o, death occured at ti 29c. LICENSE N	26f. LOCATION (Streetly or Fown, Streetly or Fow	et and Number or rite) nanner se steted, and due to the c	Rural Route Number,



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Sylec	8	unal	ic e
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RAI	REC	HTS S	E
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 22 wours after death. Page 6 may be retained by the hospit	TO THE FUNEGAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial. cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
58 198	FUN	with	TAN
물	置	Fled	NO.
2	2	be 1	E

	FOR STATE REGISTRAR		RTMENT OF HEALTH AND I	MENTAL HYGIENE REG. NO.	90 33299
	1. DECEDENT'S NAME (First, Middle, Last) Marcanet Louis	ie Rougelet		2. DATE OF DEATH MONTH DAY	YEAR 3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 5. SEX 23/-26-4/2/ 1 □ M	8. AGE (In yrs. last birthday	MONTHS DAYS HOURS MIN.	(Month, Day, Year)	B. BIRTHPLACE (State or Foreign Country) 4 h 35 k & N. C.
OB	90. FACILITY NAME (If not institution, give street and not 592 Samuel Lane	number)	96. CITY, TOWN OR LOCATION OF DE Salisbury, 71	ATH 9c. COUNT	Y OF DEATH
DIRECTOR	10a. STATE 10b. COUNTY Wiscomic	1	ity, town or Location	/	10d. INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL	100. STREET AND NUMBER 592 Symuel L	ane	01. ZIP CODE	10g. CITIZI	EN OF WHAT COUNTRY?
BY FUN	1 Nover Married 2 Married FOR	DECEDENT EVER IN U.S. ARMED CES? 1 YES 2 AND ES, GIVE WAR OR DATES	1 40	.,	14. RACE — American Indian, Black, White, stc. Specify:
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completes Elementary/Secondary (0-12) College 3 4 7	f) (Give kind o	'S USUAL OCCUPATION of work done during most of working use retired.) Rehived	16b. KIND OF BUSINESS/INDU	ISTRY
BE CON	17. FATHER'S NAME (First, Middle, Last)	-	18. MOTHER'S NA	ME (First, Middle, Meiden Surname) Darden W	'allace
10	19a. INFORMANT'S NAME (Type/Print) Vida D. Wallac	19b. MAILII 70/	NG ADDRESS (Street and Number or Aural N. Westoven	1 - 1.	iny, md.
	20a. METHOD OF DISPOSITION 1 Burial 2 Coremetion 3 Removal from 4 Donation 5 Other (Specify)	Stale other place)	SITION (Name of cometery, cremetery or Acres Mermoria		ury md, 21801
	21. SIGNATURE OF TUNESAL SERVICE LICENSEE		LEWIS IN WA	to a Fineral Hor	21701
	23. PART I. Enter the diseases, or complice ahock, or heert felfure. List only IMMEDIATE CAUSE (Finel disease or condition resulting in death)	y one cause on each lins.	o not anter the mode of dying, such	• •	Interval Between
CERTIFICATION	Sequentielly list conditions, if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (OR AS A CONSEQUENCE			
MEDICAL	PART II. Other eignificent conditions contri	buting to death but not resulting	g in the underlying cause given in	Part I. 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
PHYSICIAN:		PITAL:	26. PLACE OF DEATH (C	heck only one) 6 Other (Specify)	
	27. MANNER OF DEATH 26 1 Netural 5 Pending	a. DATE OF INJURY 28b.	TIME OF INJURY AT WORK? M 1 YES 2 NO	28d. DESCRIBE HOW INJURY OCC	URED
TED BY	2 Accident	e. PLACE OF INJURY — At home, farm building, etc. (Specify)	m, atreet, factory, office	261. LOCATION (Street and Number City or Town, State)	or Rural Route Number,
COMPLETED	(Check only		urred at the lime, data and place, and du ation, in my opinion, death occured at ih	A THE RESIDENCE OF THE PARTY OF	
BE	295. SIGNATURE AND TITLE OF CERTIFIER	ws	29c. LICENSE NU		SIGNED (Month, Day, Year)
	30/ NAME AND ADDRESS OF PERSON WIND COMP	LETED CAUSE OF DEATH (ITEM 27) (7	ima Printi	N 1 1	

COMPLETED CAUSE OF DEATH (ITEM 27) (Typo Print)

32. REGISTRAR'S SIGNATURE

OFFE

31. DATE FILED (Morrith, Day, Year)

NOV 1 5 '90

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31. DATE FILED (Month, Day, Year) NOV 1 6

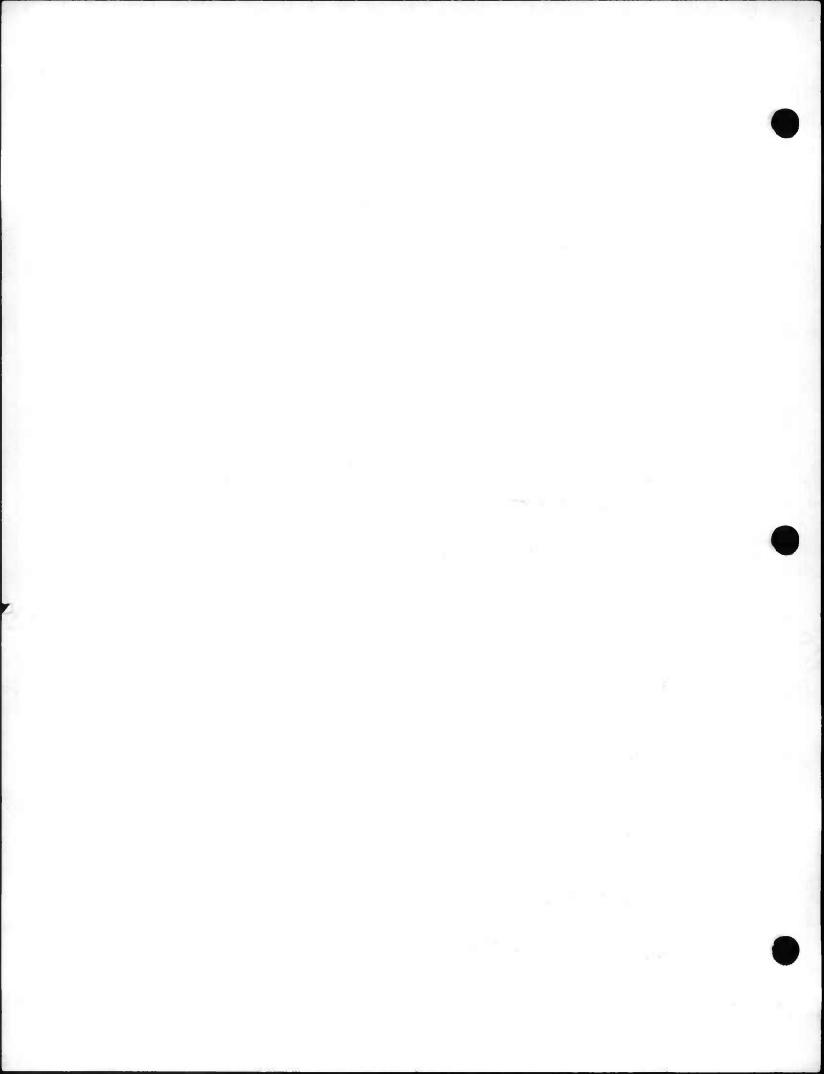
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DECEDENT'S NAME (First,	Middle, Last)				ICATE	. 0.	DLA		2. DATE	REG. NO.			3. TIME OF DEATH
	Charl	es W	£.	SM	mist	4	Sv		MONT	iemba i		YEAR	140
SOCIAL SECURITY NUMB		5. SEX	6. AGE (In yrs. I	last birthday)	F UNDER		IF UNDER		7 DATE	OF BIRTH	9	8. BIRT	HPLACE (State or Foreig
218-14400	3	1 M 2 F	67	YRS.	MONTHS	DAYS	HOURS	MIN.	Ma.	r. 3,19	923	Ma	ryland
e. FACILITY NAME (If not ins							OR LOCATI	ON OF DE	ATH			NTY OF I	
PENINSULA GI		HOSPITA	L		SA	LISE	SURY				WI	COMI	.00
Oo. STATE	10b. COUNTY			10c. CIT	ry, Town C	OR LOCAT	TION					_	10d. INSIDE CITY
Md.	Worce	ester		1	Po	ocor	noke						LIMITS?
0e. STREET AND NUMBER							. ZIP COD	E			10g. CIT	IZEN OF	WHAT COUNTRY?
2049	McMi	ckel Av	e.				21	851				USA	
1. MARITAL STATUS		12. WAS OECEDED	TEVER IN U.S. A	ARMED						N? (Specify Yea Rican, etc.)	or No-	14. RAC	E — American Indian, ik, White, atc.
Never Married 2 Widowed 4 Olyo		IF YES, GIVE	VAR OR DATES			1 YES	2 NO	Spec#)	/:	ribuit, bibly		Spec	"Black
	EDENT'S EDUC	CATION	160.0	DECEDENT'S	LIGHAL O	CCUBATU	201		140	b. KIND OF BUS	INICOC (IN		DIACK
(Specify only	y highest grade	completed)	104.	(Give kind of life. Do MOT u	work done	during mo	st of worki	ng	104			DUSTRI	
Elementary/Secondary (0 Elementa		College (1-4 or 5	"	ra	ctor	У				Poul	try		
7. FATHER'S NAME (First, MI	V .						16. MOT			Middle, Maiden			
	Jul	luis Sm	ith]	Lula	a Purn	ell		
on INFORMANT'S NAME (7)			1	19b. MAILIN						nber, City or Town			
Agnes					20)49	McM	icke	el /	Ave -	Poc	omol	ke, Md .
0a, METHOD OF DISPOSITI Buriet 2 Cremetio Donetion 5 Other		oval from State	20b. PLAC other	place)	COTTON OIL		metery, crei	natory or		20c. LO	CATION -	City or T	own, State Md a
1. SIGNATURE OF FUNERAL	SERVICE LIC												
					22.	NAME A	ND ADDRE	SS OF FA	CILITY				
		1. What	lon		22. Wh	name ai	on	ss of fa	oury eral	L Home	-Ac	coma	ac, Va.
Keil) 23. PART I, Enter the di	h E. S.	1. What	it caused the		Wh	art	on	Fune	eral				Approximate
> Keil) 23. PART I. Enter the di	Iseases, or caart failure.	1. what	it caused the		Wh	art	on	Fune	eral				Approximate Interval Bety
23. PART I. Enter tha di ahock, or hi MMEDIATE CAUSE (Fin disease or condition	Iseases, or caart failure.	complications the	it caused the cuse on each lie	ne.	not enter	lart	On ode of dy	Fune	eral				Approximate Interval Bety
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Z3. PART I. Enter the di ahock, or he mock, or he mock, or he mock, or he mock, or he mock as a condition resulting in death) Sequentially list condition resulting in death) Sequentially list condition resulting in death) Sequentially list condition resulting in death) LASSE (Disease or Injurithe initiated events reculting in death) LASSE (Disease or Injurithe initiated events reculting in death) LASSE (Disease or Injurithe initiated events reculting in death) LASSE (Disease or Injurithe Initiated events and Initiated events are initiated events and initiated events are initiated events. Sequentially list condition in the condition of the	lacases, or cart failure. lona, distermined in the condition of the condi	DUE TO A CONTRIBUTION OF CARROLL B. CAP DUE TO DUE TO C. CONTRIBUTION OF CARROLL A CONTRIBUTION OF CARROLL A CONTRIBUTION OF CARROLL 1 Inpution 2 28a. DATE O (Month, in building)	It caused the cuse on each life	SEQUENCE C	not enter Primary P	the mo	GON de of dy LACE OF 1 LACE OF 1 JURY AT DRIV? YES 2 [given in	Part I. eck only control 28d. DE	24e. WAS AN PERFOR 1 YES 2 DOTO: OTHER (Specify) ESCRIBE HOW II CATION (Street of Your Town, State)	AUTOPSY MED? NO NJURY OC	24 CCURED or or Rural	Approximate Interval Bety Onset and D Unset and D Available PRIOR TO COMPLETION OF CAU OF DEATH?
23. PART I. Enter the di ahock, or he mock	Iseases, or cart failure. Iseases, or cart fail	DUE TO A CONTROL B. CAP DUE TO B. CONTROL DUE TO C. CONTROL	It caused the cuse on each life on each life on each life on each life on each life on each life on each life on each life on each life on each life on each life on each life on each life on each (Specify)	To be out the second of the se	not enter Primary P	the mo	On de of dy A C T FAI G cause LACE OF 1 BURY AT PURY AT	given in	Part I. Part I. 28f. LO Ch	24e. WAS AN PERFOR 1 YES 2 One) Per (Specify) ESCRIBE HOW if You Town, State) Buse(e) and mer	AUTOPSY MED? NO NJURY OC	24 CCURED or or Rural	Approximate interval Betwoonset and D Up Are D. WERE AUTOPSY FINDS AVAILABLE PRIOR TO COMPLETION OF CAU OF DEATH? 1 YES 2 NO
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32. REGISTRAR'S SIGNATURE Pandelle

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	FOR 1 - STATE REGISTRAR		STATE OF !	MARYLAN	ID / DEPA					MENT	AL HYGIE		90	33301
	1, DECEDENT'S NAME (First,		Carrie G	attip							TE OF DEATH	DAY	YEAR	3. TIME OF DEATH
	546-68-828	ER	8. SEX 1 M 2 F	6. AGE (In)	rrs. last birthda	MONTHS	DAYS	IF UNDER	24 HRS. MIN.	(Mo	re OF BIRTH onth, Day, Year) 28, 1		8. BIRTHE Country	PLACE (State or Foreign
	FACILITY NAME (If not in	LITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF D						ON OF DE	_		_	INTY OF DE	ATH	
DIRECTOR	211 Russell	Ave.	Apt.#519			Gai	ther	sbur	g			Mon	tgome	ery
EC	10a. STATE	10b. COUNTY			10c. 0	ITY, TOWN	OR LOCA	TION						10d. INSIDE CITY LIMITS?
I H	Maryland	Montg	omery		Ga	ither	-	<u> </u>						tX YES 2 □ NO
FUNERAL	211 Russell	A370	An+ #510					. ZIP COD	E					tates
S	11. MARITAL STATUS	Ave. A	12. WAS DECEDEN	T EVER IN U	S. ARMED		WAS DEC	ENDENT			GIN? (Specify)		14. RACE	- American Indien.
BY F	1 Never Merried 2 🖄 3 Widowed 4 Divo		FORCES?	MAR OR DATE	2 X JNO			2 X NO			to Rican, etc.)		Specify	White otc. White
	15. DEC	EDENT'S EDUC		10	8e. DECEDENT					1	leb. K!ND OF E	USINESS/IN	DUSTRY	WILLE
E	(Specify only Elementary/Secondary (6	y highest grade 1-12)	completed) College (1-4 or 6	+)	(Give kind o	of work done use retired.)	during mo	st of worki	ng					
COMPLETED			4		Teach	er		la sala					(High	n School)
E C0	John N. Mcl								a Le		t, Middle, Maid	en Sumeme)		
00	190. INFORMANT'S NAME (7				19b. MAILI	NG ADDRES	S (Street i				umber, City or T	own, State, Z	ip Code)	
5	Carolyn G.				4620	45th	St.	N.W	. Wa	ashi	ngton	D.C.	20016	5
	20e. METHOD OF DISPOSIT 1 Burlal 2 Crematic		oval from State	0	LACE OF DISF							LOCATION -		vn, State Virginia
	4 Donetion 6 Other 21. SIGNATURE OF FUNERA	-	ENDEE	_ 1410	etropo	_		MA ADDRE		ACILITY	DeVol			
	· \C	A	2							Gait	East hersbu	Deer	Park Maryla	
	23. PART i. Entar tha d shock, or h	laaabes, or c eart fallure. I	complications the List only one ca	at caused to usa on aac	he daath. Do h line.	not ante	r the mo	de of dy	ing, suc	ch as c	ardiac or ree	piratory a	rrest,	Approximats interval Between
	IMMEDIATE CADSÉ (Fir disease or condition resulting in death)	→ i	. My	car	dial	_în	Fur	c41;	ш					1/2 hour
NO	Sequentially list condit	ions,	. Acte	CIOS	CLECC	tic	h	ear	4	di	seas	50		
CERTIFICATION	If sny, leading to imme cause. Enter UNDERLY	ING		(OR AS A C	ONSEGUENCE	OF):								
TE	CAUSE (Disease or injuthat initiated events		DUE TO	(OR AS A C	ONSEQUENCE	OF):								
H	resulting in daath) LAS		d											-
	PART II. Other significa						nderlyin	g cause	given in	Part i.		AN AUTOPSY ORMED?	24b.	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
MEDICA	Acrite	1351	nma,		OPD					_	1 TYES	2 NO		COMPLETION OF CAUSE OF DEATH?
ME										—				1 TES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED T	O MEDICAL					26. P	LACE OF I	DEATH (C	heck only	r one)	-:		
YSIC	EXAMINER?		HOSPITAL:				rsing Hor		esidence	6 X0	ther (Specify)	Ast	DUCU	Home
H	27. MANNER OF DEATH	Pending	26e. DATE O (Month,	F INJURY Day, Year)		IME OF INJURY	W	JURY AT ORK? YES 2	□ MO	26d. I	DESCRIBE HO	V INJURY O	CCURED	
BY	2 Accident	Investigation			- At home, fari	n, atreet, fac			_ 100		OCATION (Stre		er or Aural A	loute Number,
ETED	4 Homicide	Could not be determined	building	, etc. (Specify						· °	City or Town, Ste	nfe)		
MP	one)		CIAN: To the best of) and menner ee stated.
8	29b. SIGNATURE AND TITLE	OF CERTIFIE	510					29c. LIC	ENSE NU	JMBER		29d. DA	TE SIGNED	(Month, Day, Year)
8 0		ding	XVV	200	27	m	17		27	23	31	•	11-13	2-90
	James R	MO	OF JC	ISE OF DEAT	н (ITEM 27) (1)		KES	A	10	Ga	ithe	rsley	ru Y	nd 20817
	31. DATE FILED (Month, Day, NOV 16	'9 0	32. REGISTR		- Randel	2							3	
	HOY I O	50		- f-mind										



BALTIMORE, MARYLAND 21203-3146	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within — fours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the tuneral director, page 5 should be detached for use as the burial-transit permit. Pages be filled within 72 hours after death with the State Dept. of Health and Merital Hygiene prior to burial, cremation, or removal. IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic eventl, the medical examiner must be notified at once.	
13146	n and comp to burial, ci	
BOX	rtificate be og physiciar plene prior other trau	
, P.O	e attendin ferrial Hyg ury, or o	
SORDS	res that the igned by the ealth and N vs amy Inj	
L REC	law requi as been s Dept. of H 23 shov	
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	NSICIAN: The is certificate hith the State 66, or item	
SION	ENDING PI DR: After th ter death w	
DIVIS	AL OR ATT AL DIRECTO 2 hours at if Item 28	
	TO THE HOSPIT. TO THE FUNERA De filed within 7 IMPORTANT: 1	

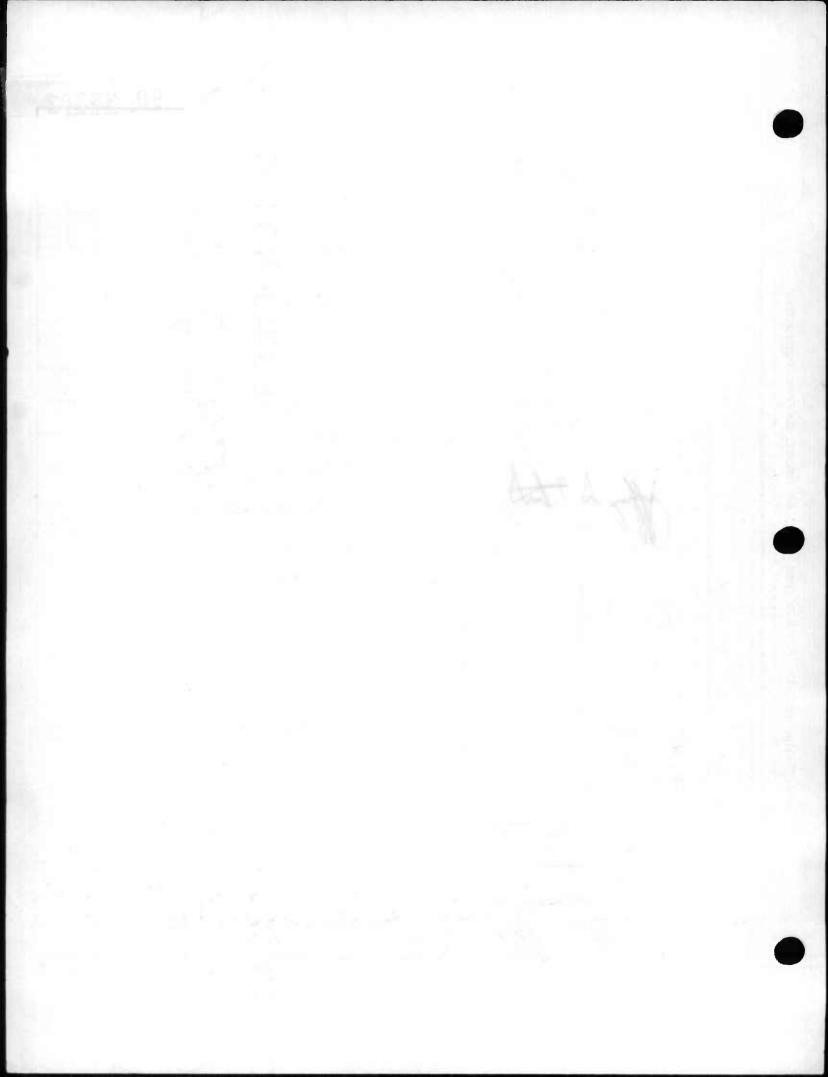
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1203-3146

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- STATE REGISTRAR		CERTIF			RE			-333
I. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DI	DAY	XEAF	
Helena M.		ton (In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	Novem.	ber 15,	_	10:10
115 18 0423	1 M 2 X 7		MONTHS DAYS	HOURS MIN.	(Month, Day,	, 1915	Co	ew York
9a. FACILITY NAME (If not institution, give a			9b. CITY, TOWN	OR LOCATION OF DE			O YTNUC	F DEATH
Suburban Hospital			Beth	esda		М	lont	gomery
RESIDENCE OF DECEDENT 100. STATE 100b. COUNT	Y	10c. CIT	Y, TOWN OR LOCA	TION				10d, INSIDE CITY
Maryland Mor	tgomery	Ве	thesda					1 YES 2 🔀
10e. STREET AND NUMBER			10	. ZIP CODE	3.90			F WHAT COUNTRY?
4949 Battery Lar				20814			_	d States
11. MARITAL STATUS 1 Never Merried 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES	S 2 NO	If yes, sp	CENDENT OF HISPAN Hecify Cuben, Mexica 5 2 X NO Specify	n, Puerto Rican,		8	ACE — American India lack, White, etc. pecify: White
15. DECEDENT'S EDU (Specify only highest grade	CATION completed)	18a. DECEDENT'S	USUAL OCCUPATI	ON pet of working	18b. KINC	OF BUSINESS/	INDUSTR	Υ
Elementary/Secondary (0-12)	College (1-4 or 5+)	Me. Do NOT us	se retired.)	JSL OF WORKING	P	estaura	n+	
12	-	Walt	ress	1				
17. FATHER'S NAME (First, Middle, Last) Oscar . Dykstra				18. MOTHER'S NA GOVE 1		, Maiden Surname Buys		
19a. INFORMANT'S NAME (Type/Print)				and Number or Rural	Route Number, Ci	ity or Town, State,	Zip Code	
Marguerite M. But	ler							orida 3460
20s. METHOD OF DISPOSITION 1 □ Burlel 2 ☑ Cremation 3 □ Rem	2	tob. PLACE OF DISPO other place)				20c. LOCATION		
4 Donation 8 Other (Specify)	OVAI ITOM State	Montgomer	y Crema	torium, 1	Inc.	Bethes	sda,	Maryland
	-						W.	
23. PART 1. Enter the disease, or the place to the place of the place	7. A. M	00689 and the death. Do	Home/ Wisco	Bethesda nsin Ave	-Chevy nue, Be	Chase, thesda	Inc , Ma	phrey Fund 7557 ryland 20 Approxim Interval B Onset and
· Show A	complications that cause List only one ceuse on DUE TO (OR AS	eed the death. Do	Home/Wisco	Bethesda nsin Ave: ode of dylng, suc	-Chevy nue, Be	Chase, ethesda or reapiratory	Inc , Ma arrest,	. 7557 ryland 20 Approxim Interval B Onset and
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23. PART I. Blue the discesse, or heart failure. IMMEDIATE C. USE (Finel discesse or anciltion resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Discesse or Injury that initiated events resulting in death) LAST PART II. Other algnificant conditions and the conditions of th	DUE TO (OR AS d	ed the death. Do neech line. CL - Dica. S A CONSEQUENCE O S A CONSEQUENCE O S A CONSEQUENCE O B A CONSEQUENCE O The but not resulting	Home/Wisconot enter the months of the state	Bethesdansin Ave: ode of dying, such action and action action and action	Part I. 24a	Chase, ethesda or respiratory WAS AN AUTOP PERFORMED? YES 2 NO	Inc, Ma	24b. WERE AUTOPSY F ARILABLE PRIOR COMPLETION OF OF DEATH? 1 YES 2
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23. PART I. By the diseases, or heert failure. IMMEDIATE CAUSE (Finel disease in ondition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificant conditions. 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 DA YES 2 NO 27. MANNER OF DEATH 1 Natural 6 Pending Investigation 1 Suicide 6 Could not be determined. 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMIN	M complications that caus List only one ceuse on a	Ded the death. Do in each line. CL Y DICA S A CONSEQUENCE OF A CONSEQUENC	HOME/Wisconot enter the model. OF): OF): OF): OF): OF): OF): OF): OF): In the underlyle A Nursing Ho ME OF 28c. is LURY M 1 Street, factory, off	Bethesda: nsin Ave: ode of dying, suc place of dying, suc grave given in place of Death (C) me 5 Residence JURY AT ORK7 YES 2 NO tee te and place, and du death occurred at the	Part I. 24a Part I. 24a 1 [Description of the causele of time, date and	Chase, ethesda or respiratory WAS AN AUTOPPERFORMED? YES 2 NO SE HOW INJURY N (Street and Numer, State) of and manner as place, and due to	Inc, Ma srrest, SY OCCURE stated.	24b. WERE AUTOPSY F AMALABLE PRIOR COMPLETION OF OF DEATH? 1 YES 2 D Ural Route Number,
23. PART I. By the diseases, or heert failure. IMMEDIATE CAUSE (Finel disease in ondition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificant conditions. 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 DA YES 2 NO 27. MANNER OF DEATH 1 Natural 6 Pending Investigation 1 Suicide 6 Could not be determined. 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMIN	M complications that cause List only one ceuse on a	eed the death. Do in each line. CL Y DOOR S A CONSEQUENCE OF S A CONS	HOME/Wisconot enter the model of the model o	Bethesda: nsin Ave: ode of dying, suc place of dying, suc grave given in place of Death (C) me 5 Residence JURY AT ORK7 YES 2 NO tee te and place, and du death occurred at the	Part I. 24a Part I. 24a Part I. 24a 1 [Chy or 70 a to the cause(e e time, date and	Chase, ethesda or respiratory Was an Autop. Periodiked? Yes 2 No No Street and Numer, State) Place, and due 1 29d.	Inc, Ma arrest, Ma arrest, SY OCCURE Stated.	24b. WERE AUTOPSY PARALABLE PRIOR COMPLETION OF OF DEATH? 1 YES 2 D D Ural Route Number,



	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 may be retained by the hos	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached within 27 hours after death with the State Dert of Health and Mental Hotelee prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
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	FZ 1	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fire distribution of the fired within 72 hours after death with the State Dent of Health and Mental Horiene orior to burial. crenation, or remoral.	the
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Į.	FOR 1 - STATE REGISTRAR	STATE OF MA			OF HEALTH AND	MENTAL HYGIEN	-/	0-3330	
	1. DECEDENT'S NAME (First, Middle, Last)	Lillian (OF DEATH	2. DATE OF DEATH	<u> </u>	AR 3. TIME OF DEATH	
	4. SOCIAL SECURITY NUMBER 140-09-8920	1 🗆 M 2 🔀 F	AGE (In yrs. leel birti	/RS. MONTHS	DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) June 3,19	02 N	BIRTHPLACE (State or Foreign Country) EW Jersey	
TOR	99. FACILITY NAME (If not institution, give s Carriage Hill RESIDENCE OF DECEDENT	treet and number)			town on Location of the liver Spring	9c. COUNTY Montg			
DIRECTOR		gomery		silver	Spring			10d. INSIDE CITY LIMITS? 1 YES 2 □ NO	
BY FUNERAL	9109 2nd Avenue	[1	101. ZIP CODE 20910		U.S.A		
	11, MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT E FORCES? 1 I IF YES, GIVE WAR	YES 2 NO		WAS DECENDENT OF HISPA If yes, specify Cuben, Mexic I YES 2 NO Spec	an, Puarto Rican, etc.)		RACE — American Indian, Black, White, etc. Specify:	
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5+)	(Give ki	ENT'S USUAL OF INDEXT USE OF INDEXT USE PRETENDED.	CCUPATION during most of working	16b. KIND OF BU	SINESS/INDUST		
COMF	17. FATHER'S NAME (First, Middle, Last) Simon Osterman		nous	ewire		AME (First, Middle, Maiden Kollman	n Home	7	
TO BE	19a. INFORMANT'S NAME (Type/Print) Henry Osterman ((brother)			S (Street and Number or Rura	Route Number, City or Tox		17	
	Henry Osterman (brother) 20e. METHOD OF DISPOSITION 1 Donation 5 Other (Specify) 20b. PLACE OF DISPOSITION (Name of cometery, crematory or other place) 20b. PLACE OF DISPOSITION (Name of cometery, crematory or other place) 20c. LOCATION — City or Town, Sista 20c. LOCATION — City or Town, Sista 20c. LOCATION — City or Town, Sista 20c. LOCATION — City or Town, Sista 20c. LOCATION — City or Town, Sista 20c. LOCATION — City or Town, Sista 20c. LOCATION — City or Town, Sista 20c. LOCATION — City or Town, Sista 20c. LOCATION — City or Town, Sista 20c. LOCATION — City or Town, Sista 20c. LOCATION — City or Town, Sista 20c. LOCATION — City or Town, Sista 20c. LOCATION — City or Town, Sista								
	21. SIGNATURE GENTHERAL SERVICE LIN	ansee A.S.	fore	D	NAME AND ADDRESS OF F anzansky-Go 170 Rockvil	ldberg Memo	orial C ockvill	hapels, Inc. e. MD 20852	
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or reapiratory arrest, shock, or heart feliure. List only one cause on each line. Approximate interval Between Onset and Death disease or condition								
	resulting in death) a. Due To (or as a consequence of):								
CATION	Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING Chronic (erebyl arterioscience)								
CERTIFICATION	CAUSE (Disesse or Injury that Initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF):								
	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? AMAILABLE PRIOR TO COMPLETION OF CAUSE								
N: MEDICAL	1 YES 2 NO OF DEATH? 1 YES 2 NO								
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1								
BY PH	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	28e. DATE OF IN (Month, Day,	Year)	Bb. TIME OF INJURY	INJURY WORK? 1 YES 2 NO				
ETED.	3 Suicide 8 Could not be determined 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28e. PLACE OF INJURY — At home, farm, street, factory, office City or Town, State) 28t. LOCATION (Street and Number or Rural Route Number, City or Town, State)								
COMPLET	29a. CERTIFIER (Check only one) 1 X CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and piece, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the basic of examination and/or investigation, in my opinion, death occurred at the time, data and piece, and due to the cause(a) and manner as stated.								
TO BE	29b. SIGNATURE AND TITLE OF CERTIFIE	O COMPLETED CAUSE	05 05470 07504 00		29c. LICENSE N	G349		ember 17, 1990	

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

32 HERISTRAR'S SIGNATURE
Julia Davidson Francisco

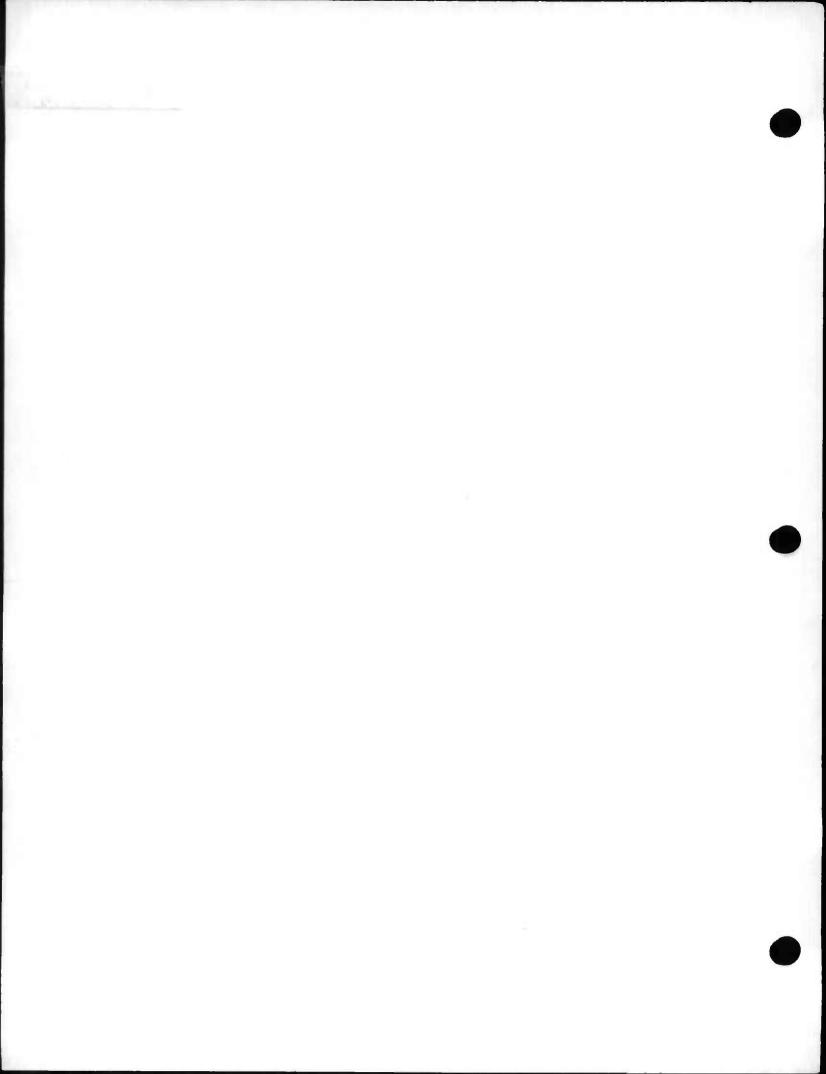
Kell

John

31. DATE FILED (Morith, Day, Year)
NOV 19 90

E.

Rocker



notified at

ОТ	TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION
sal examiner must be notif	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notific
 the funeral director, page 5 sh loval. 	TO THE FUNERAL DIRECTOR: After this cartificate has been signed by the attending physician and completely filled in by the funeral director, page 5 shou be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burlal, cremation, or removal.
ifter death. Page 6 may be retail	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within z-mours after death. Page 6 may be retaine

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 33304 CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 3. TIME OF DEATH 2. DATE OF DEATH 90 YEAR 18 George Anthony Sotak 11 12:30am 4. SOCIAL SECURITY NUMBER 6. SEX 8. AGE (In yrs. lest birthday) IF UNDER 1 YEAR | IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year) 8. BIRTHPLACE (State or Foreign DAYS 090-12-3047 1 M 2 F YRS. April 5, 923 New York 9a, FACILITY NAME (If not institution, give atreet and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Montgomery General Hospital 01ney Montgomery RESIDENCE OF DECEDENT 10c, CITY, TOWN OR LOCATION 10a. STATE 10b. COUNTY 10d. INSIDE CITY Maryland Montgomery Rockville 1 X YES 2 NO FUNERAL 10e. STREET AND NUMBER 10g. CITIZEN OF WHAT COUNTRY? 10f. ZIP CODE 2327 Pinneberg Avenue 20851 United States 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 X YES 2 NO 11. MARITAL STATUS 14. RACE — American Indian, Black, White, etc. 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-FORCES? 1 X YES 2 If yee, specify Cuben, Mexican, Puerto Rican, etc.)

1 YES 2 NO Specify: 1 Never Married 2 Married BY 3 Widowed 4 Divorced WW II White ETED 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 186. KIND OF BUSINESS/INDUSTRY (Specify only high Elementary/Secondary (0-12) COMPL 5+ Cost Analyst Department of Energy 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname) George Sotak Anna Janaska 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Genevieve Z. Sotak 2327 Pinneberg Avenue, Rockville, Maryland 29a. METHOD OF DISPOSITION

1. J Burial 2 Cremetion 3 Removal from State
4 Donetion 6 M Other (Specify) Entombment 20b. PLACE OF DISPOSITION (Name of cometery, crematory or 20c. LOCATION — City or Town, State Gate of Heaven Mausoleum Silver Spring, Maryland 22. NAME AND ADDRESS OF FACULTY
ROBert A. Pumphrey Funeral Home/
Rockville, Inc. 300 West Montgomery
Avenue, Rockville, Maryland 20850-2805 21. SIGNATURE OF FUNERAL SERVICE LICENSEE M00381 Barbara gomomullen Lawrence 23. PART I. Enter the diseases, or complications that coused the death. Do not enter the mode of dying, such as cardiac or reapiratory arrest, ahock, or heert feilure. Liet only one cause on each line. Interval Between **Onset and Death** IMMEDIATE CAUSE (Fine) disease or condition resulting in deeth) RENA FAI Wile. YEARS DUE TO (OR AS A CONSEQUENCE OF): Sequentielly list conditions, DUE TO (OR AS A CONSEQUENCE OF): If eny, leading to immediate cause. Enter UNDERLYING CAUSE (Diseese or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO CARDIAL ARPHYMMULES, Seizere's, COMPLETION OF CAUSE 1 YES 2 NO Subdupal Hemodomas 1 TES 2 100 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER: 1 TES 2 NO 1 inpatient 2 ER/Outpatient 3 DOA 4 Nursing Home 5 Residence 6 Other (Specify) 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 27. MANNER OF DEATH 28c. INJURY AT WORK? 28d, DESCRIBE HOW INJURY OCCURED 1 Netural CAR ACCIDENT 10/8/90 1 YES 2 NO 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 261. LOCATION (Street and Number or Rural Route Number, 3 Sulcida 6 Could not be determined Poure 81 Winchester, Vintinia 4 Homicide WINCHESTER, VIRGINIA. 1 X CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(a) and manner as stated.

29c. LICENSE NUMBER

3941 FEDRARA DRIVE WHEATON, MD

019192

29b. SIGNATURE AND TITLE OF CERTIFIER

9 3GU

31. DATE FILED (Month, Day, Year)

Barry Beel 100

32. REGISTRAR'S SIGNATURE

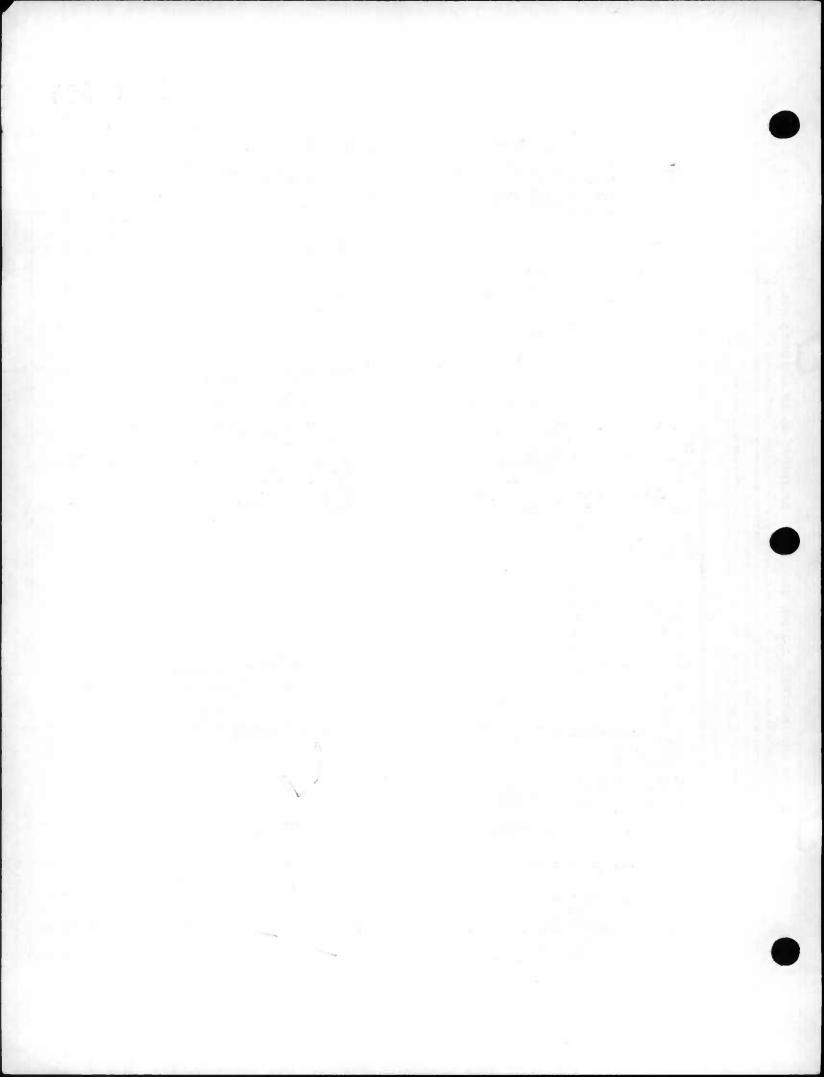
the Dandow Ponders

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) BARLAY HECHS

29d. DATE SIGNED (Month, Day, Year)

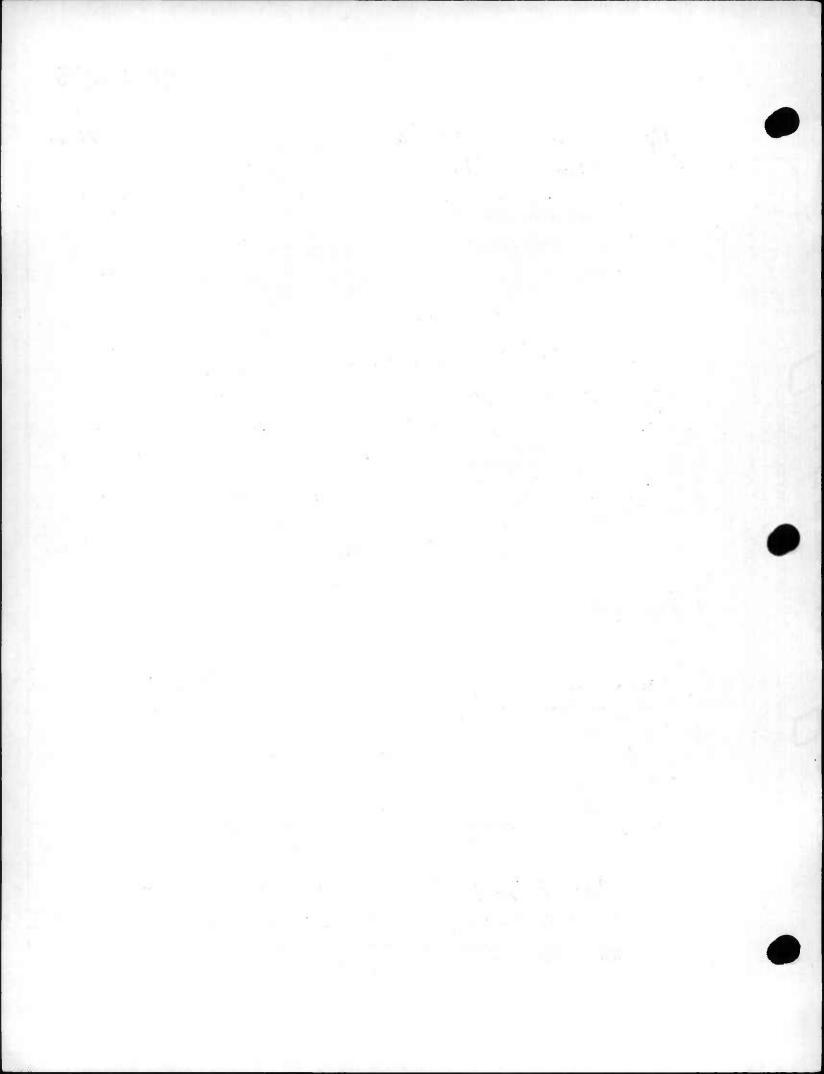
20906

18/90



DIVISION OF VITAL RECORDS, P.O. BOX 13146, TO THE COORDING DAYSCLON: The law requires that the death certificate he seconted within 24 fours after death. Page 6 may be retained by the precipil no attending physician	THE PREFACE OF THE PREFACE OF THE PROPERTY OF
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	Roy X	RAY KENI	athor.	STHERS		Nonth	18 18	790 1125		
	4. SOCIAL SECURITY NUMBER 579-52-6490	5. SEX 6. /	GE (In yrs. lest birthd	MONTHS DAVI		7. DATE OF BIRTI	ar)_09	BIRTHPLACE (State or Foreign Country) NORTH CAROLINA		
BY FUNERAL DIRECTOR	Se EAGILITY NAME (If not institution, give :	street and number)	nag depo		er SPrio	ATH	9c. COUNTY	OF DEATH		
	RESIDENCE OF DECEDENT									
	MARYLAND 10b. COUNT	RY 10c.	CITY, TOWN OR LO	LVER SPR	ING	10d. INSIDE CITY LIMITS? 1 YES 2 NO				
	9510 WOODLEY AVENUE				101. ZIP CODE	tog. CITIZEI	USA			
	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	ER IN U.S. ARMED VES 2 NO OR DATES L, KOREA	I NO If yes, specify Cuben, Mexicen, Puerto Rican, stc. 1 YES 2 NO Specify:							
ED	15, DECEDENT'S EDU	JCATION	16a. DECEDEN	IT'S USUAL OCCUPA	TION	18b. KIND O	F BUSINESS/INDUS	TRY		
COMPLETED	(Specify only highest grade	College (1-4 or 5+) 5+	MILTI	d of work done during NRM retired.) ER/ATTORN		U.S.	ARMY/JUI	DGE ADVOCATE		
BE CON	17. FATHER'S NAME (First, Middle, List) CHARLES FANNI	NG SMATH	ERS		16. MOTHER'S NAME ELLA	ME (First, Middle, M MA)		MGARNER		
TO B	190. INFORMANT'S NAME (Type/Print) ROLANDE L. SMATH	IERS (WIF			AVENUE					
	20a, METHOD OF DISPOSITION 1 X Burlai 2 Cremation 3 Ren		20b. PLACE OF DIS	SPOSITION (Name of	WOODLEY AVENUE, SILVER SPRING, MAR SITION (Name of cometer), cremetory or 20c. LOCATION — City or T					
	4 Operation 5 Other (Specify) ARLINGTON NATIONAL CEMETERY ARLINGTON, V. 21. SIGNATURE OF UNERAL SERVICE LICENSEE									
	21. SIGNATURE OR FUNERAL SERVICE LICENSEE FRANCIS J. COLLINS FUNERAL HOME, INC. 500 UNIVERSITY BLVD., W., SIL.SP., MD 20901									
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition									
	disease or condition resulting in death) a. Caroliopilmonal a Apres T Due to (or as a consequence of):									
NOI	Sequentially list conditions, If any, laading to immediata b. Coron Gry Arrew District DUE TO (OR AS A CONSEQUENCE OF):									
CERTIFICATION	CAUSE (Disease or injury that initiated events DUE TO (OR AS A CONSEQUENCE OF):									
CERT	resulting in daeth) LAST									
	PART II. Other aignificant condition	AS AN AUTOPSY ERFORMED?	8Y 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE							
MEDICAL	Or one Br			1 YES 2 DENO OF DEATH						
	Organic Brain Syndrome									
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL: OTHER:									
PHYSICIAN	1 UPS 2 NO 1 Inpetient 2 ER/Outpatient 3 DOA Nursing Home 5 Residence 8 Other (Specify) 27. MANNER OF DEATH 256. DATE OF INJURY 256. DATE OF INJURY 256. DATE OF INJURY 256. DATE OF INJURY 257. MANNER OF DEATH									
ВУ Р	1 Netural 5 Pending (Month, Dey, Year) INJURY WORK? 2 Accident Investigation W 1 YES 2 NO									
ETED	3 Suicide 6 Could not be determined 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28e. LCCATION (Street and Number or Rural Route Number. City or Town, State)									
COMPLE	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, desth occurred at the time, data and place, and due to the cause(e) and manner ee stated. 2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(e) and manner ee stated.									
BE	29b. SIGNATURE AND TITLE OF CERTIFIE	B. G.	el mo	•	29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) D 30.522 11-18-70					
5	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CARSE OF DEATH (ITEM 27) (Type, Print) Antoni B. Goral, Ind. 191 Consessions Long Rockwills MD 20832									
	LENIAM	B. Cour	'Cf wh.	141 (6	massicre.	1 mang	MOS MOS.	the man aces		

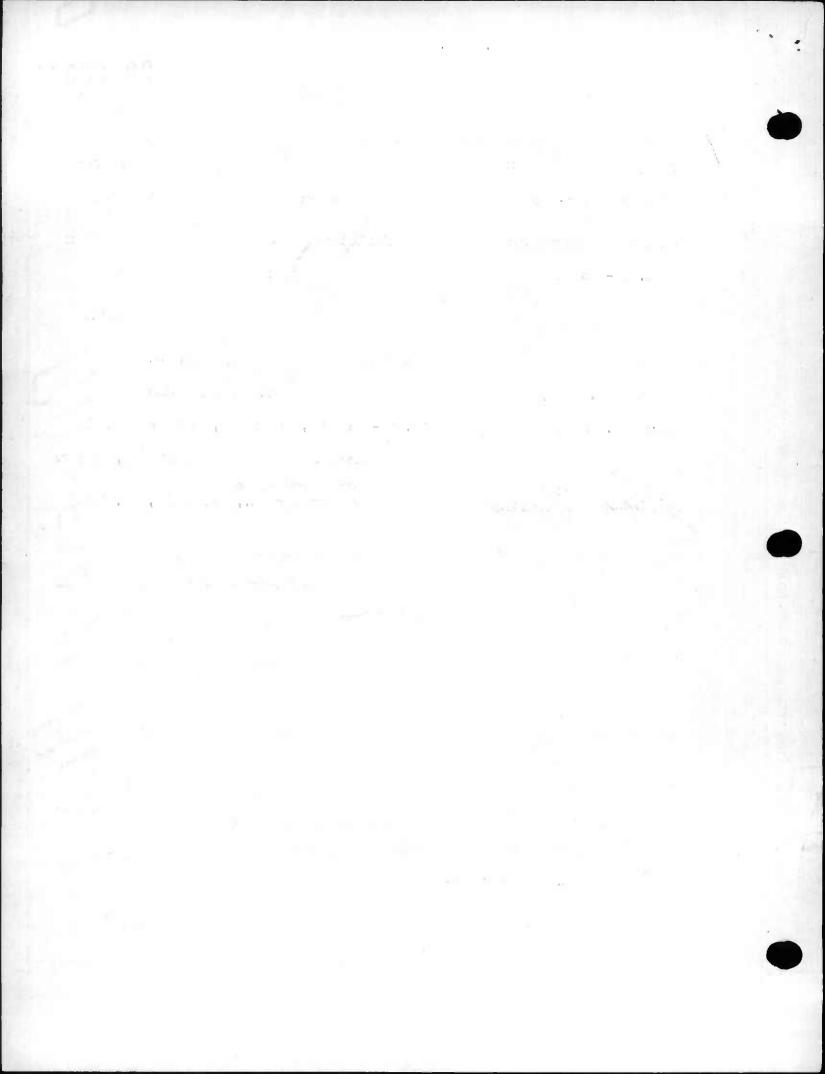


TO BE COMPLETED BY FUNERAL DIRECTOR

	1,2,3	
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nouns after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Physical has been signed by the attending physician prior to burial, cremation, or removal.	ет 28 ls

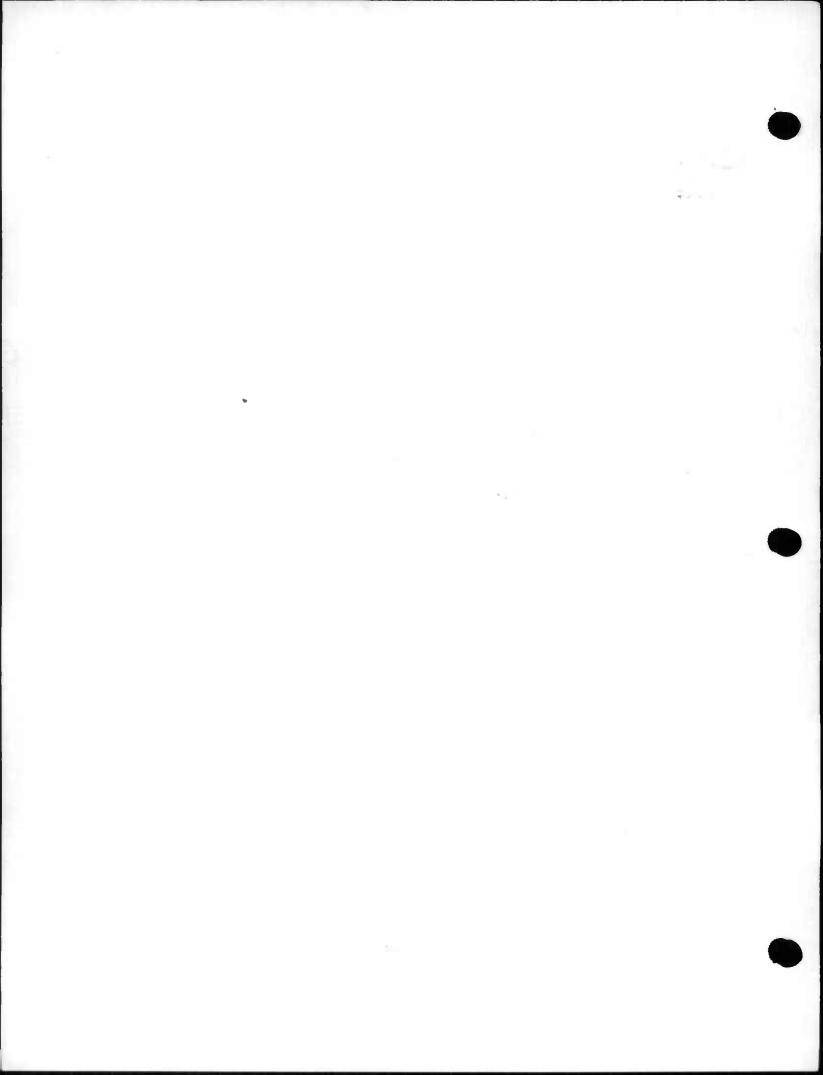
TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

FOR STATE REGISTRAR		STATE OF MAI			MENT OF I		MENTAL	HYGIEN	E		00000
1. DECEDENT'S NAME (First, Middle, Last)				OLITICIONE OF BEATT			2. DATE OF OEATH			3.	TIME OF DEATH
Winifre	b	T.		Tav	lor		MONTH	15		0 1	:20 PM
4. SOCIAL SECURITY NUM		5. SEX 6.	AGE (In yrs. Is	st birthday)	F UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE C	OF BIRTH	8.	BIRTHPL	ACE (State or Foreign
218 24 39		1 M 2 K F	86	YRS.	DAYS DAYS	OR LOCATION OF D		275704	9c. COUNTY		ryland
Berlin N	ursing					rlin				cest	
10a. STATE	10b. COUNTY			10c. CITY,	TOWN OR LOCA	TION				10	d. INSIDE CITY
Maryland		Girdletree						LIMITS? 1 YES 2 NO OF WHAT COUNTRY?			
Rt. 1 -	Por 1	26				2182	20			USA	a cookinii
11. MARITAL STATUS	DOX TO	12. WAS DECEDENT EV	/ER IN U.S. A	RMED	13. WAS DE	CENDENT OF HISPA	- /	? (Specify Yea			American Indian.
1 Never Married 2 3 Widowed 4 Divi		FORCES? 1 [] IF YES, GIVE WAR		NO	if yes, s	pecify Cuban, Mexic 3 2 X NO Speci	an, Puarto R			Black, V	nite
(Specify on	CEDENT'S EDUC ly highest grade (completed)	0	ECEDENT'S U Give kind of wo	SUAL OCCUPATI rk done during mi retired.)	ON ost of working	165.	KIND OF BUS	INESS/INDUS		
Elementary/Secondary (0-12)	Collage (1-4 or 5+)		Home	maker			Ow	n Home)	
17. FATHER'S NAME (First, A	Aiddle, Last)					18. MOTHER'S N	AME (First, M	tiddle, Maiden	Surname)		
Claude		эу						a Lill			
190. INFORMANT'S NAME (Harold M.			ľ			572, Sal					1801
20a. METHOD OF DISPOSITI	on 3 🗆 Remo	val from State	other r	Mana)	Method:	metery, cremetory or			CATION — CHY		Maryland
21. SIGNATURE OF FUH		Hyde D		00000	22. NAME A	ND ADORESS OF F	ACILITY			,	J =
Mond	, A	Marie				is Funera Franklin			Hill,	Md.	21863
23 PART I. Enter the c shock, or it IMMEDIATE CAUSE (FI disease or condition resulting in death)	neert failure, L	let Dnly one ceuse	on each lin	e.		cnnel					Approximate Interval Between Onset and Deeth
	_	552 10 (51	0	COLINCE OF	n 6-	Col	-	w.	1		
Sequentially list condi- if any, leeding to imme		OUE TO (OR	AS A CONSI	OUENCE OF):				4.	4		
cause. Enter UNDERLY CAUSE (Disease or in)	ING			p	40,						
that initiated events resulting in death) LAS		OUE TO (OR	AS A CONSI	EQUENCE OF):							
	-										+
PART II. Other algnific	ent condition	a contributing to de	ath but not	reaulting in	the underlying	ng ceuse given in	n Part I,	24a. WAS AN PERFOR	MED?	A) Ci	ERE AUTOPSY FINDINGS MILABLE PRIOR TO DMPLETION DE CAUSE F DEATH?
										1	YES 2 NO
25. WAS CASE REFERRED	TO MEDICAL				26. F	LACE OF GEATH (C	heck only on	•)			
EXAMINER?		HOSPITAL:	1/Outpatient		OTHER: * Kill Nursing Hor	ne 5 🗆 Residence	8 🗆 Other	r (Specify)			
27. MANNER OF DEATH 1 🔀 Natural 5	Pending	28a. DATE OF INJ (Month, Day,	URY Year)	28b. TIME	RY W	JURY AT ORK? YES 2 NO	28d, DE\$	CRIBE HOW I	NJURY OCCUP	RED	
2 Accident 3 Suicide 8	Could not be determined	28e. PLACE OF It building, etc.	IJURY — At I	iome, farm, ati				ATION (Street or Town, State)	and Number or	Rurel Rou	te Number,
200 CERTIFIER	112										
(Check only		CIAN: To the best of my									nd manner as stated.
296, SIGNATURE AND TITL	E OF CERTIFIER					29c. LICENSE NU	JMBER		29d, DATE S	IGNED (M	lonth, Day, Year)
120	7-		/			D020	26		► _{11/}	15/	90
Federico						St., B	or1:	o MD			
31. DATE FILED (Month, Day	Your)	32 REGISTRAR'S Julia Davi	SIGNATURE		Ј Бау	UL., D	EIIII	u, PID	410	11	
NOV19'	70	Juna way	ason-No	maria							



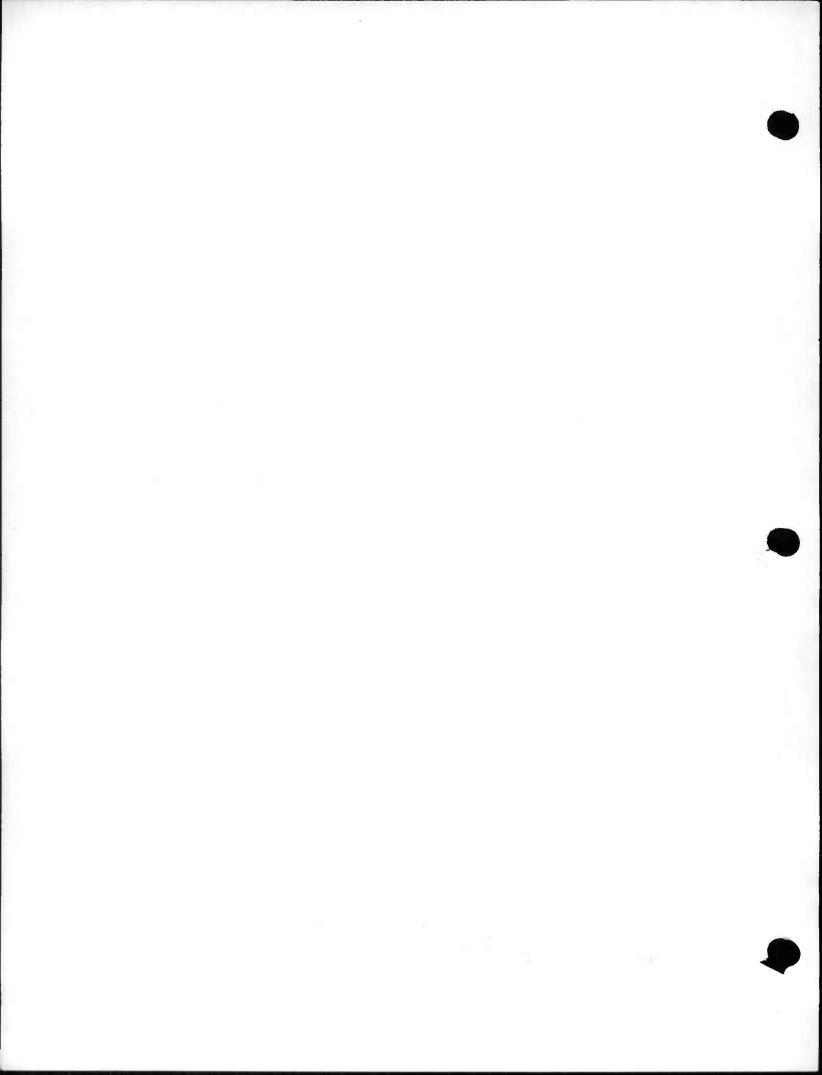
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	SIC	cert	4
5	PHY	this	with
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 fours after death	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funi	has flad within 72 hours after death with the State Dent of Health and Mental Hydiene prior to burial, cremation, or removal.
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		FOR 1 - STATE REGISTRAR	STATE OF MARYLA		RIMENT OF I		MENTAL HYGIEN REG. NO.	E	
·Ŧ	V	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH	AY YE.	3. TIME OF DEATH
t	o I	LUCILLE TRE	SCOTT					14,1990	
	1			yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	6. E	HRTHPLACE (State or Foreign country)
4	7	44 23 0040	□ M ² 汉 F 102	YRS.			AUG. 26, 1		ELAWARE
		Macility NAME (If not institution, give street			9b. CITY, TOWN	OR LOCATION OF DE	ATH	9c. COUNTY	OF DEATH
		CHASE NURSING C	ENTER		S	ILVER SPE	RING	MONTGO	MERY
	DIRECT	10e. STATE 10b. COUNTY		10c. CI	TY, TOWN OR LOCA	TION			10d. INSIDE CITY
	8	MARYLAND MONTG	OMERY	SII	LVER SPR	ING			LIMITS? 1 YES 2 NO
	A	10e. STREET AND NUMBER				H. ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?
	FUNERAL	8505 SPRINGVALE RO	AD #8			20910		USA	
	5	11. MARITAL STATUS 1 Never Merried 2 Merried	2. WAS DECEDENT EVER IN FORCES? 1 YES			CENDENT OF HISPAN pecify Cuben, Mexican	IC ORIGIN? (Specify Yes	or No- 14.	RACE — American Indien, Black, White, atc.
	β	3 Widowed 4 Divorced	IF YES, GIVE WAR OR DAT			S 2 NO Specify.			Specify:
	8	15. DECEDENT'S EDUCAT		16a, DECEDENT'S	USUAL OCCUPATI	ION	16b, KIND OF BU		HITE
	5	(Specify only highest grade cor Elementary/Secondary (0-12)	mpleted) College (1-4 or 5+)	(Give kind of life. Do NOT u	work done during m ise retired.)	ost of working			
	립	IN-HAMP SPECIFIC		HOMEMA	AKER				
at once.	COMPL	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NAT	ME (First, Middle, Melden	Surname)	
다 당	BE (JAMES H. SHELTON				LENA	STCLAIR		
otiffe	2	19e. INFORMANT'S NAME (Type/Print)					loute Number, City or Tow		
be notified		EVA LINGELE	(SISTER)						MARYLAND 2091
		20e. METHOD OF DISPOSITION 1 Description Burlet 2 Cremation 3 Remova	of from State	other place)		emetery, crematory or		CATION — City	rest view.
E		4 Donation 6 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICEN		EDAR HII		ERY		LAND.	MARYLAND
al me		- milad	12 1	2			LINS FUNE	RAL HOM	E, INC.
ě ,	_	Tuesday	Jugar						R. MD. 20901
the medical examiner must		23. PART I. Enter the diseases, or cor ahock, or heart feliure. Lis			not anter the m	ode of dying, such	n aa cardlac or reap	Iratory srrest,	Approximate Interval Between
E E	ŀ	IMMEDIATE CAUSE (Fine)	0 >		-	100-			Proof and Douth
nt, t		reaulting in death)	DUE TO (OR AS A	CONCEONEDIOE (()	706			334
or other traumatic event,	_		1 HR 5	> A 1 /	n Va	120	MAIT	7 5	264021
mati	Ŏ.	Sequentielly list conditions, if any, leading to immediate	DUE TO (OR AS A	CONSEQUENCE	OF):	0-010	10011	,,,,	10113
tra	S	cause. Enter UNDERLYING CAUSE (Disease or Injury							
othe	E	that initiated events	DUE TO (OR AS A	CONSEQUENCE	OF):				
6	CERTIFICATION	reaulting in deeth) LAST							
injury,	AL C	PART II. Other significant conditions	contributing to death bu	ut not resulting	In the underlying	ng cause given in	Part I. 24s. WAS AN		24b. WERE AUTOPSY FINDINGS
	2						PERFO		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
W.S	MEDIC								1 YES 2 NO
23 shows any									
item 2	PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			PLACE OF DEATH (Ch	ack only one)		
or ite	YSI		☐ Inpatient 2 ☐ ER/Outpo	atient 3 DOA	OTHER: 4 KNursing Ho	me 5 - Residence	6 Other (Specify)		
ed,	PH	27. MANNER OF DEATH	(Month, Day, Year)	28b. Ti	IJURY W	JURY AT ORK?	28d. DEŞCRIBE HOW	INJURY OCCUR	ED
Is marked,	BY	1 Natural 5 Pending 2 Accident Investigation	NONE			YES 2 NO			
28 IS	ED	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, etc. (Speci	At home, farm,	, street, factory, off	ice	28f. LOCATION (Street City or Town, Stete		Rural Route Number,
Item 2	<u>u</u>	29e. CERTIFIER							
7 =	COMPLET	(Check only	AN: To the best of my knowle						nuse(e) end manner as stated.
TANT	8		On the best of szammation	t end/or investigat	ion, in my opinion,				Section (Inc.)
MPORTANT:	BE	296. SIGNATURE AND TITLE OF CERTIFIER	13104	100		29c. LICENSE NUN	4 7 7	29d. DATE SI	GNED (Month, Day, Year)
8 ₹	2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DE	ATH (ITEM 27) (Tor	oe. Print)	1000	10	, 11	11-10
		JOHN B	NASOU.	MD	10620 (SEORGIA	Ave., :	SILVE	2 8881 NG
		NOV 16 90	32. REGISTRAR'S SIGN	ATURE Panel	.00				
	- 1	1101 7 0 00	1 /						



H death. Page 6 may be retained by the hospi	he funeral director, page 5 should be detached ral.	examiner must be notified at once.
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2-mours after death. Page 6 may be retained by the hosp	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and complicely filled in by the funeral director, page 5 should be detached the matter of the funeral director, page 5 should be detached the matter of the funeral director, page 5 should be detached the matter of the funeral dark death with the State Dent, of Health and Mental Hydiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

1	1 - FOR STATE REGISTRAR	TATE OF MARY		RTMENT OF H		MENTAL HYGIEN REG. NO	20	33308		
7		LYNN	TWYE	IAN		2. DATE OF DEATH	Y-90 <i>95</i>	3. TIME OF DEATH		
-	None 15.8	BEX 6. AGE	E (In yrs. lest birthdey, YRS.	MONTHS DAYS	HOURE MIN.	7. DATE OF BIRTH (Month, Day, Year)	Cou	THPLACE (State or Foreign intry)		
OR	9a. FACILITY NAME (If not Institution, give street a SHADY GROVE ADVE	and number)	SPITAL	96. CITY, TOWN	OR LOCATION OF DE	ATH	9c. COUNTY OF	DEATH		
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY		10c. C	ITY, TOWN OR LOCA	TION	10d. INSIDE CITY LIMITS?				
	MD Montgor 100. STREET AND NUMBER	definancown					WT) 1 G. STIZEN OF WHAT C			
FUNERAL	19751 Crystal Rock I		20874							
B	XXVenuer Married 2 Married	IF YES, GIVE WAR OR DATES 1 YES					NO 14. R/	ICE — American Indian, ack, Whita, etc. ecity: DIACK		
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elamentary/Secondary (0-12) NONE 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working the Do NOT use retired.) NONE NONE					16b. KIND OF BU	SINESS/INDUSTRY	,		
NO.	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME (First, Middle, Malden	Surname)			
BE (Craig Allan 190, INFORMANT'S NAME (Type/Print)		roy Tricis							
임	196. NAILING ADDRESS (Street and Number or Rural Route Number, City or Town, Stere, Zip Code) 19751 Crystal Rock Dr. Germantown, MD 208							n, MD 20874		
	20a. METHOD OF DISPOSITION © Burlei 2 Cremetion 3 Removal from State 4 Donation 5 Other (Specify)					ry	cation - city or silver	Town, State Spring, MD		
	22. NAME AND ADDRESS OF FACILITY Snowden Funeral Home, P.A. Rockville, MD 20850							•		
	23. PART I. Enter the disease, or companies to the state of the state	only one cause on	Premati		ode of dying, suc	h as cardiac or resp	elratory srrest,	Approximats Interval Between Onset and Dasth		
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST		S A CONSEQUENCE							
PHYSICIAN: MEDICAL C	PART II. Other significant conditions co	ontributing to deeti	but not resultin	g in the underlyin	ng cause given in		RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
CIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	OSPITAL:		26. F	PLACE OF OEATH (Ch	eck only one)				
HYS	1 YES 2 X NO 1X	tnpetient 2 ER/O			me 5 Residence	8 ☐ Other (Specify) 28d. DE\$CRIBE HOW	INJURY OCCURED)		
-	Natural 5 Pending	7)		ORK? YES 2 NO						
							281. LOCATION (Street and Number or Rural Route Number, City or Town, State)			
ВУ	2 Accident Investigation 3 Suicide 8 Could not be			, , , , , , , , , , , , , , , , , , , ,			9)	al Houte Number,		
ВУ	2 Accident Investigation 3 Suicide 8 Could not be	building, etc. (S	owledge, death occ	urred at the time, dat	a and place, and due	City or Town, State	anner as stated.			
BE COMPLETED BY	2 Accident trivestigation 3 Suicide 6 Could not be 4 Homicide determined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: One) 29b. SIGNATURE AND TITLE OF CERTIFIER	building, etc. (S	owledge, death occition and/or investigit	urred at the time, dat ation, in my opinion, Pediatnic	a and place, and due death occured at the	City or Town, State to the cause(a) and me	anner as stated.			
COMPLETED BY	2 Accident threatigation 3 Suicide 6 Could not be detarmined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On	building, etc. (S	pocify) nowledge, death occur tition and/or investigat DEATH (ITEM 27) (7)	urred at the time, data atton, in my opinion, Pediotnic, upe, Print)	a and place, and due death occured at the	clty or Town, Stake to the cause(e) and multime, date and place, a	anner as stated.	se(a) and manner as stated.		



33309 90

FOR

TO BE COMPLETED BY FUNERAL DIRECTOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR				CERTI	FICATE	OF DEAT	ГН		REG. NO.			
1. DECEDENT'S NAME (First, RAYMON)		TREACY							of death MBER	^y 7 1	o ^V 548	s. TIME OF DEATH 6:50 a.m.
4. SOCIAL SECURITY NUMB	FR	8. SEX	a AGE /ln	yrs, lest birthday) IF UNDER 1 Y	EAR IF UNDER	24 NOS	7 DATE	OE BIRTH	· / ,		IPLACE (State or Foreign
038-18-460	9	1∑XM 2 □ F	60		MONTHS	MAYS HOURS	MIN.	3-9	1. Day, Ybar) -1930		Rhod	de Island
9a. FACILITY NAME (If not in THE JOHNS			TAL			OWN OR LOCATION OF					TIMO	RE CITY
RESIDENCE OF DEC												
10e. STATE	10b. COUNT				ITY, TOWN OR							10d. INSIDE CITY LIMITS?
Maryland	Pru	nce Georg	e		eabroo	_						1 YES 2 NO
100. STREET AND NUMBER 9623 Woodb	erry S	Street				10f. ZIP COD	706			100		States
11. MARITAL STATUS		12. WAS DECEDEN	T EVER IN	U.S. ARMED		S DECENDENT C				or No-	14. RACI	E — Americen Indien, k, White, etc.
1 Never Merried 2 🔀 3 Widowed 4 Divo		FORCES? 1 IF YES, GIVE V Korean	AR OR DAT	lict		YES ZXNO			wount, arc.)		Spec	
15. DEC	EDENT'S EDU	CATION completed)		18e. DECEDENT	'S USUAL OCC	UPATION ing most of working	na	18b	KIND OF BUS	SINESS/IND	USTRY	
Elementary/Secondary (0		College (1-4 or 5	·)	Ilfe. Do NOT	use retired.)							
12 years		4 years		Electr	onic T	echnici			Priva			/
17. FATHER'S NAME (First, M								_,	Middle, Malden			
Raymond		reacy							R. Fai			
19a. INFORMANT'S NAME (7				1000		Street end Number	r or Rural	Route Numi	ber, City or Tow	n, State, Zip	Code)	
Marcelle J		acy			e as #							
20a. METNOD OF DISPOSIT 1 Burial 2 Crematic	n 3 🗆 Rem	oval from State		other place)		of cemetery, crer				CATION —		
4 Donation 8 Other	1-1-11	CANSEE	_ A1	clingto		onal Co			Ar.	Lingt	on,	Virginia
Borgwardt Funeral Home, P.A. 4400 Powder Mill Rd. Beltsville, Md. 20705												
23. PART I. Enter the d	Iseaaaa, pr	complications the	t caused	the death. Do								Approximata
		List only ons cer	isa on ea	ch line.					·	·		Interval Batween Onset and Death
IMMEDIATE CAUSE (Fir disease or condition	181	Met +	1.	5	Carrier C	ell Co	or el	- 0+	the	Lho-	0	
resulting in death)		a. Metasta	(OR AS A	CONSTRUENCE	OF):		7.001		1110	1110		1 7
Sequentially list condit if any, lasding to imme		DUE TO	(OR AS A	CONSEQUENCE	OF):							
cause. Enter UNDERLY CAUSE (Disease or Inju		c										
that initiated events resulting in death) LAS		DUE TO	(OR AS A	CONSEQUENCE	OF):							
Teaching in death, EAC		d						_				
PART II. Other algnifice	ent condition	ns contributing to	death bu	t not resultin	g in the und	erlying ceuse	given in	Pert I.	24a. WAS AN		248	b. WERE AUTOPSY FINDINGS
									PERFOR			AVAILABLE PRIOR TO COMPLETION OF CAUSE
					-				1/4.120			OF DEATH?
												75.00
25. WAS CASE REFERRED T	O MEDICAL					28. PLACE OF E	DEATN (C	heck only o	ne)			
EXAMINER?		HOSPITAL:	ER/Outpu	itlent 3 🗆 DQA	OTHER:	g Home 5 🗆 R	eeldence	8 🗆 Othe	er (Specify)			
27. MANNER OF DEATH		28a. DATE Of	NJURY Day, Ybar)	28b. 1		ac. INJURY AT WORK?		7	SCRIBE NOW	NJURY OC	CURED	
1 Netural 8 🗆	Pending Investigation	(ANOVALIA, E	Pay, roar;		M	1 YES 2	_ NO					
a D Sulates —	Could not be	28e. PLACE (otc. (Speci	At home, farr	n, street, factor	y, office			CATION (Street or Town, State)		r or Rural	Route Number,
4 Homicide	determined	20,00		.,,								
one)	HE THE TAXABLE	SICIAN: To the best of										(e) end menner se stated.
29h. SIGNATUBE AND TITLE							ENSE NU		2=21:00			D (Month/Day, Year)
William	[1].	But	m	ms		29¢. Liv	ENSE NO	MDER		▶ /	1//	7 /90
30. NAME AND ADDRESS O	F PERSON W	Bar to	/	TH (ITEM 27) (7)	pe, Print)	54,	Rel	timo	re 1	MD	>	-1205
31. DATE FILED (Month, Day,	3000	32. REGISTS	AR'S SIGNA	TURE			. , =					
/// FNOVE	ZU '9() qu	ha De	ridson Po	ndell.							

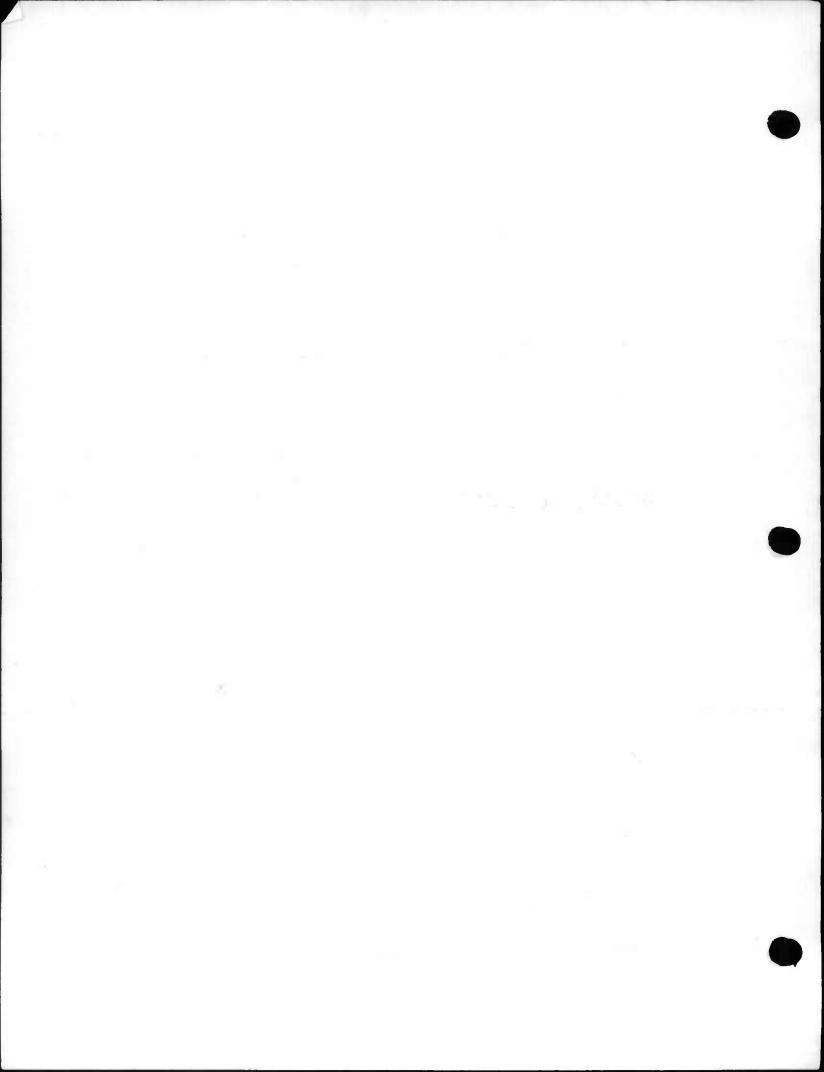
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2x mours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Plus filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

BALTIMORE, MARYLAND 21203-3146

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

DHMH-18 Rev 1/89



	REGISTRAR 1. DECEDENT'S NAME (First, Middle, Las			RTIFICAT	E OF DEA	7	REG. NO		3. TIME OF DEATH					
	Reginald	Va	Idivia	/ (m.	n.Emer	son)	11 /5	1990	032V N					
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. last b	oirthday) IF UNDE	R 1 YEAR IF UND	DER 24 HRS. 7	DATE OF BIRTH (Month, Day, Year)	8.	BIRTHPLACE (State or Foreign Country)					
)	218-05-4382	1 № M 2 🗆 F	82	YRS. MONTHS	DAYS HOURS	B MIN.	1-26- t	0	[aryland					
	Sa. FACILITY NAME (If not institution, give	street and number)		9b. CIT	Y, TOWN OR LOCA	TION OF DEAT	Н	9c. COUNTY						
DIRECTOR	Westminster N	arsing C	enter		Westmi	nster		Ca	rroll					
E I	10a. STATE 10b. COUR	TY		10c. CITY, TOWN	OR LOCATION				10d. INSIDE CITY LIMITS?					
0	Maryland Ca:	rroll		Wes	tminst	er			1X YES 2 NO					
AL	10e. STREET AND NUMBER			-	101, ZIP CC	ODE		10g. CITIZEN	OF WHAT COUNTRY?					
8	832 Johann Dr	ive			21	157		Unite	d States					
BY FUN	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	FORCES?	NT EVER IN U.S. ARMI I YES 2 NO WAR OR DATES			ban, Mexican,	ORIGIN? (Specify Yes Puerto Rican, etc.)		RACE — American Indian, Black, White, etc. Specify:					
ED	15. DECEDENT'S EI	UCATION	16a DECI	EDENT'S USUAL	OCCUPATION.		16b. KIND OF BU		White					
H	(Specify only highest gra	de completed)	(Give		during most of wo	rking	TOOL KIND OF BO	SINESS/INDUS	TAT .					
7	Elementary/Secondary (0-12)	College (1-4 or 5		Materi	al Han	dler	Ant	tomoti	VA					
COMPLET	17. FATHER'S NAME (First, Middle, Lest)			140011			(First, Middle, Maiden							
EC	Honorio Emel:	io Valdi	via				Agnes Wh							
0	19a. INFORMANT'S NAME (Type/Print)			MAILING ADDRES			ite Number, City or Tox							
2	Helen H. Vald:	ivia					Vestmins							
	20a. METHOD OF DISPOSITION	L V L W			lame of cemetary, o		· · · · · · · · · · · · · · · · · · ·	CATION - City						
	1 N Buriel 2 Cremation 3 Re 84 Donation 5 Other (Specify)	movel from State	other plec	0)	1emoria				urg, MD					
	21. SIGNATURE OF PONERAL SERVICE	LICENSEE	- I FAGI C	-	NAME AND ADD									
	· foliat	A. Alex	12				AT What F	CESTAL	NSTEX, MD dis ST. 21157					
ICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	ο	O (OR AS A CONSEOU	PENCE OF):	Pli	Mota	tie	CA.	,					
CERTIFI	that initiated events resulting in death) LAST	_ d	O (OR AS A CONSEOL	JENCE OF):		_								
AL	PART II. Other aignificant condition	ons contributing t	death but not re	eulting in the s	inderlying caus	e given in Pr	ert I. 24e. WAS AP PERFO		24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO					
DICAL	HICA	49					1 YES :	2 NO	COMPLETION OF CAUSE OF DEATH?					
ME	- nas	Konsn					_		1 TYES 2 NO					
		~0161	~0											
SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		000		F DEATH (Checi	conty one)							
YSI	1 TES 2 NO		ER/Outpatient 3	DOA 4 N	err: ursing Home 5 🗆	Residence 6	Other (Specify)							
РНҮ	27. MANNER OF DEATH 1 Netural 5 Pending	26a. DATE O (Month,	F INJURY Day, Ybar)	26b. TIME OF INJURY	28c. INJURY AT WORK?		ed. DESCRIBE HOW	INJURY OCCUR	RED					
BY	2 Accident Investigation			М	1 YES	2 NO								
60	3 Suicide 8 Could not i	26a. PLACE building	OF INJURY — At hom j, etc. (Specify)	e, farm, street, fa	ctory, office	1	281. LOCATION (Street City or Town, State		Rural Route Number,					
H	29a. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated.													
OMPLET	(Check only		exemination and/or in	2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as a 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year)										
BE COMPL	(Check only one) 2 MEDICAL EXAM	NER: On the basis of	axemination and/or in	vestigation, in my										
COMPL	(Check only one) 2 MEDICAL EXAM	NER: On the basis of	n	Ci	290. (DI 80	er 091	29d. DATE S	IGNED (Month, Day, Year)					
BE COMPL	(Check only 1 DEFCENTIFYING PHONE) 2 MEDICAL EXAM	TIER WHO COMPLETED CA	n	(Type, Print)	290. (DI 80		29d. DATE S						

TO BE COMPLETED BY FUNERAL DIRECTOR.

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2 cours after death. Page 6 may be retained by the hosp	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached		IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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that	P P	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IN.
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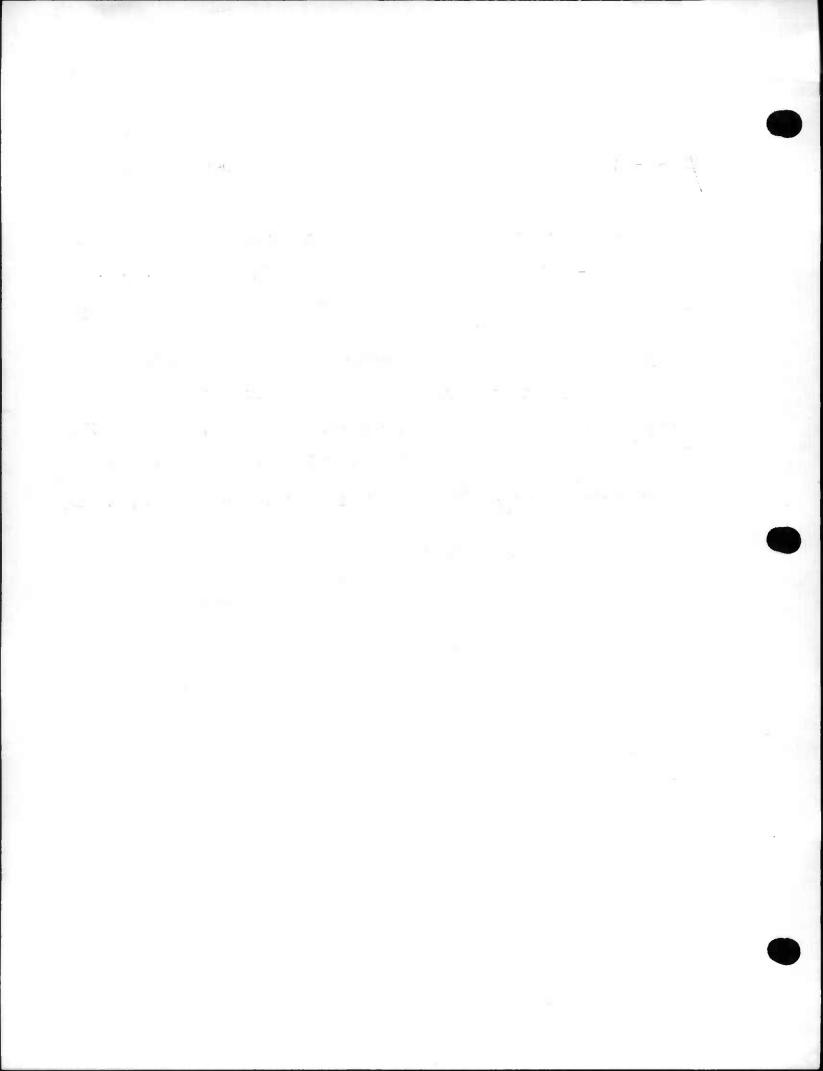
TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

31. DATE FINOVIOTA 67 90

FOR STATE REGISTRAR	STATE OF MAR	YLAND / DEPARTM CERTIFIC	IENT OF H ATE OF	EALTH AND N	MENTAL HYGIE REG. N		0 33311
1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER	auline Wi		MINER A NEAR	E 1800 CO 44 1800	November	14.1	YEAR 4:50 ptc
137-05-8572	1 □ M 2∑∑F		UNDER 1 YEAR NTHS DAYS	HOURS MIN.	Sept.16	1913	Country) New Jersey
9e. FACILITY NAME (If not institution, give s	treet and number)	96	CITY, TOWN O	R LOCATION OF DE	ATH	9c. COUNT	TY OF DEATH
Montgomery (General H	ospital	01r	ney		Mor	ntgomery
10a. STATE 10b. COUNTY	1	10c. CITY, TO	OWN OR LOCAT	ION			10d. INSIDE CITY
	Middelsex			Old Br	idge		LIMITS?
10e. STREET AND NUMBER 4D	Linden Cou	rt	101.	ZIP CODE	857		S. A.
11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVE FORCES? 1 Y IF YES, GIVE WAR O	ES 2 ND	It yes, spe		IIC ORIGIN? (Specify n, Puerto Ricen, etc.)		14. RACE — American Indian, Black, White, atc. Specify: White
15. DECEDENT'S EDU	CATION	16a. DECEDENT'S USI			16b, KIND OF E	USINESS/INDU	ISTRY
(Specify only highest grade Elementary/Secondery (0-12) 12	College (1-4 or 5+)	(Give kind of work life. Do NOT use re	done during mod tired.) maker	st of working	n	omesti	3
17. FATHER'S NAME (First, Middle, Last)		Tronte	HOVET	40 MOTHER!S NA	ME (First, Middle, Maid		8
	umuel Felse	nfeld			annie Wei		
19e. INFORMANT'S NAME (Type/Print)		19b. MAILING AD	DRESS (Street a	nd Number or Rural F	Route Number, City or 1	own, Stete, Zip (Code)
Judy Rodner		54 Myr	tle Ave	enue Mo	ontclair.	New Je	ersev 07305
20e. METHOD OF DISPOSITION 1 Burlel 2 Cremetion 3 Rem	oval trom State	20b. PLACE OF DISPOSITION Other place)	ON (Neme of cen	netery, crematory or	20c.	LOCATION C	ity or Town, State
4 Donation 5 Other (Specify)		Aguda	ath Isr	rael Ceme	etery N	ewark.	New Jersey
21. SIGNATURE OF FUNERAL SERVICE LICENSEE Prichael P. Margullo 22. NAME AND ADDRESS OF FACILITY Marzullo Funeral Service 3981 Carrollton Road Upperco. MD. 21155							
23. PART I. Enter the diseases, pr	complications that cau	sed the desth. Do not	enter the mo	de of dying, suc	h as cerdiac or re	spiretory arre	et, Approximats
shock, or heart fallure. IMMEDIATE CAUSE (Final	List only one cause o	n eech line.					Interval Between Onset and Death
disease or condition resulting in death)	DUE TO (OR	S A CONSEQUENCE OF):					
Sequentielly list conditions, if any, lesding to immediate csuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a Acu	AS A CONSEQUENCE OF):	Ecle	al my	factor		
PART II. Other significant condition	a contribution to des	th hut not socialize in a	ha undadula	- cours elves le	Book I Day 1990	AN AUTOPSY	24b. WERE AUTOPSY FINDINGS
	a contributing to use	ar but not resulting in t		g couse given in	PERI	2 NO	AMILABLE PRIOR TO COMPLETION DE CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		THER:	ACE OF DEATH (Ch			
27. MANNER OF DEATH	28e. DATE OF INJU				8 Other (Specify) 28d. DESCRIBE HO	W INJURY OCC	URED
1 Natural 5 Pending	(Month, Day, Ye		Y WO	RK?	Zou. Describe 110	11 11100111 000	ONED
2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJ building, atc.	IURY — At home, farm, stre (Specify)		YES 2 NO	281. LOCATION (Stre City or Town, St	et end Number (or Rural Route Number,
20. CERTIFIER							
ann)		nowledge, death occurred a					ed. e ceuse(e) end manner ee stated.
			2000			1	
296. SIGNATURE AND TITLE OF CERTIFIE	1200.	49		29c. LICENSE NUI	MBER 300	29d. DATE	SIGNED (Month, Day, Year)
20 NAME AND ADDRESS OF RESSON WA	O COMPLETED ONLOS OF	F DEATH (ITEM AT) (Top - 0-	(-a)	1			, , , _

Grove

Rockville



TO BE COMPLETED BY FUNERAL DIRECTO

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

	the hos	detach	ouce.
	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Jurs after death. Page 6 may be retained by the hos	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detach by each with the State Derf of Health and Mental Moleire prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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	execute	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fune and completely filled in by the fune and completely filled in by the fune and completely filled in by the funeral wholese prior to burial cremation, or removal.	traumatic event, the medical examiner must b
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	N: The	State D	Item ?
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1	PITAL 0	ERAL D	T. H He
	HE HOS	HE FUN	ORTAN
	10	D 2	IMP

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

29b. SIGNATURE AND TITLE OF CERTIFIER

STEPHEN

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE DE DEATH (ITEM 27) (Type, Iring)

CARNEY,

20 '90 M.D.

509

32. REGISTIAR'S SIGNATURE
JUNE DEVIDENT

IDLEWILD AVENUE,

										-	U	33316	
FOR 1 STATE	STATE OF N	ARYLANI) / DEPAR	RTMEN	T OF H	EALTH A	ND I	MENTAL	HYGIEN	E			
REGISTRAR			CERTIF	ICAT	E OF	DEATH	1_		REG. NO.				
1. DECEDENT'S NAME (First, Middle, Last)								2. DATE O	DA	Y	YEAR	3. TIME OF DEATH	
ANNA LEONA WANEX								NOVEM	BER 1	0,19		1825	М
4. SOCIAL SECURITY NUMBER	ADACTIVE RAVE (COURTE) AND (Month, Day, Year) Country)							PLACE (State or Foreign					
219-34-4118	1 □ M 2 📉 F	5	2 YRS.	WONTHS	DATS	noons	mire.	AUG 3	1, 19	38	MAR	YLAND	
Se. FACILITY NAME (If not institution, give at	reet and number)			9b. CIT	Y, TOWN O	R LOCATION	DF DE	EATH		9c. COU	NTY OF DE	ATH	
3717 WARWICK ROAD				EAS	T NEV	W MARK	ET			DOR	CHEST	ER	
RESIDENCE OF DECEDENT 10a, STATE 10b, COUNTY			100 00	TV TOWN	DR LOCAT	IDN						10d. INSIDE CITY	_
DODGW					W MAI							LIMITS?	
MARYLAND DURCH!	ESTER		EAS	INE		. ZIP CODE				10m CIT	TEN DE W	1 YES 2 X ND	_
3717 WARWICK ROAI					101					log. GIT			
11. MARITAL STATUS		T FIFE WILL	ADMED	140	WWG DEG	21631 ENDENT OF I		NO DEIGNA	10IA- W	as No	USA	— American Indian,	
1 X Never Married 2 Married	12. WAS DECEDEN FDRCES? 1	YES 2	LIND	13	If yes, spe	ecify Cuban, I	Maxica	in, Puarto Ric		or NO-	Black	, White, etc.	
3 Widowed 4 Divorced	IF YES, GIVE V	MAR OR DATES			1 TYES	2XXND	Specify	y:			Specif	WHITE	
15. DECEDENT'S EDUC	CATION	164	. DECEDENT'S	B USUAL (OCCUPATIO	ON .		16b, 1	(IND OF BU	SINESS/INI	DUSTRY		
(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5	,	(Give kind of life, Do NOT L	work done se retired.	during mo	st of working							
12		CLAIMS	SPE	CIAL	IST		STA	ATE O	F MAF	RYLAN	D		
17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname)							-						
LEO LOUIS WANEX MARY HANNAH MOXEY													
19a. INFORMANT'S NAME (TyperPrint) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)													
JOAN W. McFADDEN 14362 HARBAUGH CHURCH ROAD, WAYNESBORO, PA 17268													
20e. METHOD OF DISPOSITION 20b. PLACE DF DISPOSITION (Name of cometery, cremetory or other place) 20c. LOCATION — City or Town, State other place)													
4 Donation 5 Other (Specify)	4 Donation 5 □ Other (Specify) OUR LADY OF GOOD COUNSEL CEM. SECRETARY, MARYLAND												
21. SIGNATURE DE FUNERAL SERVICE LIC	ENGRE	11		22	7.F.I.T.I	ER FUN	OF FA	CILITY AT HOT	ALL.				
Degreud	1000	11		- 1		NEW M				1631			
23. PART 1. Enter the diseases, or t	compliantions the	t caused the	a daeth. Do								rest,	Approximate	
ahock, or heart failure.	List only one car	use on each	line.									Interval Betwee	
IMMEDIATE CAUSE (Final disease or condition	6	50 9	AS	-		CA		10 0				7 4R	-
resulting in death)	a. DUE TO	(DR AS A CO				74	7		000			110	
	502 10	(DII NO X 00	NOLD OLINOE	J. J.								i	
Sequentielly list conditions,	b DUE TO	(DR AS A CO	NSEQUENCE (OF):								1	
If any, leeding to immediata cause. Enter UNDERLYING												ļ	
CAUSE (Disease or Injury that initiated events	DUE TO	(OR AS A CO	NSEDUENCE (OF):									
resulting in death) LAST	d												
DART II Other classificant condition	a analytical and	ala ada bud a		le de .	om el malo de			Deat I		. stembnau		. WERE AUTOPSY FINDIN	100
PART II. Other algorificent condition	s contributing to	death but i	ior reamining	in the	underlyin	g cause giv	ren in	Part I.	24a. WAS AN PERFO		240	AVAILABLE PRIOR TO COMPLETION DF CAUSE	
									1 TYES	Mo		OF DEATH?	-
								1				1 TES 2 NO	
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			ОТН		LACE OF DEA	ATH (C)	heck only one)				
1 TYES 2 ND	1 Inpatient 2			4 🗆 N	ursing Hon		dence	6 🗆 Other		110000			
27. MANNER DO DEATH 1 Netural 5 Pending Investigation	26s. DATE O (Month,	F INJURY Day, Year)	26b. Ti	ME OF NJURY M	W	JURY AT DRK? YES 2 -	ND	28d. DES	CRIBE HOW	INJURY O	CCURED		
3 Suicide 6 Could not be 4 Homicide detarmined		OF INJURY —, , atc. (Specify)	At home, farm	, street, fi	actory, offic	00			TION (Street Town, State		er or Rural i	Route Number,	
29a. CERTIFIER Check only CERTIFYING PHYS	ICIAN: To the best of	f my knowledg	je, death occu	rred at the	e time, data	and place, a	and du	e to the cau	ee(a) and ma	nner as st	sted.		

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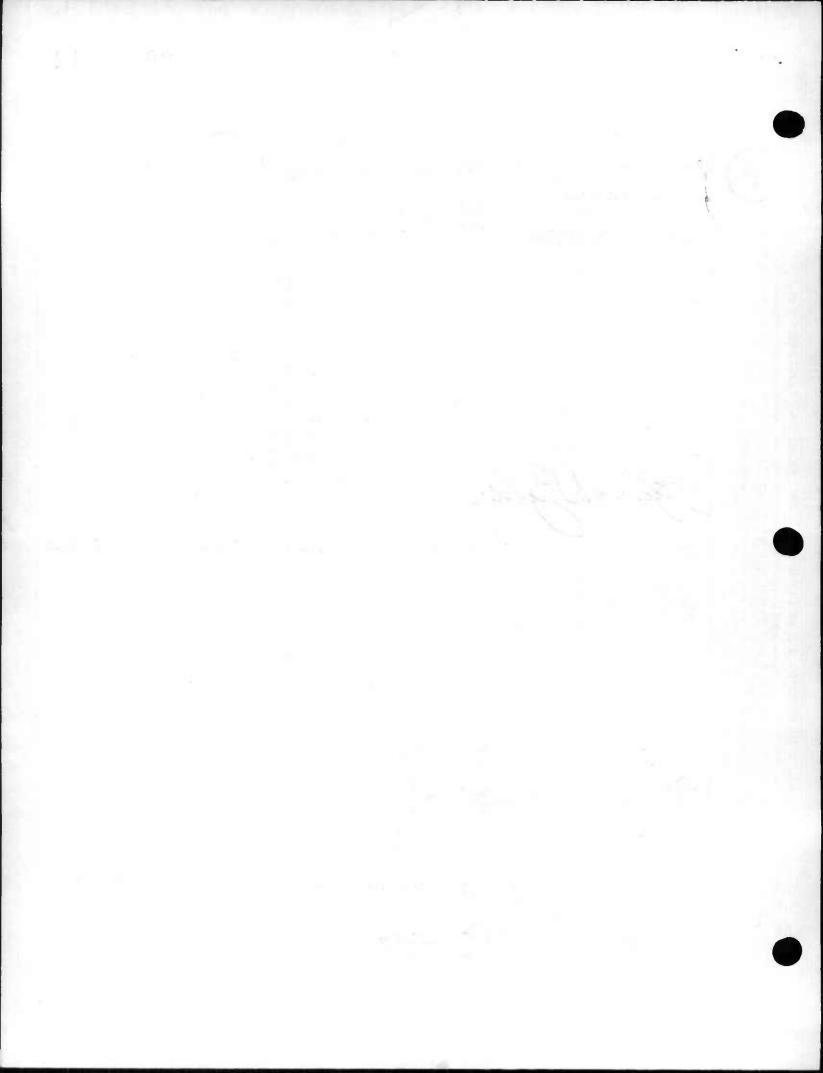
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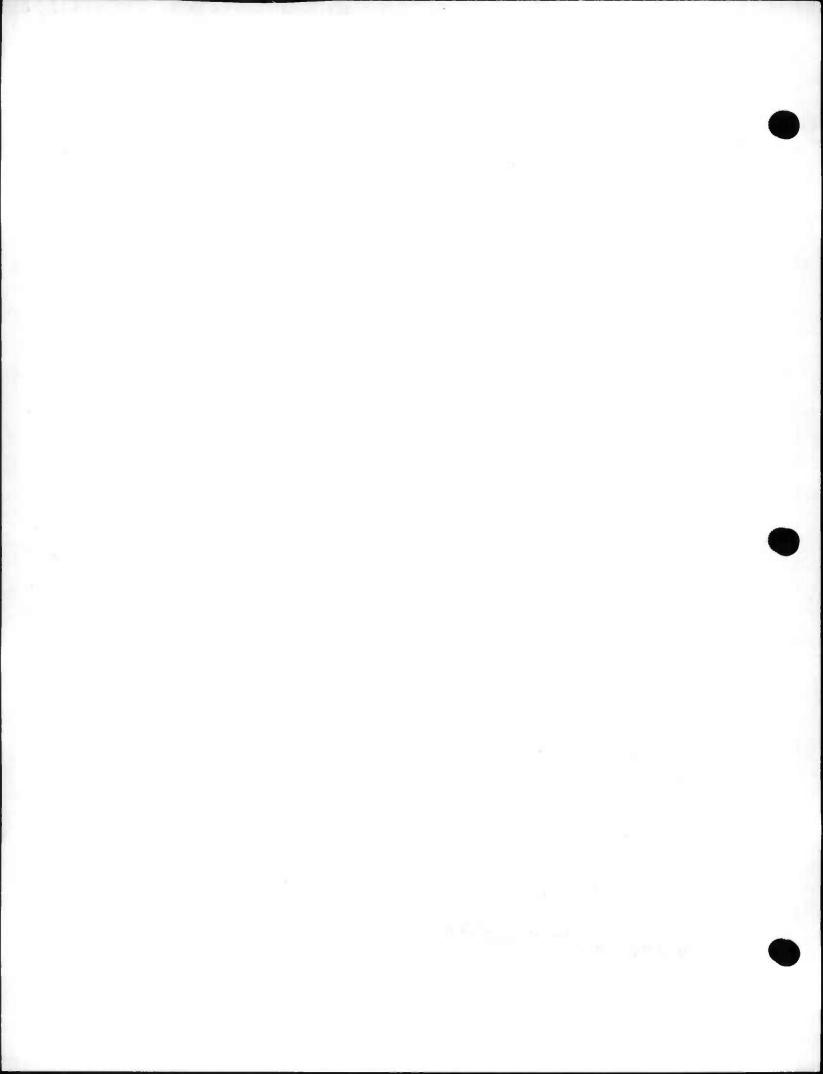
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29d. DATE SIGNED (Month, Day,



Please Dr.	Pul	L	m gras
y r		1	FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRAR CERTIFICATE OF DEATH REG. NO.
		T	1. DECEDENT'S NAME (First, Middle, Last) GENEVA WILLIAMS 2. DATE OF DEATH MONTH DAY YEAR OSUSAM
(B	1	4. SOCIAL SECURITY NUMBER 5. SEX 8. AGE (In yrs. last birthday) F UNDER 1 YEAR F UNDER 1 YEAR F UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year) Country) 8. BIRTHPLACE (State or Foreign Country)
	L	7	9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH
an with	DIRECTO		ANNE ARUNDEL MEDICAL CENTER ANNAPOLIS ANNE ARUNDEL RESIDENCE OF DECEDENT 100. CITY, TOWN OR LOCATION 104. INSIDE CITY
mit. Pagi		- 10-	MARYLAND ANNE ARUNDEL ANNAPOLIS LIMITS? 1 VES 2 NO 100. STREET AND NUMBER 101. ZIP CODE 102. CITIZEN OF WHAT COUNTRY?
46 physician, burial-transit permit. Pages	FUNERAL		1142 EASTPORT TERRACE 21403 U.S.A.
1203-3146 or attending physician, r use as the burial-tran	BY FUI		11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 VES 2 NO If YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Year or No If yea, specify: 14. RACE — American Indian, Black, White, stc. 15. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Year or No If yea, specify: 16. RACE — American Indian, Black, White, stc. 17. YES 2 NO Specify: 18. RACE — American Indian, Black, White, stc. 19. YES 2 NO Specify:
21203-3146 tal or attending phys for use as the buri	<u>a</u>	r	15. DECEDENT'S EDUCATION (Specify only highest grade completed) 18e. DECEDENT'S USUAL OCCUPATION (Give indired of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY
0 E E	once. COMPLET		Elementary/Secondary (0-12) College (1-4 or 5+) HOUSEWIFE
MARYLAND retained by the hosp 5 should be detached	# III		17. FATHER'S NAME (First, Middle, Last) RICHARD QUEEN EMMA QUEEN
MARY be retained ge 5 should	를 다	Ш	19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) EDWARD WELLS 130 OLD SOUTH CT. APT. K GLEN BURNIE, MD.
IMORE, Page 6 may b	must be		20s. METHOD OF DISPOSITION X Surfiel 2 Cremetion 3 Removal from State Danselon 5 Other/Snee/fix Danselon 5 O
BALTIMORE, I after death. Page 6 may be by the funeral director, page imoval.	examiner		21. SIGNATURE OF FUNERAL SERVICE LICENSEE Maryland Veteral Center Crownsville, Md.
	medical ex	+	23. PART I. Enter the disease, or compileations that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart fellure. List only one cause on each line.
filled in			IMMEDIATE CAUSE (Final disease or condition 1/ A A A
13146, executed within and completely o burial, cremati	65		oue TO (OR AS A CONSEQUENCE OF):
N4 8 5 5	51 =		Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING
S, P.O. BOX ne death certificate be the attending physician Mental Hygiene prior to	ry, or other tra		CAUSE (Disease or Injury that Initiated events resulting in death) LAST
	injury, o	- 11	PART II. Other algorificent conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY PREFORMED? AMILIBLE PRIOR TO
RECORDS, v requires that the deplete signed by the t. of Health and Me	JE JE		1 yes 2 No COMPLETION OF CAUSE OF DEATH?
as as	40		25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one)
> 4 1 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2	or item 23		EXAMINER? 1 YES 2 NO HOSPITAL: 1 Inputient 2 ER/Outpatient 3 DOA 4 Nursing Home 5 Residence 6 Other (Specify)
O FF SE	P G		1 Natural 5 Pending (Month, Day, Year) INJURY WORK? 2 Accident Investigation 1 YES 2 NO
STEN THEN THEN THEN THEN THEN THEN THEN T	. O	-1	3 Suicide 8 Could not be determined 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28e. PLACE OF INJURY — At home, farm, street, factory, office City or Town, Stete)
	ANT: It item 28 COMPLETE		29s. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and piace, and due to the cause(s) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and piace, and due to the cause(s) and manner as stated.
TO THE HOSPITAL TO THE FUNERAL I	N N		296. SIGNATURE AND TITLE OF CERTIFIEN 296. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year)
222	₹ 2		30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)
			SI. DATE FILED (Month, Day, Year) 100. AGUSTHANDONNE THE THIND AND A 1000 Guilla Day door of the Day door of t
			NOV 20 1990 gula parassi 1



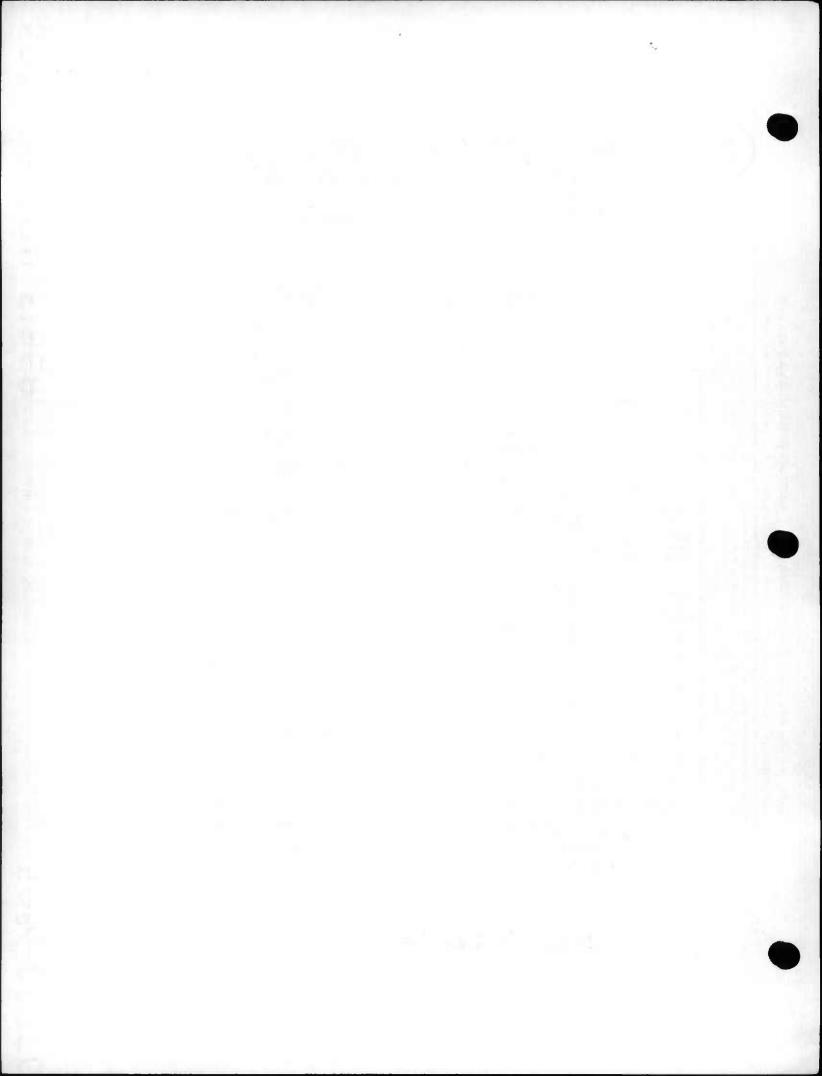
BALTIMORE, MARYLAND 21203-3146

TO BE COMPLETED BY FUNERAL DIRECTOR

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13146,	personal paralleliant. The last encoding the death and confidents he manufactual
ISION OF VITAL RECORDS, P.O. BOX 13146,	ad applicants he
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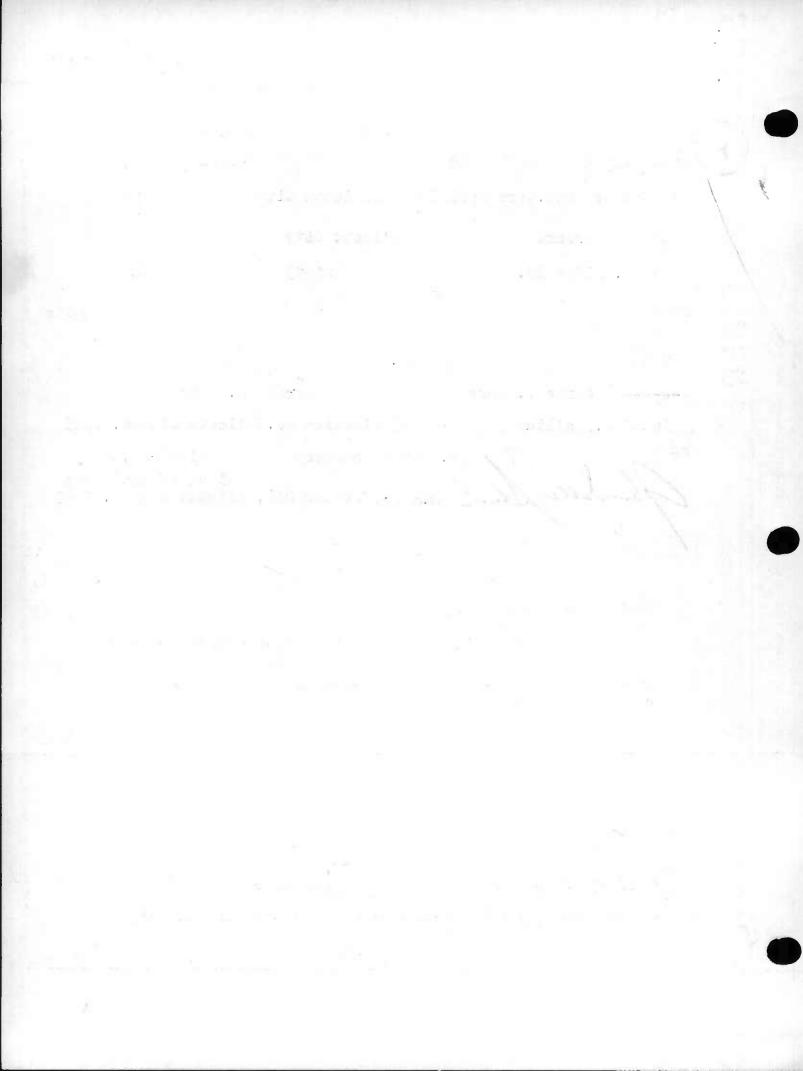
TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

1. DECEDENT'S NAME (First,	Middle, Last)								2. DATE OF DEATH		3. TIME OF DEATH			
	Norma	n Rus	sell	ME	DD				November		,1990 1030 M			
4. SOCIAL SECURITY NUMB		8. SEX		s. last birthday)	IF UNDER				7. DATE OF BIRTH (Month, Day, Year)	130	8. BIRTHPLACE (State or Foreign Country)			
535-14-6588	A	1 🙀 M 2 🗆 F	85	YRS.	MONTHS	DAYS	HOURS	MIN.	8/30/05		Washington			
9a. FACILITY NAME (If not in:	CILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH							JNTY OF DEATH						
Calvert M	emori	ial Hos	Hospital Prince Fre						rick	ck Calvert				
10a. STATE	10b. COUNTY	Y		10e. CIT	ry, TOWN	OR LOC	ATION				10d. INSIDE CITY			
Maryland	Ca1	vert		Hu	ntin	-					1 TYES 2 NO			
100. STREET AND NUMBER						1	iot. ZIP COD	E		10g. CIT	TIZEN OF WHAT COUNTRY?			
5850 Stephe	en Rei	d Road					206	39		U.	S. of A.			
11. MARITAL STATUS 1 Never Married 2	Manual - d	12. WAS DECEDEN	TEVER IN U.S	B. ARMED	13.				NIC ORIGIN? (Specify Yes in, Puerto Ricen, etc.)	or No-	14. RACE — American Indian, Black, White, etc.			
3 Widowed 4 Divo		WW II	MAT DR DATES	3		1 YI	ES 2 ND	Specif			Specify: White			
15. DEC	EDENT'S EDU	CATION	16	e. DECEDENT'S				200	16b. KIND OF BUS	INESS/IN	DUSTRY			
Elementary/Secondary (0		College (1-4 or 5	+)	Me. Do NOT u	see retired.)	ourng i	TOST OF WORK	'V						
NAV 201 - 2 10 - 2	6		T	echnic	a1 D	ire	ctor		Televi	sion				
17. FATHER'S NAME (First, MI	iddle, Last)						18. MOT	HER'S NA	ME (First, Middle, Maiden	Surname)				
Russell We	bb						Unl	know	n					
19a. INFORMANT'S NAME (7)	ype/Print)			19b. MAJLING	3 ADDRES	S (Stree	t and Numbe	r or Rural	Route Number, City or Tow	n, State, Z	(ip Code)			
Larry Nor	man W	ebb		same	as 1	0 al	bove							
20a. METHOD OF DISPOSITI		Sarac -	20b. PL	ACE OF DISPO	SITION (N	ame of c	cemetery, cres	natory or	20c. LO	CATION -	- City or Town, State			
1 Donation 5 Other		oval from State		erplace) cropoli	tan	Cre	mator	W	Alev	andr	ia, Virginia			
21. SIGNATURE OF FUNERAL	L SERVICE LIC	CENSEE	1110				AND ADDRE			anar	Tar viiginia			
1 James	Ha	us ch	_		R	aus	ch Fu	nera	1 Home, Bo	x 45	, Owings,MD 207			
disease or condition resulting in death) Sequentially list condit if any, leading to immecause. Enter UNDERLY! CAUSE (Disease or inju	diate NG	b. DUE TO	O (DA AS A CO)	PINSEQUENCE D	Propie	ta	100	~	e Henos	she	14U			
that initiated events resulting in death) LAS	-	d				nderiy	ing cause	given in	PERFO	RMED?	7 24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE			
	411	rutit							1 YES 2	NO NO	OF DEATH? 1 YES 2 NO			
25. WAS CASE REFERRED TO EXAMINER?	O MEDICAL	HOSPITAL:			ОТНЕ		PLACE DF	DEATH (C	heck only one)					
1 TES 2 NO		1. Inpatient 2			4 🗆 Nu	rsing H		esidence	6 Other (Specify)					
	Pending Investigation	28s. DATE O (Month,	F INJURY Day, Year)	26b. TII	ME DF IJURY M	1	INJURY AT WORK?] NO	28d. DESCRIBE HOW	NJURY O	CCURED			
3 Suicide 6	Could not be determined	28e. PLACE building	OF INJURY — I, etc. (Specify)	Al home, farm,	stroot, fac	ctory, of	ffice		251. LOCATION (Street City or Town, State)	and Numb	er or Rural Route Number,			
contact only	CORNEL DATE	and the state of the state of							e to the cause(s) and me e time, data and place, ar		tated. the cause(s) and manner as stated.			
29b. SIGNATURE AND TITLE	о сенцев	IR.					29c. LIC	ENSE NU	MBER	29d. D/	ATE SIGNED (Month, Day, Year)			
-1	MA)					T	15	317.7	1	1-23-90			
30. NAME AND ADDRESS OF	F PERSON WI	O COMPLETED CAL	USE OF DEATH	(ITEM 27) (Typ	e, Print)			0	- ()	-	- /			
	athon						Prin	ce I	Frederick	M	aryland 2067			
31. DATE FILED (MODITY DOLY	28 10	Lowent 32. noticent	DOWN ON	n-Rande	02									



TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit be filled within 72 hours after death with the State Dept. or Health and Media Hydien for to burial, cremation, or removal. **MANIFORMAL HIGH 28 is marked or Health 32 shows any Inlium, or other trainmatic event, the medical examiner must be nettlined at once.	
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	FOR 1 - STATE REGISTRAR	STATE OF MARYL		RTMENT OF		MENTAL HYGIENI REG. NO.	E				
1	PECEDENT'S NAME (First, Middle, Lest) Bessie	Lee		Llich		2. DATE OF DEATH MONTH 11-18-9	5 YEA	3. TIME OF DEATH			
	4. SOCIAL SECURITY NUMBER 212-60-2375	1 - M 2 - F 8'	n yrs. last birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 09-14-0	8. B	IRTHPLACE (State or Foreign ountry)			
ОВ	Bon Secours Ex		ility		or Location of Di		Howar				
DIRECTOR	nesidence of decedent 100. STATE 100. COUNT Nd Howa			ry, TOWN OR LOCAL				10d. INSIDE CITY LIMITS? 1 X YES 2 NO			
	10e. STREET AND NUMBER				M. ZIP CODE			OF WHAT COUNTRY?			
BY FUNERAL	3000 N . Ridge 11. MARITAL STATUS 1 Never Merried 2 Merried 3. XWidowed 4 Divorced	Rd. 12. WAS DECEDENT EVER IF FORCES? 1 YES IF YES, GIVE WAR OR DO		If yes, s		NIC ORIGIN? (Specify Yee in, Puerto Ricen, etc.) y:		RACE — American Indian, Black, White, etc. Specify: White			
COMPLETED	16. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12) 7 th	CATION completed) Coffege (1-4 or 5+)				Own Hor					
BE CON		e B. Gore			Sarah		е				
7	190. INFORMANT'S NAME (Type/Print) Elwood S. Wal	lich				Route Number, City or Town Ellicott					
	20a, METHOD OF DISPOSITION Description 2 Cremetion 3 Rem Other (Specify)	count dearer Canto	PLACE OF DISPO		tery		cation — city of				
	21. SIGNATORE OF SUIVERAL SPINCE LI	CENSEE	4.00	22. NAME /	ND ADDRESS OF FA	Slack		ral Home			
7	Approximate Interval Betwee Onset and Deal Congressions that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, above, or heart failure. List only one cause on each line. Congression of condition resulting in deeth) Due to (or as a conscouence of): Profery - Calarie malnutrition Approximate Interval Betwee Onset and Deal Congression of the Congressi										
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST	DUE TO (OR AS A CONSEQUENCE OF): Je men (a) DUE TO (OR AS A CONSEQUENCE OF): De men (a) Due TO (OR AS A CONSEQUENCE OF): Due TO (OR AS A CONSEQUENCE OF):									
MEDICAL	DEPRESSION HISTORY OF	SEVERE DEGEN				Part t. 24a. WAS AN PERFOR	MED?	24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO			
CIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		QTHER:	PLACE OF DEATH (C)	heck only one)					
BY PHYSICIAN:	1 YES 2 NO 27. MANNER OF DEATH 1 Natural	1 Inpatient 2 ER/Outs 28e. DATE OF INJURY (Month, Day, Year)	28b. Til	ME OF 28c. II	THE S Residence JURY AT ORK? YES 2 NO	8 Other (Specify) 28d. DESCRIBE HOW II	NJURY OCCURE	ED			
E	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, etc. (Spe-		street, factory, off	ice	281. LOCATION (Street a City or Town, State)	and Number or R	ural Route Number,			
29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(e) and manner as stated.											
TO BE C	29b. SIGN ATURE AND TITLE OF CERTIFIF	Henry	ATH (ITEM 27) (Jun	Print)	29c. LICENSE NU 0382		29d. DATE SIG	11-19-90			
	V9501 OLS ANA	MPOLIS ROAD	, alla		Y, MAR	YLAND ?	2104	3			
	NOV 2, 0 '90	32. REGISTRAR'S SIGN	son-Aanda	82.							

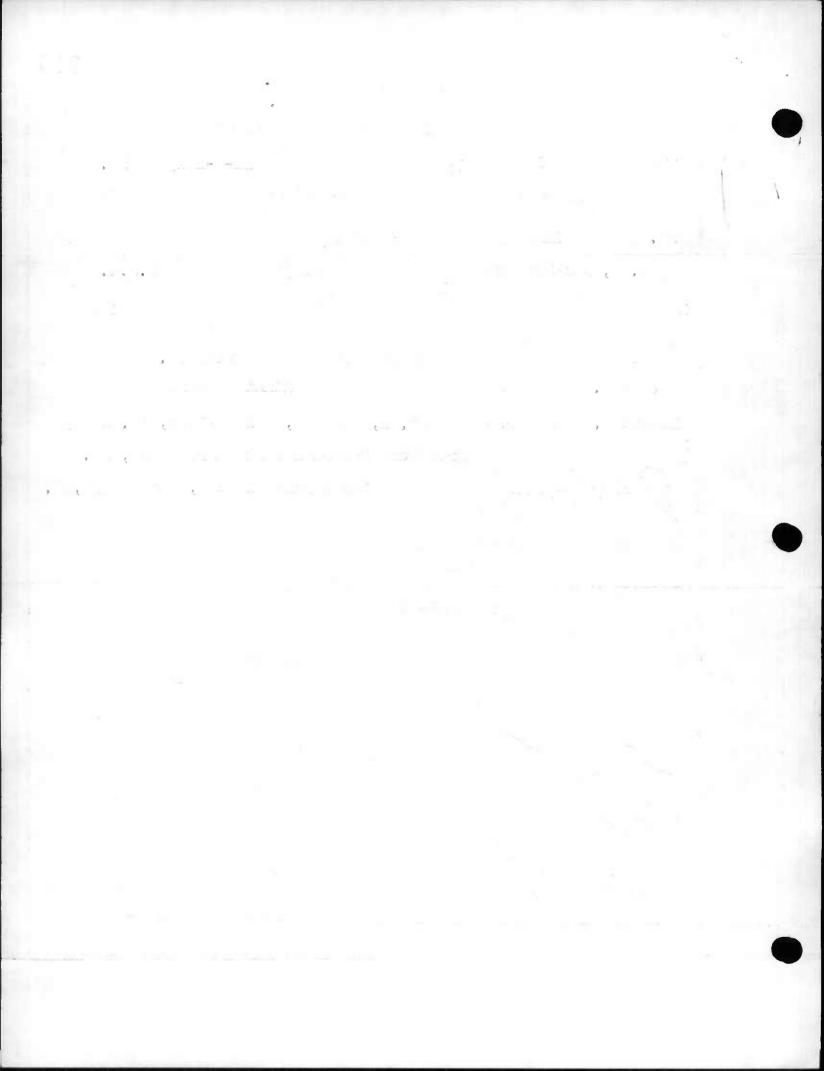


TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within any completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If tiem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be neitified at once. DIVISION OF VITAL RECORDS, P.O. BOX 13146,

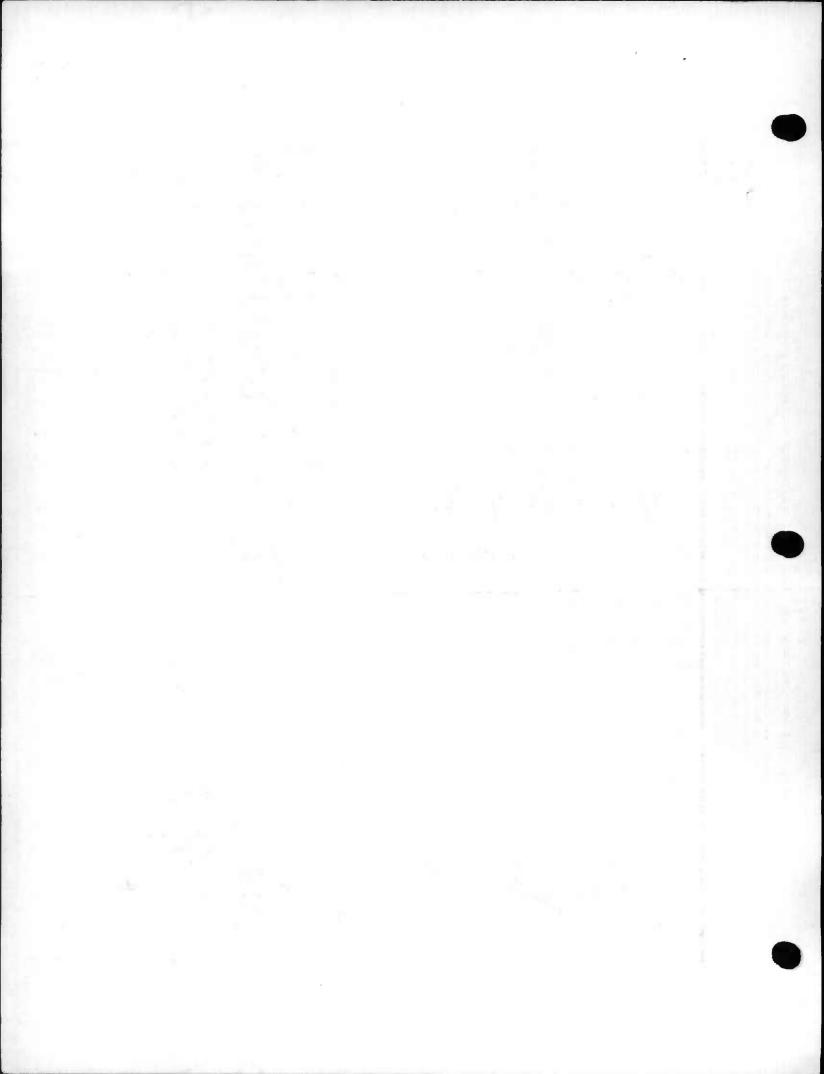
REGISTRAR		CERTIFI	CATE OF	DEATH	REG. NO.					
1. DECEDENT'S NAME (First, Middle, Last)	ROBERT	NMI V	VINEBREN	NER	2. DATE OF DEATH DA NOVEMber	22,1990	3. TIME OF DEATH 8:15 p			
4. SOCIAL SECURITY NUMBER 712-14-1525	MONTHS DAYS HOURS MIN. (Month, Day, Year) Country)									
9e. FACILITY NAME (If not inetitution, give Memorial	ados-caso.	i i		mberland	ATH	9c. COUNTY OF DEATH Allegany				
RESIDENCE OF DECEDENT	поэртсат			imber zana			8			
Md A	llegany		TOWN OR LOCA				10d. INSIDE CITY LIMITS? 1 YES 2 THO			
10e. STREET AND NUMBER	and All March			. ZIP CODE		10g. CITIZEN OF	WHAT COUNTRY?			
Rt. 2. Bor	den Road			21532		U.S.	Λ			
11. MARITAL STATUS	12. WAS DECEDENT EVER			ENDENT OF HISPAI	NIC ORIGIN? (Specify Yes	or No. 14 BAC	E — American Indian, ck, White, etc.			
1 Never Merried 2 Merried 3 Widowed 4 Divorced	FORCES? 1 YES			ecify Cuben, Mexica 2 NO Specif	n, Puerto Rican, etc.)	Spe				
15. DECEDENT'S ED		16a. DECEDENT'S	USUAL OCCUPATI	DN	16b. KIND OF BUS	SINESS/INDUSTRY				
Elementary/Secondary (0-12)	College (1-4 or 5+)	ilfe. Do NOT use	rork done during me e retired.)	ast or working						
8		Suner	visor		Tire	Go.				
17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME (First, Middle, Meiden					
John W. Win	nebrenner			Min	nnie Swee	ne				
19e. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street	and Number or Rural	Route Number, City or Tow	n, State, Zip Code)				
Robert R. Win	nehrenner	Rt.			Vellersbu		1551.5			
		b. PLACE OF DISPOS				CATION — City or				
20s. METHOD OF DISPOSITION 1 Burlet 2 Cremetton 3 Red 4 Donation 5 Other (Specify)	noval from State	other place)		-124		The state of the s				
21. SIGNAPATE OF FUNERAL SERVICE L		Frostbur		ND ADDRESS OF FA		stburg	Ma			
23. But I. Enter the diseases, or shock, or heart fellure IMMEDIATE CAUSE (Final disease or condition	complications that cause. List only one cause on	ed the death. Do n			en al Home,		Approximata Interval Betw Onset and Do			
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. DUE/TO FOR AS	A CONSEQUENCE OF	nlow	૯						
PART II. Other aignificent condition	na contributing to death	but not reaulting I	n the underlyir	g cause given in			b. WERE AUTOPSY FINDI			
					PERFOI		MAILABLE PRIOR TO COMPLETION OF CAUSOF DEATH? 1 YES 2 NO			
25. WAS CASE REFERRED TO MEDICAL	T		26. F	LACE OF DEATH (C	neck only one)					
EXAMINER?	HOSPITAL:	stpatient 3 🗆 DOA	OTHER:	ne 5 Panidaran	8 Other (Specify)					
27. MANNER OF DEATH 1 Natural 5 Pending	28e. DATE OF INJURY (Month, Dey, Year,	7 28b, TIM	E OF 28c. IN	JURY AT ORK?	28d, DESCRIBE HOW	INJURY OCCURED				
2 Accident Investigation 3 Suicide 6 Could not be determined	28e. PLACE OF INJURY — Al home, farm, street, factory, office building, etc. (Specify) 28e. PLACE OF INJURY — Al home, farm, street, factory, office City or fown, State)									
CONSTRUCTION CONTRACTOR CONTRACTO	SICIAN: To the best of my kno IER: On the basis of examinat						r(e) and manner as state			
296. SIGNATURE AND TUTLE OF CERTIFI	en /		-	29c. LICENSE NU	MBER	29d. DATE SIGNI	Dy (Month, Day, Year)			
ITCN	11			D 289	910	11/	23/9/			
30. NAME AND ADDRESS OF PERSON W	/			1 p., :111.	no Cumboni	- 1 m	21502			
31. DATE FILED (Month, Day, Year)	22. REGISTRARIS SM	HOSPITAL	medica.	r Rnildi	ng-Cumberla	and. MD	21502			
Dr. H.C. Merr: 31. DATE FILED (Morth, Day, West) NOV 26 1990	graine Davidson	Pandell								

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE



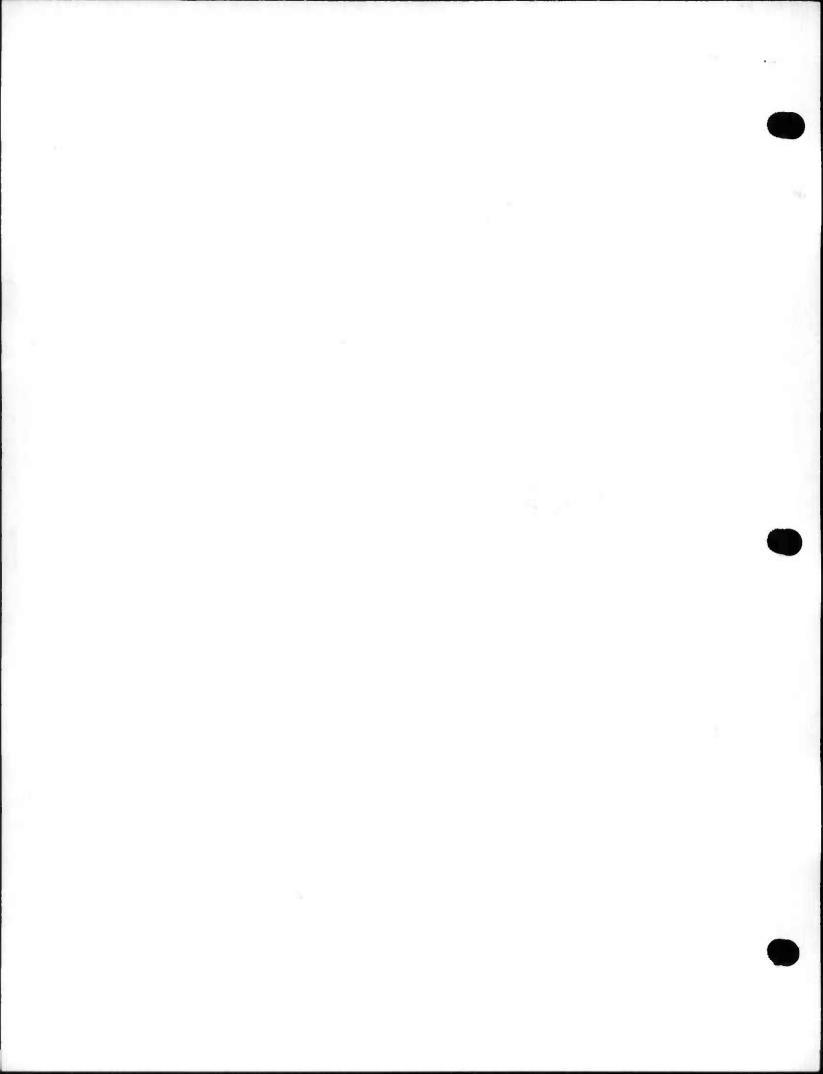
STATE OF	MARYLAND / DEPARTMENT	OF HEALTH	AND	MENTAL	HYGIENE
	CERTIFICATE	OF DEAT	ГН		REG. NO.

FOR STATE REGISTRAR	STATE OF MARYI		TMENT OF		MENTAL HYGI REG.		30 000
1. DECEDENT'S NAME (First, Middle, LI FREDERICK WILL					2. DATE OF OEATH MONTH NOVEMBE	DAY	3. TIME OF DEATN 1990 1:54
4. SOCIAL SECURITY NUMBER		(In yra. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTN (Month, Day, You	7)	8. BIRTNPLACE (State or Forei Country)
276 20 7892	1 x M 2 □ F 64	YRS.		Special Same	08-10-1		MD
9e. FACILITY NAME (If not institution, g				OR LOCATION OF D			NTY OF DEATH
SACRED HEART H			CUMBE	RLAND, MA	RYLAND		ALLEGANY
10a. STATE 10b. COL		10c, CIT	Y, TOWN OR LOC	ATION			10d. INSIDE CITY
MD Allec	rany	Cumb	erland				LIMITS?
10s. STREET AND NUMBER	, and	TOTALL		Of. ZIP CODE		10g. CITI	IZEN OF WHAT COUNTRY?
104 Wempe Drive	9		2	1502		USZ	A
11. MARITAL STATUS	12. WAS DECEDENT EVER FORCES? XX YES			CENDENT OF NISPA			14. RACE American Indian, Black, White, etc.
1 Never Married XXX Married 3 Widowed 4 Divorced	IF YES, GIVE WAR OR			NO Specif		"	Specify:
	WW]	_					white
15. OECEDENT'S (Specify only highest g	rede completed)	16a. DECEDENT'S (Give kind of a	WSUAL OCCUPA: work done during in me retired.)	TION nost of worlding	16b. KINO OF	BUSINESS/INC	OUSTRY
Elementary/Secondary (0-12)	College (1-4 or 6+)			receivi	na Tire	e Co	
17. FATHER'S NAME (First, Middle, Last,)	Superv	1501 01		AME (First, Middle, Me		
Frederick W. W					Higgins	,	
19e. INFORMANT'S NAME (Type/Print)		19b. MAJLING	ADDRESS (Stree	and Number or Rural		Town, State, Zip	ip Code)
Mrs. Charlotte	C. Weber	104 We	mpe Dri	ve Cumber	rland, MI	21502	2
20a. METHOD OF DISPOSITION	20	D. PLACE OF DISPOS	SITION (Name of	emetery, cremetory or			City or Town, State
XX Burial 2 Cremation 3 1 (Removal from State	Sunset Me	morial	Park	Ci	mberla	and, MD
21. SIGNATURE OF FUNERAL SERVICE	E LICENSEE			ANO ADDRESS OF F			
1 (hand	Mana	11:		pelli Fur erland, M		e	
23. PART I. Enter the diseases,	or complications that cause	ed the death. Do				eapiratory an	reat, Approximate
/shock, or heert fellu	ure. List only one cause on						Interval Bet Onset and I
iMMEDIATE CAUSE (Final disease or condition	A Do	war	Ali- on		9 2.02		6 mg
resulting in death)	DUE TO (OR AS	A CONSEQUENCE O	P:	Man of	(acco		
				II			
Sequentially list conditions, if any, teading to immediate	DUE TO JOR AS	A CONSEQUENCE O	F):				
cause. Enter UNDERLYING CAUSE (Disease or Injury	c						
that initiated events resulting in death) LAST	DUE TO JOR AS	A CONSEQUENCE O	F):				
resoluting in death) Exer	d						
PART II. Other significent cond	itions contributing to death	but not resulting	In the underly	ing cause given in		S AN AUTOPSY	
					132	RFORMED?	MAILABLE PRIOR TO COMPLETION OF CA
							OF DEATH?
25. WAS CASE REFERRED TO MEDICA			26.	PLACE OF DEATH (C	heck only one)		
EXAMINER?	HOSPITAL: 1-2 Inpetient 2 ER/Ou	rtpetient 3 DOA	OTHER: 4 Nursing H	ome 5 🗆 Residence	6 Other (Specify)	
27. MANNER OF DEATH	28a. DATE OF INJURY (Month, Day, Year)		NE OF 28c.	NJURY AT WORK?	28d. DESCRIBE H	OW INJURY OC	CCURED
1 Natural 6 Pending 2 Accident Investigat		1 80		YES 2 NO			
3 Suicide 6 Could no			street, factory, of	fice	201. LOCATION (S City or Town,	treet end Numbe State)	er or Rural Route Number,
4 Homicide determine	id						
	HYSICIAN: To the best of my kno	owiedge, death occurr	red at the time, d	ite and place, and du	e to the cause(e) and	i manner as sta	ated.
200)	MINER: On the basis of examinat	ion and/or investigation	on, in my opinior	, death occured at th	e Ilme, date end plac	e, end due to I	the cause(s) and manner as sta
29b. SIGNATURE AND TITLE OF CERT	TIFIER	/		29c. LICENSE NU	JMBER	29d. DAT	TE SIGNED (Month, Day, Year)
Mand	() Ve	1 40 %	3	D11443		•	11-21-90
30. NAME AND ADDRESS OF PERSON	WHO COMPLETED CAUSE OF	DEATH ITEM 27) (Type	, Print)	1 222773			
DR. WAYNE SPI	GGLE, BMG, 912	SETON D	RIVE. C	UMBERLANI), MD 215	02	
31 DATE FILED (Monthy Pay)	Tura Jay doon- yan						
1404 6 1 1930	and lates and						



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I OF VITAL RECORDS, P.O. BOX 13146,	on severe course on market all. The last securious show the deads confidents he executed within
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OF	DA DAPOLE
N	91910
IVISION	200
\leq	6

	1 - STATE REGISTRAR		CERTIFIC	CATE O	FDEATH	REG. N	0.		
3	1. DECEDENT'S NAME (First, Middle, Lest)	7				2. DATE OF OEATH MONTH	DAY	YEAR	3. TIME OF OEATH 55
ì	Gladys	Iren	E Wh	ipkey		MONTH DAY GEAR			4 PM
J	4. SOCIAL SECURITY NUMBER 5. SE			IF UNDER 1 YEAR		7. DATE OF SIRTH (Month, Day, Year)		6. SIRTH	PLACE (State or Foreign
	176-03-0571 10	M 2 1 5	37 YRS.	IONTHS DAYS	HOURS MIN.	7/12/0	3		Pennsylvania
	90. FACILITY NAME (If not institution, give street en Harford Mettorial	L Hospita	L	Haure	or location of de			UF OF D	A.
	RESIDENCE OF DECEDENT 10s. STATE 10s. COUNTY		10c, CITY,	TOWN OR LO	ATION	· · · · · · · · · · · · · · · · · · ·			10d. INSIDE CITY
	Maryland Harf	ord		erdeen					LIMITS? 1 YES 2 NO
	10e. STREET AND NUMBER	<u>oru</u>			IOF. ZIP CODE		10g. CIT	IZEN OF V	WHAT COUNTRY?
	1220 Perryman Roa			1	21001		_	U.S.A	
	1 News Married 2 Married F	MAS OECEOENT EVER II FORCES? 1 _ YES FYES, GIVE WAR OR D	2 XNO	If yes,	specify Cuben, Mexica ES 2 NO Specify	n, Puerlo Rican, atc.)	tea or No	Speci Speci Whi	
	15. DECEDENT'S EDUCATION (Specify only highest grade comple	N electi	16a. DECEDENT'S U	SUAL OCCUPA	TION	16b. KIND OF	BUSINESS/INI	DUSTRY	
	Elementary/Secondary (0-12) Coll	lege (1-4 or 5+)	(Give kind of we		wood or worlding	T . 1			
	12	0	Homema	ker		In h			
	17. FATHER'S NAME (First, Middle, Last)				100	ME (First, Middle, Mak	3 - 23.7		
	Charles Shaw		401 44411 1140			cilla Sha		- 0 - 4 - 1	
	190. INFORMANT'S NAME (Type/Print)		- A-1111		et and Number or Rural				001
1	Floyd Wadsworth 200. METHOD OF DISPOSITION	201	D. PLACE OF DISPOSI		yman Road		LOCATION -		001
	1 X Suriei 2 Cremation 3 Removal for 4 Donetion 5 Other (Specify)	rom State	other place)		1 Gardens		berde		
-1	21. SIGNATURE OF FUNERAL SERVICE LICENSE		iarrora M		AND ADDRESS OF FA		DCIGC	CII, I	м.
	Many O M. I	1.			ring-Carg rdeen. Ma				4.
CENTRICAL INCIDENT	shock, of heart fellure. List of iMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that inlitted events resulting in death) LAST	DUE TO JOR AS	a consequence of		BS.	М			Interval Batwaan Onset and Daath
	PART II. Other significant conditions cor	7 - 7	CP CE U			Seed I have made	AN AUTOPSY	Ton	WERE AUTOPSY FINDINGS
	PROTE SIGNIFICANT CONDITIONS CO.	minuting to death t	art not resorang i	the underry	ing cause given in	PER	PORMED?	240	MAJLABLE PRIOR TO COMPLETION OF CAUSE OF DEATHY 1 YES 2 NO
	25. WAS CASE REFERRED TO MEDICAL			26	PLACE OF DEATH (C)	teck only one)		-	
		SPITAL: Inpatient 2 [] EN/Out		OTHER:	iome 5 🗆 Residence	6 C Other (Specify)			
	27, MANNER OF DEATH 1 Natural 5 Pending	28s. DATE OF INJURY (Moint), Day, Year)	285. TIME	OF 25c.	INJURY AT WORK? YES 2 NO	284. DESCRIBE HO	W INJURY O	OCURED	
_	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF HUUR building, etc. (Soc	Y — At home, ferm, a sofy)	treet, factory, c	ffice	28f, LOCATION (Str. City or Town, S		er or Runsi	Route Murribec
	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: 2 MEDICAL EXAMINER: On								e) end manner ee stated.
	29b. SIGNATURE AND TITLE OF CERTIFIER	Fle	e A	UP	29c. LICENSE NU	060	29d. DA	TE SIGNE	D (Month, Day, Year)
•	30. NAME AND ADDRESS OF PERSON WHO CO	MPLETED CRUSE OF D	EATH (ITEM 27) (Type,	Print)					
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIG						-	
1	NOV 20, '90	y was Davids	on-Randale						



8. BIRTHPLACE (State or Foreign

MARYLAND

Wi comi co

1990

9c. COUNTY OF OEATH

November

JULY 16, 1923

7. OATE OF BIRTH

3. TIME OF DEATH 8: 30 PM

1. DECEDENT'S NAME (First, Middle, Last)

4. SOCIAL SECURITY NUMBER

215-14-3695

Anna

9e. FACILITY NAME (If not institution, give street and number,

Deer's Head Center

MARGARET

8. AGE (In yrs. last birthday)

67

5. SEX

1 🗌 M 2 🕁 E

WILLEY

IF UNDER 1 YEAR

DAYS

IF UNDER 24 HRS.

HOURS

Salisbury

9b. CITY, TOWN OR LOCATION OF DEATH

DIVISION OF VITAL RECORDS, P.O. BOX 13146, law requires that the death certificate be

executed within

DIRECTOR RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10e. STATE 10d. INSIDE CITY MARYLAND 1 TES 2 T NO WICOMICO SALISBURY permit. FUNERAL 10e. STREET AND NUMBER 10g. CITIZEN OF WHAT COUNTRY? 10f. ZIP CODE en signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit of Health and Mental Hygiene prior to burlal, cremation, or removal. RT 5, PO BOX 2201 21801 USA 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No-12. WAS OFCEDENT EVER IN U.S. ARMED 14. RACE — American Indien, Black, White, atc. FORCES? 1 YES 2 If yes, specify Cuban, Mexican, Puerto Rican, etc.) 1 Never Merried 2 Merried 1 TYES 2 X NO Specify: Specify. BΥ 3 Widowed 4 Divorced WHITE COMPLETED 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Give kind of work done life, Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5 +) 11 YEARS NO HOUSEWIFE HOME 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) at **JAMES** WILLIAM HARRISON LULA (unk) BE HARRINGTON notified 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADORESS (Street end Number or Rural Route Number, City or Town, State, Zip Code) 2 BOX 2201, SALISBURY, MD 21801 ROYCE ANN PRINGLE pe 20s. METHOD OF DISPOSITION 11/15/90
1 Surial 2 Cremetion 3 Removal from State
4 Donetion 5 Other (Specify) 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or 20c. LOCATION - City or Town, State must SPRINGHILL MEMORY GARDENS HEBRON, MD 21, SIGNATURE OF FUNERAL SERVICE LICENSEE examiner 22. NAME AND ADDRESS OF FACILITY HOLLOWAY FUNERAL HOME, PA tol lexi ai 501 SNOW HILL RD. SALISBURY. 21801 23. PART I. Enter the diseases, pr complications that could the death. Do not enter the mode of dying, such as cerdiec or respiratory errest, shock, or heart fellure. List only one cause on each line. medicai Approximate Interval Batween Onset and Death IMMEDIATE CAUSE (Finel the disease or condition resulting in death) CHF/Pulmonary Edema 4 hours event. DUE TO (OR AS A CONSEQUENCE OF): CBPD years traumatic CERTIFICATION Sequentielly list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate CAUSE. Enter UNDERLYING **ASCVHD** CAUSE (Diseese or Injury Injury, or other DUE TO (OR AS A CONSEQUENCE OF): that initiated eventa resulting in deeth) LAST PART ii. Other aignificent conditions contributing to deeth but not recuiting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS MEDICAL PERFORMED? MAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? shows any 1 TYES 2 T NO certificate has been a the State Dept. of H PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 28. PLACE OF DEATH (Check only one) HOSPITAL: OTHER: 1 TES 2 NO Inpatient 2 - ER/Outpatient 3 - DOA 4 Nursing Home 5 Residence 8 Other (Specify) 0 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 28d, DESCRIBE HOW INJURY OCCURED this c. 28 is marked, 1 YES 2 NO BY After 2 Accident 28e. PLACE OF INJURY — At home, farm, atreet, factory, office building, etc. (Specify) 281. LOCATION (Street end Number or Rural Route Number, City or Town, State) 3 Suicide 8 Could not be COMPLETED DIRECTOR: hours after 4 Homicide TO THE FUNERAL DIRECT be filed within 72 hours a IMPORTANT: If Item 2 29e, CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(e) end menner as stated. 2 __ MEDICAL EXAMINER: On the beele of examination end/or investigation, in my opinion, death occured at the time, date end place, end due to the ceuse(s) end menner ee stated. 29b. SIGNATURE AND TITLE DF CERTIFIER 29d, DATE SIGNED (Month, Day, Year) BE Slacin 90 11 2 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Dr. Virginia Slacum, P.O. Box 2018, Salisbury, MD 21802 32. REGISTRAR'S SIGNATURE 31. DATE FILED (Month, Day, Year) NOV 1 4 '90 "a Vair son Admidale DHMH-16 Rev 1/89

1, 2, Pages

xurs after death. Page 6 may be retained by the hospital or attending physician.

HOSPITAL OR ATTENDING

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(E)

\$61 acres

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	•
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 sh	is 1, 2, 3 should
be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	10.
IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	4.4

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

Ü

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

BALTIMORE, MARYLAND 21203-3146

TO BE COMPLETED BY FUNERAL DIRECTOR

FOR STATE REGISTRAR	STATE OF MARYL	ND / DEPART				MENTA	L HYGIENE REG. NO.	90) (3020
1. DECEDENT'S NAME (First, Middle, Last) WILLIAM R	EESE		Wa	LTe	R	2. DATE MONT	OF DEATH DAY		3. 199	TIME OF DEATH
10 0 0 - 1 00 - 1	SEX 6. AGE (n yrs. lest birthday) _	IF UNDER t		UNDER 24 HRS, DURS MIN.	(Monti	of BIRTH h, Day, Year) 25-192		Country)	ce (State or Foreign
PENINSULA GENERAL	·			ISBUI	OCATION OF DE	ATH		9c. COUNTY	OF DEATH	
10a. STATE 10b. COUNTY MD Wicc	omico	10c. CITY	,	LOCATION						I. INSIDE CITY LIMITS? YES 2 NO
10e. STREET AND NUMBER 308 Decatu	ır Ave.				21801			10g. CITIZEN	S . A	
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	2. WAS DECEDENT EVER IN FORCES? 1 X YES IF YES, GIVE WAR OR DA WW II AT	2 NO	16	yes, specity	DENT OF HISPAN y Cuban, Maxica NO Specify	n, Puarto		or No — 14.	RACE — Black, Wi Specify:	American Indian, hite, atc. White
1s. DECEDENT'S EDUCAI (Specify only highest grade co Elementery/Secondary (0-12) 1 1		16a. DECEDENT'S I (Give kind of w life. Do NOT use Salesm	rork done du e retired.)	CUPATION uring most of	working !	16b	Insu			mpany
17. FATHER'S NAME (First, Middle, Lest) William L.	Wal	ter		16	Myrtl			lumame)	cket	
Velma M. Walter		308	Dec	atur	Number or Rural I		lisbur	y, M	D 21	
20a. METHOD OF DISPOSITION 1	of from State	Spring	hill	Mem	Ory Ga			ebror		
· B. Kutt	Phypom	/					Home	705 Sali	E. isbu	Main St. ry, MD
Sequentielly list conditions, if any, leading to immediate	Metastate OUE TO (OR AS A	ach line.	eler Pi		ce,	ii do cair	unac or respir	awiy arres		Approximata Interval Between Onset and Daeth
cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE OF	ን ፡							
PART II. Other significent conditions	contributing to death b	ut not resulting i	n the und	derlying co	ause given in	Part I.	24a. WAS AN / PERFORI	MED?	CO OF	RE AUTOPSY FINDINGS NILABLE PRIOR TO MPLETION OF CAUSE DEATH? YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	(A) - D - 60	OTHER	:	E OF OEATH (Ch					
27. MANNER OF DEATH 1 Netural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. TIMI		28c. INJURY WORK			SCRIBE HOW IN	JURY OCCUP	RED	
2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, atc. (Spec		Mreet, facto	ry, office		28t. LOC City	CATION (Street as or Town, State)	nd Number or	Rural Rout	Number,
CONDON ONLY	AN: To the best of my know On the basis of examinatio									d manner as stated.
30. NAME AND ADDRESS OF PERSON WHO	WWW STEP OLUMN OF DE	ATH STEM OF S	D-l-st	21	D278	WBER QD		29d. DATE S	IGNED (M	onth, Day, Year)
	rco, M.D.			uff	Rd. S	Sali	sbury	, MD	218	01
31. DATE FILED (Month, Dey, Year)	32. REGISTRAR'S SIGN									

TO BE COMPLETED BY FUNERAL DIRECTOR

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

FOR STATE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR			CE	RTIFIC	ATE C	OF DEATH	. REG	S. NO.		
1. DECEDENT'S NAME (First,	Middle, Last)				1.1	1 .	TIME OF OEATH			
ALINE	RO	OSE			W	Mocta	MONTH	8	YEAR O	8 10 P M
4. SOCIAL SECURITY NUMB	-		AGE (In yrs. les	t birthday)	UNDER 1 YE	AR IF UNDER 24 HRS.	7. DATE OF BIR	TH	8. BIRTHPL	ACE (State or Foreign
213-22-7372		1 🗌 M 2XXF	63	YRS.	ONTHS DAY		JAN. 2	4,1927	MARYL	AND
9e. FACILITY NAME (If not in:	_			9		NN OR LOCATION OF DI	EATH		INTY OF DEAT	
PENINSULA GE	ENERAL	HOSPITAL			SALIS	SBURY		WI	COMICO	
RESIDENCE OF DEC									Ti	
10e. STATE	10b. COUNTY			19c. CITY, 1	OWN OR LO	CATION			10	d. INSIDE CITY LIMITS?
MARYLAND	WI	COMICO		MARI	ELA S	SPRINGS			1	YES 2 NO
100. STREET AND NUMBER						10f. ZIP CODE		10g. CIT	IZEN OF WHA	T COUNTRY?
BOX 219, SH	IARPTOV	JN RD				21837			USA	
11. MARITAL STATUS		12. WAS DECEDENT EV	ER IN U.S. AR	MEO	13. WAS	DECENDENT OF HISPAI	NIC ORIGIN? (Spec	city Yee or No-		American Indian, /hite, atc.
1 Never Married 2 S 3 Widowed 4 XXDivo		FORCES? 1 IF YES, GIVE WAR		40		s, specify Cuben, Mexica YES 2 XNO Specif		HC.)	Specify:	WHITE
15.0FC	EDENT'S EOUC	ATION	16a OF	CEDENT'S US	IIAL OCCUE	PATION	185 KIND	OF BUSINESS/IN	DUSTRY	WILLE
(Specify only	highest grade	completed)	(G	ive kind of work	k done during	g most of working	102. Kino	OI DOGINESS/III	5001111	
Elementary/Secondery (0	-12)	College (1-4 or 5+)	D	оок ке	ממממי		DAI	מסת משם	COMPA	3777
		NO	Ь	17 700	EPEK			PER BOX	COMPA	IN Y
17. FATHER'S NAME (First, M.	-0.1						ME (First, Middle, I			
ALBERT	FRAI	NCIS	TAYL	011		DULEAN			JENKI	NS
19e. INFORMANT'S NAME (7	THE CHILL					eet and Number or Rural				
CHRISTINE A						E COURT, S				
20e, METHOD OF DISPOSITE	ION ∏ / on 3 ☐ Reme	12/90 oval from State	20b. PLACE other pl	OF DISPOSIT	ON (Name o	of cemetery, crematory or	2	POC. LOCATION —	City or Town.	, State
4 Donation 5 Other	(Specify)	_	MARD	ELA SE	RINGS	S MEMORIAL	CEM	MARDEL.	A SPRI	NGS, MD
21. SIGNATURE OF FUNERA	L BERVICE LIC	SPISEE /			22. NAM	IE AND AODRESS OF FA	CILITY			
► //J/	11	00 rm				LOWAY FUNE SNOW HILL		,	MD	21001
23. PART I. Entar the d	leases or c	omolications that	used the de	eth Do not						2 180 1 Approximate
ahock, or h	aart fellure.	Liat only one cause	on each line	i.	arren tro	mode of dying, add	ir ee cardiac or	reapiratory as	Twat,	Interval Batween
IMMEDIATE CAUSE (Fir		U								Onset and Death
disease or condition	→	DUE TO (OR	CATOR	-4 9	RRE	ST				
		DUE TO (OR	P DIAL	121	FAR	CTION				
Sequentially liet conditi if any, leading to imme	ions, diate	DUE TO (OR	AS A CONSE	OUENCE OF):						
ceuse. Enter UNDERLY		C								
that initiated events		OUE TO (OR	AS A CONSE	OUENCE OF):						
reaulting in death) LAS	Ť .	1.								
PART II. Other significe								MAS AN AUTOPSY PERFORMED?	A	ERE AUTOPSY FINDINGS MILABLE PRIOR TO
	C	ON GESTIVE	HCA,	LT FI	TILU	e e	1	YES 2 NO		OMPLETION OF CAUSE F DEATH?
1										☐ YES 2 ☐ NO
25. WAS CASE REFERRED T	O MEDICAL				2	8. PLACE OF DEATH (C)	heck only one)			
EXAMINER?	. 1111111111111111111111111111111111111	HOSPITAL:	2/Outputlant 1		THER:			4.	_	
27. MANNER OF OEATH		28e. DATE OF INJ		_		Home 5 A Residence		**	CCLIBED	
_/	Pending	(Month, Day,		28b. TIME (ty	WORK?	280. DESCRIBE	HOW INJURY O	CCOMED	
2 Accident	Investigation					YES 2 NO				
	Could not be	28e. PLACE OF IN building, etc.		ome, farm, atre	et, factory,	office	28f. LOCATION City or Town	(Street end Number, State)	er or Rural Rou	te Number,
4 Homicide	determined									
29e. CERTIFIER 1 CERT	TIFYING PHYSI	CIAN: To the best of my	knowledge, de	eath occurred	at the time,	date and place, end du	e to the cause(e) a	ind manner as st	ated.	
cool city						on, death occured at the				nd manner ee stated.
29b. SIGNATURE AND TITLE	OF CERTIFIE	3	-			29c. LICENSE NU	MBFR	204 DA	TE SIGNED A	fonth, Day, Year)
l.	100	- M	^			D291			1/8/9	
30. NAME AND ADDRESS O	E DEDOON VI		•	M 27) (5 2	ofme)	17 11		/	.,- , /	
						DV MD 21	901			
ROBERT B. A	******		V 1994 W 1994			K1, MD 21	801			
31. DATE FILED (Month, Day,	100	32. REGISTRAR'S	SIGNATURE	Pind	50					

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

31. DATE FILED (Month)

3 É

16 90

	FOR STATE REGISTRAR	STATE OF N			RTMENT OF				YGIEN EG. NO		U	3332	. (.
	1. DECEDENT'S NAME (First, Middle, Last)		u) IL	LIAM:	5		2. DATE OF OME	DEATH D		YEAR 90	3. TIME OF CEATH	н
	4. SOCIAL SECURITY NUMBER 231-36-6063	5. SEX 1 M 2 F	6. AGE (In yrs. le 76	st birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	HOURS	24 HRS. MIN.	7. DATE OF E (Month, De	BIRTH y, Year) 2.7-	13	8. BIRTI Count	Va.	reign
ECTOR	96. FACILITY NAME (If not institution, give st PENINSULA GENERAL		Ĺ		96. CITY, TOWN SALIS	OR LOCATI	ON OF DE	ATH		9c. COU	OMI		
₩	RESIDENCE OF DECEDENT												
DIE		Accomac	k	10c, CI1	ry, town or loca	TION	New	Churc	h,			10d. INSIDE CITY LIMITS? 1 YES 2 X	NO
FUNERAL	Rt1 Bo	x 47			14	or, zip cod 2	3415	5		10g. CITI	ZEN OF	WHAT COUNTRY?	
BY FUN	1 Never Married 2 M Merried FORCES? 1 VES 2 NO If yee, specify Cuben, Mexican, Puerto Ricen, etc.)										E - American India k, White, atc.		
	15. DECEDENT'S EDUC	CATION			USUAL OCCUPAT			18b. KIN	D OF BU	SINESS/IND	USTRY		
COMPLETED	(Specify only highest grade Elementery/Secondary (0-12) Elementary	College (1-4 or 5	- 86	DO NOT L	work done during mass retired.) Mestic		ing		Нои	se-w	ifa		
Σ											776	Tara - 1 - 4-1	
8	17. FATHER'S NAME (First, Middle, Last)	Dolaha	o II			18. MOT		ME (First, Midd					
BE		Dolphu	s nano	У			Jen	nia H	larm	on			
10	190. INFORMANT'S NAME (Type/Print) Theodore A. Williams 190. MAILING ADDRESS (Street and Number of Rural Route Number, City or Town, State, Zip Code) Rt1 Box 47 New Church, Va. 234]									415			
	20c. METHOD OF DISPOSITION 1 Buriel 2 Cremetion 3 Removal from State 4 Donation 5 Other (Specify) 20b. PLACE OF DISPOSITION (Name of cemetery, cremetory or other place) 20c. LOCATION - City or Town, S Other place) 20c. LOCATION - City or Town, S Other place)											Va.	
	21. SIGNATURE OF FUNERAL SERVICE LICE Kouth &	Y who	estoa		- Whar				Hom	e- A	cco	mac, Va.	
	23. PART I. Enter the diseases, or o	omplications the	t caused the d	aath. Do	not antar tha m	oda of dy	ring, suci	h as cardiac	or resp	iratory an	rest.	Approxima	nta
	shock, or heart failure.											interval Be	etween
	IMMEDIATE CAUSE (Final	m-	- 1	,			Λ					Onset and	Death
	disease or condition reaulting in death)	. 1110	astat	16	Can	CRV	\ d		SNI	01X-		381	31
- 1	reading in again,	DUE TO	(OR AS A CONSE	OUENCE (1				-		-
	_		VM 0-	tron	1-11/	+	T	-11	00			Jakak	000
CERTIFICATION	Sequentially list conditions,	b		ICA	10016		0	CIL	(a)			Odda	116
Ĕ	if sny, leading to immediate	DOE 10	(OR AS A CONSE	OUENCE	JF):							i	
8	cause, Enter UNDERLYING	С.											
Ē.	CAUSE (Disesse or injury that initiated avents	DUE TO	(OR AS A CONSE	OUENCE (OF):								
E	resulting in death) LAST												
Ü		d											
	PART ii. Other significant condition	a contributing to	death but not	resulting	in the underivi	na cause	aiven in	Part i. 24	a. WAS AP	AUTOPSY	24	b. WERE AUTOPSY FI	NDINGS
₹Ⅱ										RMED?		AVAILABLE PRIOR	
8								1	YES:	2 🗀 NO		COMPLETION OF CO	AUSE
											- 1	1 YES 2 N	NO
Σ													
PHYSICIAN: MEDICAL													
3	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHER:	PLACE OF	OEATH (Ch	eck only one)					
SI	1 TES 2 NO	1 Inpatient 2	☐ ER/Outpatient	3 🗆 DOA	4 Nursing Ho	me 5 🗆 R	lesidence	8 Other (S	pecify)				
=	27. MANNER OF DEATH	28e. DATE OF		28b. TI		JURY AT		28d. OEŞCR	BE HOW	INJURY OC	CUREO		
	1 Netural 5 Pending	(Month, L	ray, rear j	"		YES 2	□ NO						
BY	2 Accident Investigation	28 DI ACE /	OF INJURY — At I	ome, farm,	atreet, factory, of						r or Rural	Route Number,	
	3 Suicide 8 Could not be	building	atc. (Specify)					City or T	own, State	7			
	2 Pistelde	building	, atc. (Specify)					City or I	own, state	"			
COMPLETED E	3 Suicide 8 Could not be	CIAN: To the best o	, atc. (Specify) f my knowledge, o			te end plac		to the ceuse(e) end me	nner ee ata		(e) end manner ee si	tated.

PERSON WHO COMPLETED CAUSE OF BEATH (ITEM 27) (Bypo. Print)
V C. Mevill - 100 Cower S-

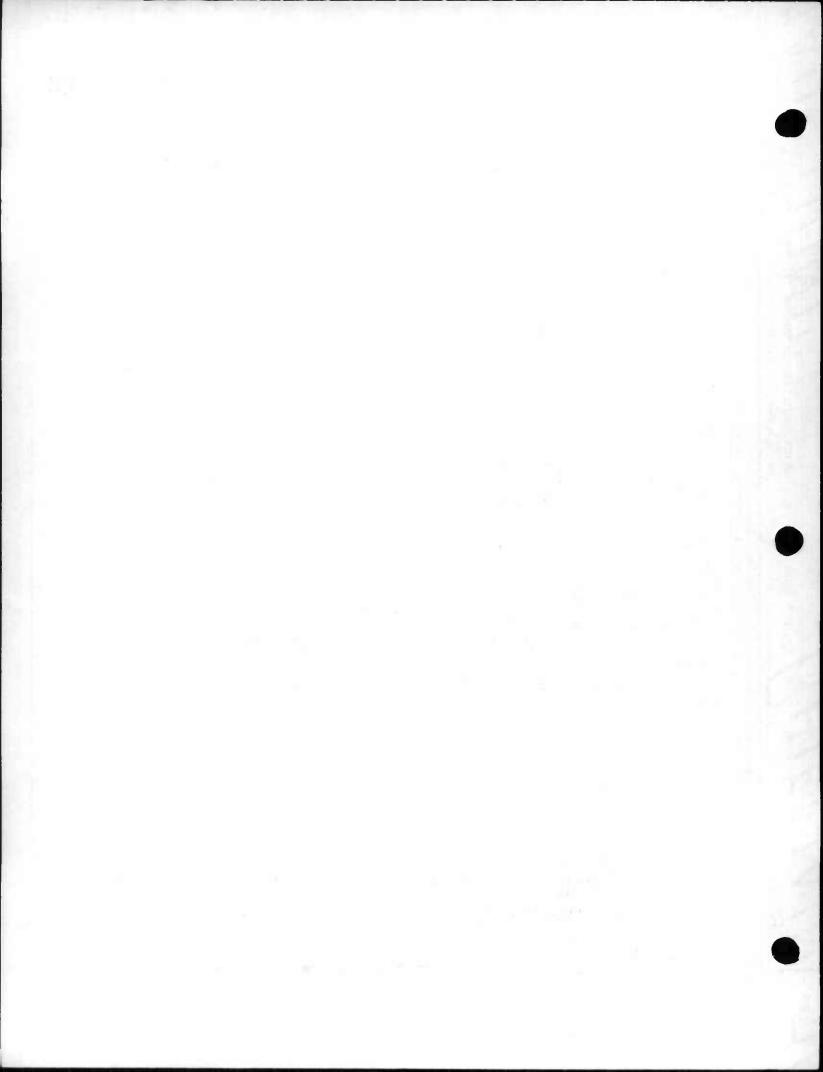
32. REGISTRAR'S SIGNATURE

(Topic .
BALTIMORE, MARYLAND 21203-3146	ther death. Page 6 may be retained by the hospital or attending physician.	y the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2.
BALTIMORE,	fter death. Page 6 may t	the funeral director, pag

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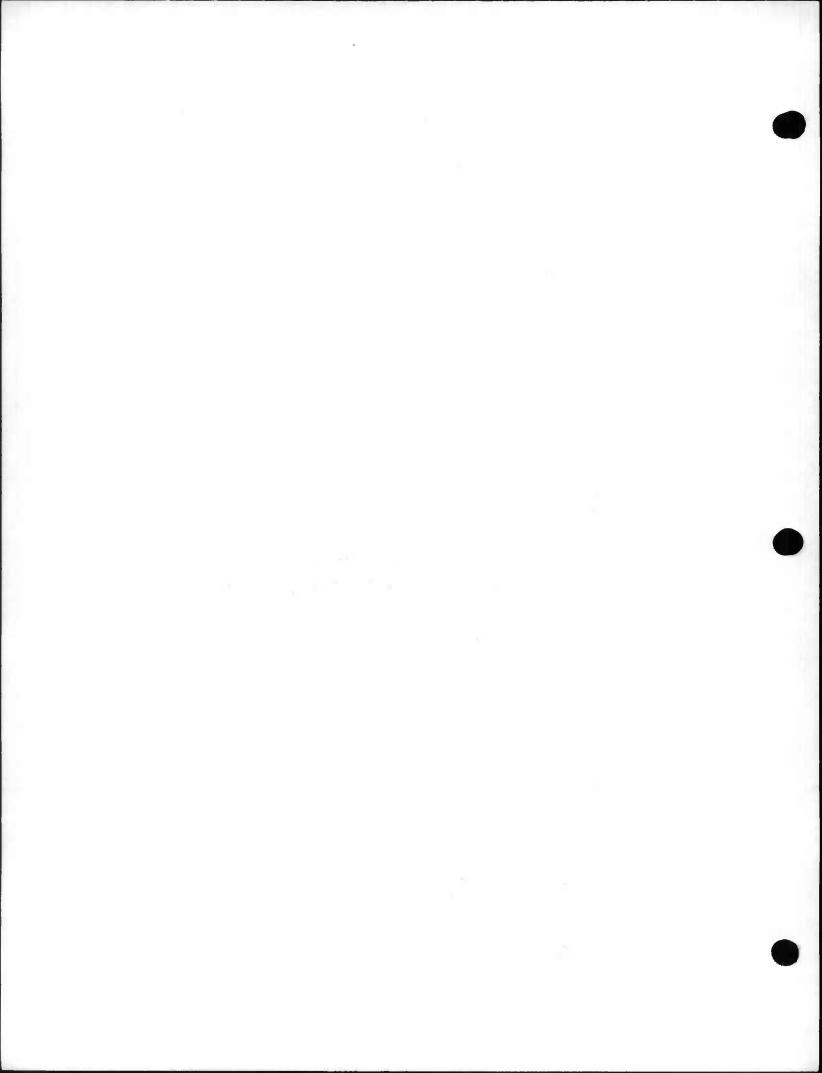
BALTIMORE, MARYLAND 21203-3146	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physic	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial be filled within 72 hours after death with the State Debt, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	xecuted within	and complete burial, crem	atic event,
BOX	ficate be ex	physician a	ner traum
P.0.	eath certi	attending rtal Hygie	f, or oth
SQS,	at the de	by the a	n injur
ECOF	requires th	en signed of Health	shows ar
TAL F	The law	te has by ate Dept.	em 23
F VII	SICIAN	certifica h the Sti	d, or It
ONO	ING PHY	After this leath with	marke
VISIC	ATTEND	RECTOR: /	n 28 is
	PITAL OF	ERAL DIF	T. If Iter
	TO THE HOS	THE FUN	MPORTAN
	H	F 2	=

	1 - STATE OF MAR		ENT OF HEALTH AND ATE OF DEATH	MENTAL HYGIENE REG. NO.	90 33323					
1	1. DECEDENT'S NAME (First, Middle, Last,	***		2. DATE OF DEATH MONTH DAY	3. TIME OF DEATH					
	Emeline Ursula Webster			NOV 17	1990 0050 M					
		MO	UNDER 1 YEAR IF UNDER 24 HRS. HTHS DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	8. BIRTHPLACE (State or Foreign Country)					
	580-08-8604 1 □ M 2 XXF	55 YRS.	201 200 200		35 Anguilla					
œ	SHADY GROVE ADV. HO	~0	CITY, TOWN OR LOCATION OF C							
DIRECTOR	RESIDENCE OF DECEDENT	R	ockville	M	ontgomery					
HE I	10a. STATE 10b. COUNTY	10c. CITY, TO	OWN OR LOCATION		10d. INSIDE CITY LIMITS?					
	Maryland Montgomery	Silve	r Spring		1 TES 2XXNO					
RAL	10e. STREET AND NUMBER		10f. ZIP CODE		, CITIZEN OF WHAT COUNTRY?					
FUNERAL	14514 MacBeth Drive 11. MARHTAL STATUS 12. WAS DECEDENT EVI	DINII S ADMEN	20906	ANIC ORIGIN? (Specify Yes or N	nited States					
	1 Never Married 2 Married FORCES? 1 Y IF YES, GIVE WAR O	ES 2XNO	If yes, specify Cuban, Mexic	can, Puerto Rican, etc.)	Black, White, etc.					
BY	3 Wildowed 4 Divorced	TOMES	To 123 2AANO Spec	my.	Negro					
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	16a. DECEDENT'S USI (Give kind of work	done during most of working	16b. KIND OF BUSINES	S/INDUSTRY					
9	Elementary/Secondary (0-12) College (1-4 or 5+)	ille. Do NOT use re								
ME	1.0	Home Mak		Home IAME (First, Middle, Maiden Surni	2001					
ö	Robert Webster		Mary Sr		irre)					
BE	19a. INFORMANT'S NAME (Type/Print)	19b. MAILING AD	DRESS (Street and Number or Rura		rte, Zip Code)					
2	Joseph Maxwell Webster	14514 M	acBeth Dr. Sil	lver Spring,	MD 20906					
	20a. METHOD OF DISPOSITION 1 № Burial 2 □ Cremation 3 □ Removal from State		ON (Name of cemetery, crematory or		ON — City or Town, State					
	4 Donation 5 Other (Specify)	East End		Angui						
	21. SIGNATURE OF FUNERAL SERVICE LIGENSEE		22. NAME AND ADDRESS OF I	DeVol Funeral Home 10 East Deer Park Drive						
13	X. Janl		(Gaithersburg,	Maryland 20877					
	23. PART I. Enter the diseases, or complications that can enock or heart failure. List only one cause of		enter the mode of dying, su	ich se cerdiec or reapirato	ry srrest, Approximats interval Bstween					
	iMMEDIATE CAUSE (Final disease or condition resulting in death) s. Hydrocyllalus sub to (or as a consequence of):									
	resulting in death) s. Human									
_	Shutt Failure									
õ	Sequentially list conditions, If sny, leading to immediate	1								
CA	Cause. Enter UNDERLYING CAUSE (Disease or injury	Har acc	Tident							
E	that initiated events resulting in death) LAST	S A CONSEQUENCE OF):	A Tindo	- b'ain						
CERTIFICATION	d. XIIV	119 110	a trite	110V)						
AL	PART II. Other significant conditions contributing to dea	th but not resulting in t	. /	PERFORMED						
MEDIC	Meningroma u	HM Suy	tical remo	1 U YES XX	NO COMPLETION OF CAUSE OF DEATH?					
			J ,		1 TYES 2 NO					
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL	-	26. PLACE OF DEATH (Chank only one)						
Sic	EXAMINER? 1 VES 2 NO HOSPITAL: 1 Department 2 Departme		THER: Nursing Home 5 Residence							
HX	27. MANNER OF DEATH 28s. DATE OF INJU	RY 26b. TIME O	F 28c. INJURY AT	28d. DESCRIBE HOW INJUI	RY OCCURED					
ВУ Р	1XX Natural 5 Pending (Month, Dey, 16) 2 Accident Investigation	WORK? M 1 YES 2 NO	0							
	3 Suicide 6 Could not be 28a. PLACE OF IN. building, etc.	lumber or Rural Route Number,								
13	4 Homicide determined									
COMPLETED	Check only (Check only one)				A DATE OF THE CONTRACT CARRY NAMED					
00	2 MEDICAL EXAMINER: On the basis of exami	nation and/or investigation, i			e to the cause(a) and manner as stated.					
296. SIGNATURE AND TITLE OF CERTIFIER 296. LICENSE NUMBER 296. LICENSE NUMBER 297. DATE SIGNED (Morrity, Day, 16)										
2	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE O	F DEATH (ITEM 27) (Type. Pri	1312	1.1	1111111					
	Suhair Abultarac	1 - 19261	Montgom	ory village	e Ave-6-10					
	31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S	BIGNATURE		9 -0						
	NOV 20 90 Grelier	Javidson Bandel	2_							



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6,	within
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	L OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2.
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SECO	requires
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1151	ATTE
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	TEGIOTTEAT				0 11 11 11					rica. i	0.				
	1. DECEDENT'S NAME (First, Middle, Last) FRED J. WALKER,						JR.			2. DATE OF DEATH DAY		YEAR 10	3. TIME OF DEATH		
	4. SOCIAL SECURITY NUMBER	-	5. SEX		yrs. last birthday)		IF UNDER 1 YEAR IF UNDER 24 HRS			7. DATE OF BIRTH (Month Day, Year)		6. BIRTHPLACE (State or Foreign Country)			
	577-28-4172		1 M 2 F	90	YRS.	month.	DATO	ноона	min.	IAY 16	22	Wasl	nington, DC		
	9a. FACILITY NAME (If not ins					9b. C	NWOT ,YTK	OR LOCATI	ON OF O	EATH		UNTY OF	DEATH		
		reland Mem. Hospital									.+	7			
5	RESIDENCE OF DEC	10b. COUNTY	,		1400 00	TV TOW	/N OR LOC	ATION				404 INDIDE CITY			
		aryland Prince Georges W										10d. INSIDE CITY LIMITS?			
3	10e. STREET AND NUMBER										100 CF	1 V YES 2 NO			
5		2306 Drexel Street							101. ZIP COOE						
S. C.	11. MARITAL STATUS								20783 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea				or No. 14. RACE — American Indian.		
2	1 Never Married 2 💢	Married	FORCES? 1	YES	2 NO		if yes, specify Cuban, Mexican, Puerto Rican, atc.) 1 ☐ YES 2 ☒ NO Specify:			rea or NO-	Black, White, etc.				
5	3 Wildowed 4 Divo	rced	WWII	AH OH DATE	15		1 [] YE	S Z DŽ NO	Specii	y:		SpecMy: White			
3		EDENT'S EOU		1	6a, DECEOENT'S	S USUA	L OCCUPAT	TION		16b. KIND OF	BUSINESS/IN	USINESS/INDUSTRY			
	(Specify only Elementary/Secondary (0-	highest grade	College (1-4 or 5	-)	(Give kind of life. Do NOT a	work do use retire	one during n ed.)	nost of worki	ng						
	1-12		N/A		Mana	igem	gement				C&P Te	1eph	one Co.		
5	17. FATHER'S NAME (First, Mi	iddle, Last)						18. MOT	HER'S NA	ME (First, Middle, Mai	en Surname)				
	Fr	ced J.	Walker						Do	ris Flahe	rty				
	19a. INFORMANT'S NAME (%)				19b. MAILIN	G AODR	RESS (Street	and Numbe	r or Rural	Route Number, City or	fown, State, Z	(ip Code)			
-	Iris T	r. Wal	ker		2306	Dre	xel	Stree	t, W	est Hyati	s., M	ſd.	20783		
- 1	20e METHOO OF OISPOSITI	ION	ovel from State		PLACE OF DISPO	SITION	(Name of c	emetery, cre	matory or	20c.	LOCATION -	OCATION — City or Town, Stata			
	4 Donation 5 Other		Ovar from State		Fort	Lin	coln	Ceme	tery	Bre	ntwoo	wood, Md.			
	21. SIGNATURE OF FUNERAL	L SERVICE LI	CENSEE	*	r		22. NAME ANO ADDRESS OF FACILITY Hines/Rinaldi Funeral Home								
	> / Ver	F. C	3 UL	ww			11800 N.H. Ave., Silver Spring, Md. 20904								
	23. PART i. Enter the di	iseeses, or				not en							Approximate		
			List only one ceu	se on eec	h line.								interval Between Onset and Death		
ı	iMMEDIATE CAUSE (Fin disease or condition	nai	(100	_ 1		- 2	1211					
	resulting in deeth)		DUE TO	(OR AS A C	LO YCZ	oh:	1201	vry		NU21					
.		-	Po	-clan	Pele	4	1011	0 1	Tim	cardia	0 2	2 Do	Ph.		
2	Sequentially list conditi if any, leading to immed		DUE TO	(OR AS A C	ONSEQUENCE	OF):	بالمامات		1	CACTOCCOC	01		151		
N I I I I I I I I I I I I I I I I I I I	cause. Enter UNDERLYI CAUSE (Disease or Inju	ING	c	Arch	ONSEQUENCE	M	220	a.				U			
	that initiated evente		OUE TO	On Ad & C	ONSEQUENCE	OF):									
5	resulting in deeth) LAS	' (d												
۱:	PART ii. Other eignifice	ent condition	ns contributing to	death but	not reaulting	in the	underivi	ing cause	given in	Part i. 24a, WAS	AN AUTOPS	r 24	b. WERE AUTOPSY FINDINGS		
5							PE			COMPLETIO		AVAILABLE PRIOR TO COMPLETION OF CAUSE			
בַּ				-				1 🗆 YES			ZE NO	DI DEAM			
										_			1 NES 2 NO		
	25. WAS CASE REFERRED TO	O MEDICAL	I				26.	PLACE OF I	DEATH (C	neck only one)					
2	2 Accident Investigation 2 Accident Investigation 28 PLACE OF IN HIST. At home farm street factory office.														
THI SICIAN.															
_															
										Route Number,					
	4 Homicide determined building, etc. (Specify)														
י נ	29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated.														
COMPLETED	(Check only One) 2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date end placa, end due to the ceuse(a) and menner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year)								(a) and menner ea stated.						
2	Such Signal One And Title ge Centifier 296. LICENSE NUMBER 296. LICENSE NUMBER 296. LICENSE NUMBER 11.19-96														
2	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)														
	Suresh (C	O SOMPLETED CAU	3 SH	3 Do	ro, rmnt)	. <1	_ ~	2-	· ····································	2	2 -	000		
	31. DATE FILEO (Month, Day,	Year)	32. REGISTRA	AR'S SIGNAT	UNE TE	1.1.	12	C	110	LAGOL I	101	01/	DXX		
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	1107 2	00	2 4"	-which half	(HOOT - VICE	MAKE	4								



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	FOR STATE REGISTRAR	STATE OF N	IARYLAND /	DEPAR ERTIF						YGIENE EG. NO.	91	J,	33325		
,	1. DECEDENT'S NAME (First, Middle, Last) GLORIA		WACHHAU	S					2. OATE OF O	EATH DAY		EAR	12:00 N M		
	4. SOCIAL SECURITY NUMBER 176-28-8067	5. SEX	6. AGE (In yrs. les	t birthday) YRS.	IF UNDER	1 YEAR DAYS	IF UNDER	24 NRS. MIN.	7. DATE OF BI (Month, Day, SEPT.	Year)		BIRTHPL Country) PA	ACE (State or Foreign		
æ	9e. FACILITY NAME (If not institution, give s 7309 FINNS LA.	,			9b. CITY		ON OF OE		9c. COUNTY OF DEATH						
5	RESIDENCE OF DECEDENT	•		LANHAM							PRINCE GEORGES				
DIRECTOR	MD. PR		ara	10c. CIT	Y, TOWN C		ION			10d. INSIDE CITY LIMITS?					
١٥	10e. STREET AND NUMBER	RINCE GEORGES LANHAM								YES 2 NO AT COUNTRY?					
ERA	7309 FINNS	LA. 20706									U.S.A.				
BY FUNERAL	11. MARITAL STATUS 1 Never Merried 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. ARMEO 13. WAS DECENDENT OF HISPANIC OR						, Puerto Ricen,	? (Specify Yee or No. 14. RACE — American Indien,						
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondery (0-12)	College (1-4 or 5 d	(G	ECEDENT'S live kind of Do NOT u	work done se retired.)	during mo	at of working	ng .			ATION	TRY			
OME	17. FATHER'S NAME (First, Middle, Last)	5+	***		1,116	1011111		HER'S NAM	AE (First, Middle						
BE C	EDGAR BI	RENSINGER					111.715	EVE	LYN	ZAI	VGER				
TO B	19e. INFORMANT'S NAME (Type/Print)	70	19						oute Number, C			_			
	DANIEL WACHHAU 200. METHOD OF DISPOSITION	JS	20b PLACE						ANCAST						
		□ Buriel 2 ☑ Cremetion 3 □ Removal from State other place)													
	21, SIGNATURE OF FUNERAL SERVICE LI	21. SHUMATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY													
	MA Cha	mleuse	MO MO	0091	V	7. W.	. CHA	MBER	S CO.,	R	IVERDA	LE,	MD. 20737		
	23. PART I. Enter the diseases, or shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition reaulting in death)	a. Co /	se on each line	·B4	HE	NA.	eT.	Dis	SEAS	E		.t,	Approximate Interval Batween Onset end Death 3 Mounts 6 Months		
CERTIFICATION	Sequentielly list conditione, if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	с	OR AS A CONSE				CILIR	1031					OTOMB		
CAL (PART II. Other significant condition			_	in the u	nderlyin	g cause	given in i	Part I. 24a	. WAS AN	AUTOPSY IMED?		VERE AUTOPSY FINDINGS		
PHYSICIAN: MEDIC	DIAGETES	MELL	1105						_ 10	YES 2	☑ No	ď	COMPLETION OF CAUSE OF DEATH? I YES 2 NO		
IAN	25. WAS CASE REFERP TO MEDICAL EXAMINER?						LACE OF D	EATH (Che	ck only one)						
YSIC	1 VES 2 NO	HOSPITAL:	ER/Outpatient	3 🗆 DOA	4 Nu		10 5 E R	esidence	6 Other (Sp	ecify)					
	27. MANNER OF DEATH 1 Netural 5 Pending	26e. DATE OF (Month, E		266. TH	ME OF JURY M	26c. IN. WC	URY AT ORK? YES 2 [□ NO	28d. DESCRIE	BE HOW I	NJURY OCCU	RED			
TED BY	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28f. LOCATION (Street and Number or Bural Boute Number, City or Fown, State)							ute Number,						
COMPLETED	290. CERTIFIER (Check only one) 2 MEDICAL EXAMINI	_											end menner ee stated.		
BE	296. SIGNATURE AND TITLE OF CERTIFIE	Luga	n.	MD			29c. LIC	ENSE NUM	1208		29d. DATE	SIGNED (Month, Day, Year) 5,1990		
2	SOM OF LI	OGAR	SE OF OEATH (ITI	EAS	e, Print)	NA	KE	MT.	Rain	儿包	Z, Mt	7 2	0712		
	31. DATE FILEO (Month, Day, Year) NOV 1 9 '90		AR'S SIGNATURE	ander	2.										

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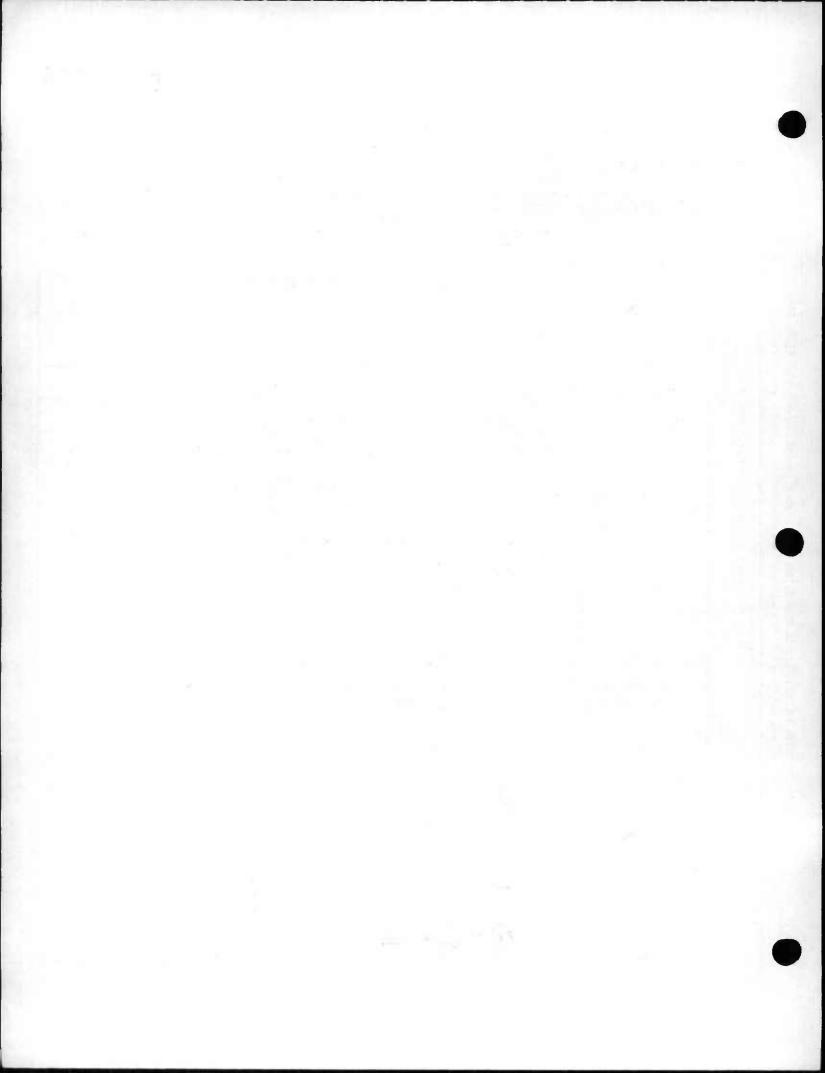
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	. 2.
	Pages 1

TO BE COMPLETED BY FUNERAL DIRECTOR

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within contours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit, be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: It liem 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21203-3146 DIVISION OF VITAL RECORDS, P.O. BOX 13146,

REGISTRAN		0		OAIL	OI.	DEA		REG	. NO.				
1. DECEDENT'S NAME (First, Middle, Last) WILL		WATI	ERS					2. DATE OF DEAT NOV. 1	.6, 19	90 YEAR	3. TIME OF DEATH		
4. SOCIAL SECURITY NUMBER		AGE (In yrs. In		IF UNDER 1	YEAR	IF UNDER	24 HRS.	7. DATE OF SHIT	Н		PLACE (State or Foreign		
215-38-5366	1 🛣 M 2 🗆 F	50	YRS.						-39	YLAND			
so. FACILITY NAME (If not institution, give Shady Grove Ac		Hospi	tal	9b. CITY, TOWN OR LOCATION OF DEATH ROCKVILLE					200	9c. COUNTY OF DEATH MARYLAND			
Shady Grove Admesidence of Decement 100. STATE 100. COUNT Maryland						-							
Maryland 106. COUNT								rry, town on Location Gaithersburg					
10s, STREET AND NUMBER									10a CI	TIZEN OF W	HAT COUNTRY?		
	9601 Stewarttown Road						879			USA			
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 DiDivorced	12. WAS DECEDENT E FORCES? 1 I IF YES, OIVE WAR		13. WAS DECENDENT OF HISPANIC DRIGIN? (Specify Yelf yes, specify Cuban, Mexican, Puerto Rican, etc.) 1 ☐ YES 2 ☐NO Specify:						o or No— 14. RACE — American Indian, Stack, White, etc. Specify: Black				
15. DECEDENT'S EDI (Specify only highest grad	ECEDENT'S EDUCATION 16s. DECEDENT'S USUAL OCCUPATION							16b. KIND D	F SUSINESS/IN	IDUSTRY			
Elementary/Secondary (0-12) 11th	College (1-4 or 5+)	ili		able									
17. FATHER'S NAME (First, Middle, Last)						10 MOT	ucore N	AME (First, Middle, N	talden Cumama)				
Nathan Water	S							thy Duy					
19e. INFORMANT'S NAME (Type/Print)								Route Number, City			20879		
Martha S. Owen	s (Sister							Rd., Ga			20879 g, MD		
20e. METHOD OF DISPOSITION 1 Burial 2 Cremation 3 Rea 4 Donation 5 Other (Specify)	n/enel	Grove Cemetery Gaithersb											
21. SIONATURE OF FUNERAL SERVICE LICENSIA 22. NAME AND ADDRESS OF FACILITY SNOWDEN FUNERAL HOME, P.A ROCKVILLE, MD 20850								P.A.					
IMMEDIATE CAUSE (Final disease or condition resulting in deeth) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (O	R AS A CONS	EQUENCE OF	7: 7:	emç	r/ch	age				Onset and Dee		
DART II Other almillions and dist	d.	- Ab b. A - A			A conference	el reion					THE ALTERON STATES		
PART II. Other algorificant condition districts hellit hyperlips den	in partit	is lu	peru	Lami	Jeriyin	g ceuse	given ir	P	MAS AN AUTOPS PERFORMED? YES 2 KNO	Y 24b.	WERE AUTOPSY FINDING AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
25. WAS CASE REFERRED TO MEDICAL					28. P	LACE OF	DEATH (C	theck only one)					
EXAMINER?	HOSPITAL:	D/Outpetlant	Man	OTHER	:				16.4)				
	1		V				wsittence	8 Other (Speci		COURT			
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 ND													
2 Accident Investigation 3 Suicide 8 Could not b 4 Homicide determined	28e, PLACE DE	INJURY — At I	home, term, s	atreet, facto	ry, offic	:0		28t. LOCATION (City or Town		per or Rural F	Noute Number,		
CONSTRUCTION OF THE CONSTR	SICIAN: To the best of m) end manner as stated.		
3 Suicide 8 Could not be determined 29e. CERTIFIER (Check only 000) 2 MEDICAL EXAMI	ED /		-			20- 110	ENGE M	IMAED	904.5	ATE BIOMES	(Month Day Year)		
29b. SIGNATURE AND TITLE OF CERTIF	In Of	40				P P	234	448	29d, D	((/	(Month, Day, Year)		
30, NAME AND ADDRESS OF PERSON W		DF DEATH (IT		Print)	4123	700	t	401	Rockvi	16, o	nd 2085		
31. DATE FILED (Month, Day, Year)	32. REGISTRAR	S SIGNATURE		202	VIC	P							



TO BE COMPLETED BY FUNERAL DIRECTOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

- STATE REGISTRAR		CERTIFIC	ATE OF	DEATH	REG. N	0.		
1. DECEDENT'S NAME (First, Middle, Last) MERRELLW,	100	WHIT	TLES	EYJR.	2. DATE OF DEATH MONTH	17-90	3. TIME OF DEATH 2.28 P. M	
The second secon	∑ M2□F 75	YRS. MO	UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) AUG. 21,	C	MRTHPLACE (State or Foreign Country) ASHINGTON, D.C	
98. FACILITY NAME (If not institution, give street and number) HOLY CROSS HOSPITAL SILVER SPRING MONTGOMERY RESIDENCE OF DECEDENT								
10e. STATE 10b. COUNTY	Gomy	10c. CITY, T	CENS	INGTO	SN		10d. INSIDE CITY LIMITOR 1 TES 2 NO	
10e. STREET AND NUMBER 4112 BYRD C	OURT			ZIP CODE 208		1	OF WHAT COUNTRY?	
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced 12. Was DECEDENT EVER IN U.S. ARMED FORCES? 1 VES 2 NO If Yes, apecify Cuber, Mexican, Puerto Ricen, etc.) 13. Was DECEDENT OF JHSPANIC ORIGIN? (Specify Yee or No- If yes, apecify Cuber, Mexican, Puerto Ricen, etc.) 14. RACE — American Indian, Block, White, etc. Specify: Specify:								
15. DECEDENT'S EDUCAT (Specify only highest grade cor Elementery/Secondery (0-12)	FION mpleted) College (1-4 or 5+)	16e. DECEDENT'S US (Give kind of work life. Do NOT use re SPORTSW	done during mo etired.)	N st of working		GTON STA	AR NEWSPAPER	
17. FATHER'S NAME (First, Middle, Last) MERRELL W. WHI	TTLESEY, SR	•		18. MOTHER'S NAI	NE (First, Middle, Meld		_	
19a, INFORMANT'S NAME (Type/Print)	-		DRESS (Street a		oute Number, City or 1			
VIRGINIA C. WHITTL 20a, METHOD OF DISPOSITION 1 Durial 2 Cremetion 3 Remove	206.	PLACE OF DISPOSITI			SINGTON,	MARYLANI LOCATION — CITY		
4 Donation 6 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICEN	G	ATE OF HE	22. NAME AN	D ADDRESS OF FAC			RING, MARYLANI	
23. PART I. Enter the disesses, or cor shock, or heart failure. List iMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditione, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (OR AS A				- 0	1 1	Interval Between	
	contributing to death be a five of the contribution of the contrib	parer	the underlying	g ceuse given in	PERF	AN AUTORSY FORMED	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
	HOSPITAL: Inpatient 2 DER/Outp 28e. DATE OF INJURY (Month, Day, Veer) 26e. PLACE OF INJURY building, etc. (Spec	28b. TIME (INJUR	OTHER: Nursing Homo PF 28c. INJ W M 1	ACE OF DEATH (Ch		et and Number or F		
290. CERTIFIER (Check only	Chan	es UD	In my opinion, c	29c, LICENSE NUI	time, deta end place,	29d. DATE SI	guse(e) and manner as stated. GNED (Month, Day, Year) - 7 - G)	
31. DATE FRIED (Month, Day, Year) NOV 21 *90	32. REGISTRAR'S SIGN Julia David	ATURE Non-Randolle	10313	s seok	26ia av	D 318	DFU 116 2040	

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, homography. He has a second or the page 1 mountains to the page 1 mountains. The page 1 mountains the death of the page 1 mountains the page 1 mountains. The page 1 mountains the page 2 mountains the page 1 mountains the page 1 mountains the page 2 mountains the page 1 mountains the page 2 mountains the page 2 mountains the page 1 mountains the page 2 mountains the page 2 mountains the page 2 mountains the page 2 mountains the page 2 mountains the page 2 mountains the page 3 mountain DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

BALTIMORE, MARYLAND 21203-3146

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

DHMH-16 Rev 1/89

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BALTIMORE, MARYLAND 21203-3146	5 PHYSICIAN; The law requires that the death certificate be executed within 24 frours after death. Page 6 may be retained by the hospital or attending physician. It is certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 in with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. arked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 frours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-tran be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY FUNERAL DIRECTOR

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

FOR

1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH DAY YEAR 3. TIME OF DEATH MONTH OF DEATH MONTH DAY 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (in yrs. last birthday) IF UNDER 14 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or R									
MONTHS DAYS HOURS MIN. (Month, Day, Year) Country)	A M								
026-20-7050 1&1 № 2 F 62 YRS. Vecember 73 1927 Ma 9a. FACILITY NAME (N not institution, give street and number) 9c. COUNTY OF DEATH Prince George	55.								
RESIDENCE OF DECEDENT 100. STATE 100. CITY, TOWN OR LOCATION 100. CITY TOWN OR LOCATION 100. INSIDE CITY LIMITS? 1 UYES 2X NO									
100. STREET AND NUMBER 9327 Old Scaggsville Road 101. ZIP CODE 20723 109. CITIZEN OF WHAT COUNTRY? U.S.A.									
11. MARITAL STATUS 1 Never Married 2 Married 1 Never Married 3 Midowed 4 Divorced 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 VES 2 NO If YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No— If yes, specify Cuban, Mexican, Puerto Rican, atc.) 14. RACE — American Inc. Black, White, etc. Specify: White									
15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+) College (1-4 or 5+) College (1-4 or 5+) College (1-4 or 5+) College (1-4 or 5+) College (1-4 or 5+) College (1-4 or 5+) College (1-4 or 5+)									
17. FATHER'S NAME (First, Middle, Lest) 18. MOTHER'S NAME (First, Middle, Melden Surname) Sadie de Vries									
190. INFORMANT'S NAME (Type/Print) 190. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) RD 6 BOX 363 AUBURN, New York 13021									
20a. METHOD OF DISPOSITION 1									
21. SIGNATURE OF FUNERAL SUMPLE LICENSE 22. NAME AND ADDRESS OF FACILITY Donalds on Funeral Home P.A. 313 Talbott Ave. Laurel. Maryland 20707									
	07								
23. PART I. Enter the disease, or complications that caused the death. Do not enter the mode of dying, auch as cardiac or respiratory arrest, interval B onset an disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF): Approximation and the mode of dying, auch as cardiac or respiratory arrest, interval B onset an interval B onset an interval B onset and interval B o	ate Setween								
23. PART I. Enter the disease or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition	ate Setween								
23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, auch as cardiac or respiratory arrest, shock, to be it failure. List only one cause on each line. Approximation interval E Onset and disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that infiliated events Due TO (OR AS A CONSEQUENCE OF): Due TO (OR AS A CONSEQUENCE OF): Due TO (OR AS A CONSEQUENCE OF):	PINDINGS IT TO CAUSE								
23. PART I. Enter the disease or complications that caused the death. Do not enter the mode of dying, auch as cardiac or respiratory arrest, shock, the heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF): Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): 1. YES 2 NO CONFIDENCY AMALABLE PRIOR COMPLETION OF OR DEATH? 1. YES 2 NO OF DEATH? 1. YES 2 NO OTHER:	PINDINGS IT TO CAUSE								
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23. PART I. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, the sert failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF): Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that inhitiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUE	PINDINGS IT TO CAUSE								
23. PART I. Enter the file states or complications that caused the death. Do not enter the mode of dying, auch as cardiac or respiratory arrest, shock, the ent failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF): Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that infliated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQU	etween d Death Control of the contr								
23. PART I. Enter the thermode of dying, auch as cardiac or respiratory arrest, above, are heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF): DUE	PRINCIPLE OF THE PRINCI								

permit. Pages 1, 2.

director, page 5 should be funeral n by the fu filled in by 5 cremation, compietely executed within w requires that the death certificate be executed been signed by the attending physician and com it, of Health and Mental Hygiene prior to burial, WE has be Dept. The certificate h HOSPITAL OR ATTENDING PHYSICIAN: L DIRECTOR: After this cer thours after death with the litem 28 is marked, of FUNERAL within 72 h 王皇

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. Sunil Gupta,

31. DATE FILEO (Morith, Day, Year) NOV 2 7 1990

33329 FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH 3. TIME OF DEATH 23 YEAR 415 Zehrbach 90 6. ana 6. AGE (in yrs. lest birthday) 7. DATE OF BIRTH (Month, Day, Year) SOCIAL SECURITY NUMBER 5. SEX IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign 9a. FACILITY NAME (If not institution, give street and number)

9a. FACILITY NAME (If not institution, give street and number)

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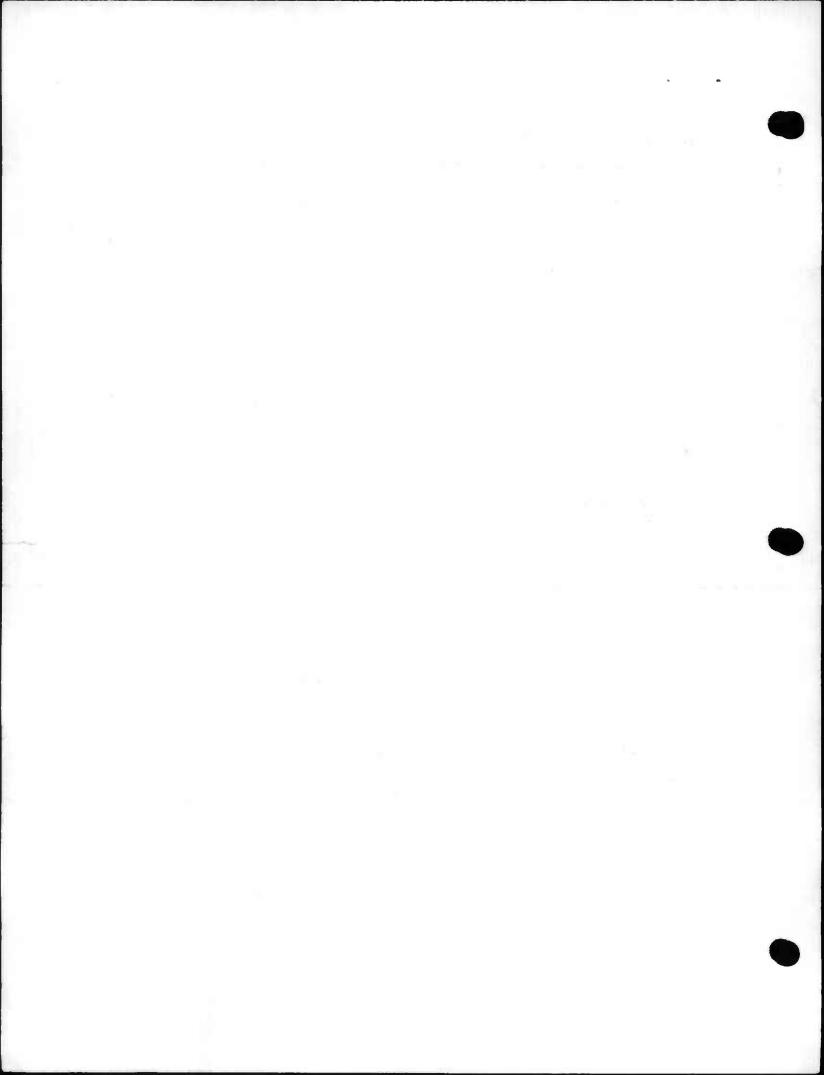
9a. FACILITY NAME (If not institution, give street and number)

9a. FACILITY NAME (If not institution, give street and number) Bly Hon 89 MONTHS DAYS HOURS VOS 95 CITY TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Allegan Comberland DIRECTO 10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MD YES 2 NO Allegany Cumberland FUNERAL 10e. STREET AND NUMBER 101, ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? 729 Maryland Avenue 21502 USA 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES XX NO IF YES, GIVE WAR OR DATES 11, MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-14. RACE — American Indian, Black, White, etc. 1 Never Married XX Married If yes, specify Cuban, Maxican, Puarto Rican, etc.) 1 TESTA NO Specify: Specify: BY 3 Widowed 4 Divorced white COMPLETED 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade comple Elementary/Secondary (0-12) College (1-4 or 5+) wheel shop supervisor 12 B & O Railroad once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Sumame) Henry Zehrbach at Bertha J. Berry BE notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Mrs. Minola G. Zehrbach 29 Maryland Avenue Cumberland, MD 21502 pe METHOD OF DISPOSITION 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or 20c. LOCATION — City or Town, State must Burial 2 Cremation 3 Removal from State Hillcrest Burial Park 4 Donation e Other (Specify) Cumberland, MD examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Scarpelli Funeral Home Cumberland, MD 21502 medicai 23. PART I. Enter the diseases, or complications that claused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate shock, or heert fellure. List only one cause on each line. Interval Between Onset and Death IMMEDIATE CAUSE (Finel the disesse or condition Probable 2-3da Sepsis resulting in deeth) traumatic event, DUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF) If any, leading to immediate cause. Enter UNDERLYING CAUSE (Diseese or Injury that initiated events other DUE TO (OR AS A CONSEQUENCE OF): reculting in deeth) LAST 0 injury, 24a, WAS AN AUTOPSY PERFORMED? PART II. Other significent conditions contributing to deeth but not resulting in the underlying ceuse given in Part I. 24b. WERE AUTOPSY FINDINGS MEDICAL AMAILABLE PRIOR TO COMPLETION OF CAUSE men any duscare 1 - YES 2 - 10 OF DEATH? sure t TYES 2 NO PHYSICIAN: 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF OEATH (Check only one EXAMINER? OTHER 1 TES 2 NO 1 | Inpatient 2 | ER/Outpatient 3 | DOA ng Homa 5 - Realdence 6 - Other (Specify) 9 27. MANNED OF DEATH 28a. DATE OF INJURY 28b. TIME OF 28c. INJURY AT WORK? 284. DESCRIBE HOW INJURY OCCURED INJURY 1 Netural 8 Pending м 1 YES 2 NO BY 2 Accident Investigation 28e. PLACE OF INJURY — At home, farm, street, factory, offica building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide COMPLETED 8 Could not be 4 Homicide determined 1 DERTIFYING PHYSICIAN: To the bast of my knowledge, desth occurred at the time, date and place, and due to the cause(a) and manner as stated. (Check only one) IMPORTANT: If 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, date and place, and due to the cause(s) and manner se stated. 296. SIGNATURE AND TITLE OF CERTIFIE 29c. LICENSE NUMBER BE D33280

person who completed cause of Death (ITEM 27, 13/pp. Print) a, Memorial Hospital Medical Bldg., Cumberland, MD 21502

32. REGISTRAD'S SIGNATURE

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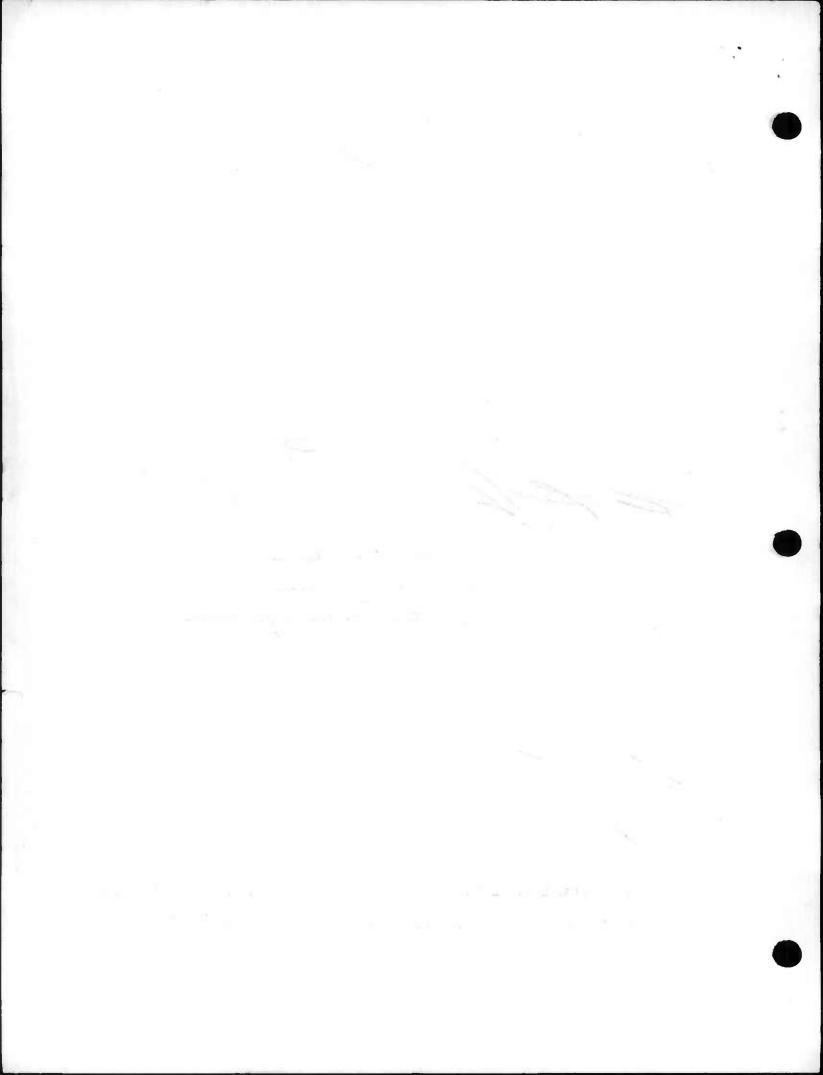
BALTIMORE, MARYLAND 21203-3146

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mounts after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTIOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit permit. Pages 1, 2 be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlal, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

į	1. DECEDENT'S NAME (First,	Middle, Last)			141					2. DATE OF D	EATH		WEAR	3. TIME OF DEATH			
1	Dorothy	May Ze	eitler							NOV.	9		990	8:25 P M			
	4. SOCIAL SECURITY NUMB	ER	5. SEX	6. AGE (In yrs.	last birthday)		B 1 YEAR	IF UNDER	1	7. DATE OF BIRTH			8. BIRTI	HPLACE (State or Foreign			
í	222-36-246	1	1 ☐ M 2 🏋 F		77 YRS.	MONTHS	DAYS	HOURS	WIN.	Mar.	2, 1	913	De	laware			
3	9a. FACILITY NAME (If not in	stitution, give st	treet and number)			9b. CIT	9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH						DEATH				
5	Union Hosp	oital				Elkton Cecil											
DIRECTOR	RESIDENCE OF DEC	1-															
8	DELAWARE	Midilatorm						10d. INSIDE CITY LIMITS?									
		Middletown						1 YES 2 XNO									
₹ I	10e. STREET AND NUMBER			10	1. ZIP COD				10g. CITIZEN OF WHAT COUNTRY?								
FUNERAL	701 Lake I	rive						1970	_			U.S.A.					
5	11. MARITAL STATUS 1 Never Married 2 XX	Casamina	12. WAS DECEDEN FORCES? 1	T EVER IN U.S.	ARMED NO	13.				NC ORIGIN? (Sp n, Puerto Ricen		a or No— 14. RACE — American Indian, Black, White, etc.					
BY	3 Widowed 4 Divo		IF YES, GIVE V	WAR OR DATES			1 YE	2 X NO	Specif	y:			Spec	www. White			
	15 DEC	EDENT'S EDU	CATION	160	DECEDENT'S	I USUAL C	CC IPATI	ON		16h Yani	D OF BUS	SINESS/IN	DUSTRY				
	(Specify only	y highest grade	completed)		(Give kind of life. Do NOT u	work done	during m	ost of worki	ing	100. 1	01 000	311423371141	DOSTRI				
7	8th Grade		College (1-4 or 5		Homem	aker				Нот	me						
COMPLETED	17. FATHER'S NAME (First, M			1		unto1		18. MOT	HER'S NA	ME (First, Middle		Surname)					
	Jacob Was	ner								Day		,					
B	19a. INFORMANT'S NAME (-		19b. MAILING	3 ADDRES	S (Street			Route Number, C	ity or Tow	n, State, Zi	o Code)				
2	Hans Zeit	ler			P.O.B	ox 9	4. 7	01 L	ake	Dr. M	idd1	etow	n. D	E 19709			
	20a. METHOD OF DISPOSIT	ION		20b. PLA	CE OF DISPO	SITION (N	lame of ce	metery crei	matorylor					own, Stata			
	20a. METHOD OF DISPOSITION 1 Burlet 2/ Cremation 3 Removal from State other parts 4 Donation 5 Other (Security) S 1					Silverbrook Cemetery							Wilmington, DE				
21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY R. T.																	
	111 South Queen																
	23. PART I. Enter the d ahock, or h	is c ases, or c aert fallure.	Complications the List only one ca	it caused the use on each i	death. Do ine.	not ante	r tha m	ode of dy	ing, suc	h ea cardlec	or resp	iratory at	rest,	Approximata intarvai Between			
	IMMEDIATE CAUSE (Findsease or condition	nai												Onset and Death			
	resulting in death)	\rightarrow	a	الان	بالل	mi	الله	arly									
			DUE TO	(OR AS A CON	SEQUENCE (OF):											
MEDICAL CERTIFICATION	Sequentially list condit		b	(OR AS A CON	SEQUENCE O	Philip	176	nuz									
AT	if any, leading to imme cause. Enter UNDERLY			۸	1.4		. 1 0		1.								
임	CAUSE (Diseess or injuthat initiated events	iry	CDUE TO	(OR AS A CON	SEOUENCE (DF):	u XX	ULLA	-	ar row	uch						
E	resulting in death) LAS	т	¥														
CE			u														
AL	PART II. Other significa	nnt condition	e contributing to	death but no	ot resulting	in tha u	ındertyir	g cause	given in	Part I. 24e	PERFO	AUTOPSY	24	b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO			
음										10	YES 2	00 🗆 s		COMPLETION DF CAUSE			
<u> </u>										_				1 YES 2 NO			
SIA	25. WAS CASE REFERRED T EXAMINER?	O MEDICAL	HOSPITAL:			T		LACE OF	DEATH (C/	neck only one)							
S	1 TES 2 NO		1 Spotlent 2	☐ ER/Outpatient	3 🗆 DOA	OTHE 4 No		ne 5 🗆 R	Rasidence	a 🗆 Other (Sp	ecity)						
PHYSICIAN:	27. MANNER OF DEATH		28a. DATE O (Month,	F INJURY Day, Year)	28b. TII	ME OF	28c. iN	JURY AT ORK?		28d. DESCRI	BE HOW	INJURY O	CCURED				
ВУ	1 Netural 5 2 Accident	Pending Investigation				М	1 🗆	YES 2	□ NO								
03		Could not be	28e. PLACE building	OF INJURY — AI , etc. (Specify)	home, ferm,	street, fa	ctory, offi	ce			N (Street wn, State)		er or Rurel	Route Number,			
E I	4 Homicide	determined															
2	29e. CERTIFIER (Check only	TIFYING PHYS	ICIAN: To the best of	f my knowledge	, death occur	red at the	time, dat	e and plac	e, and du	o to the cause(a	and ma	nner as st	ated.				
COMPLET	one) 2 MED	ICAL EXAMINE	R: On the basis of	examination and	or investigat	lon, in my	opinion,	death occu	ured at the	time, data and	place, er	nd due to	the cause	(a) end menner as stated.			
	29b. SIGNATURE AND TITLE	E OF CERTIFIE	R	-				29c. LIC	CENSE NU	MBER		29d. DA	TE SIGNE	D (Month, Day, Year)			
BE	N	. 14	4	Ma				C	1-00	0153	4	•	illi	2130			
2	30. NAME AND ADDRESS O	F PERSON WH	O COMPLETED CAL	SE OF DEATH (ITEM 27) (Typ	e, Print)			. 00	- (33	\		- 1 4	19000			
	KENNETH	1 45	wis M	D. 12	PEI	MILA	10 7	01	<7	- m	in	0/2	Tow	19909 N DE			
	31. DATE FILED (Month, Day,	Year)	32. REGISTR	AR'S SIGNATUR	E		3	- / /	-		1 7 1 1		500	7			
	NOV14	'90	Lulia	Davidson-	Pandel	2											



isit permit. Pages 1, 2, 3 should

TO BE COMPLETED BY FUNERAL DIRECTOR

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

1 - FOR STATE REGISTRAR		STATE OF M	MARYL					HEALTH AND I	MENTA	REG. NO.	E				
1. DECEDENT'S NAME (First	Middle, Last)	-		A 11	1				2. DATE OF OEATH MONTH DAY YEAR 3. TIME OF DEATH						1
Jes:	sie	2	7	HtV	pert	or)		MON	1 2	1 24 90 11:				PM
4. SOCIAL SECURITY NUME		6. SEX						IF UNDER 24 HRS. HOURS MIN.	7. DATE	ATE OF BIRTH 8. BIRTI			IPLAC	E (State or Fore	a/gn
177-16-	0382	1 M 2 X F	7	3	YRS.	NTHS	DAYS	HOURS MIN.	Oct	24,1	917	Pen	nna.		
9a. FACILITY NAME (If not in Washing		on, give street and number) 10 Co. Hosp. 11 Hagers													
RESIDENCE OF DEC								LOCATION 10d. INSIDE CITY							
Penna.	Fra	nklin						sburg			1117	LIMITS?	NO		
100. STREET AND NUMBER	12447 Orchard Circle						10	1723	36			SA	WHAT	COUNTRY?	
11. MARITAL STATUS 1 Never Married 2 3 Widowed 4 Divo		12. WAS DECEDEN FORCES? 1 IF YES, GIVE N	YES	2 2 N	MEO O	11	yes, sp	CENDENT OF HISPAN pecify Cuban, Maxica 3 2 X ND Specif	in, Puerto		or No-		k. whi	merican india: ta, atc.	n,
	EDENT'S EDU			16a. DE0	CEDENT'S US	UAL OC	CUPATI	DN pet of weeking	-16	b. KIND OF BUS	INESS/IND	USTRY			
Elementary/Secondary (College (1-4 or 5	+)	IIIo.	Do NOT use n	etired.)		rator		Clot	hing				
17. FATHER'S NAME (First, A	fiddle, Last)						-	18. MOTHER'S NA	ME (First						
C	level	and Pec	k					Charl	ott	e May	e Cl	ark			
19a. INFDRMANT'S NAME (196	. MAILING AD	DDRESS	(Street	and Number or Rural				_			
Betty L. Houpt 12372 Dickeys Rd., Mercersburg, Pa. 17236									5						
20a. METHOD DF DISPOSITION 1 Cremetion 3 Removal from State 20b. PLACE OF DISPOSITION (Name of cometery, cremetory or other place) 20c. Parklawns Mem. Gardens 20c. LOCATION - City of Town, State Parklawns Mem. Gardens Franklin Co., P							teta Pa								
21. SIGNATURE OF FUNERAL NAME AND ADDRESS OF FACILITY Lininger-Fries Funeral Home															
47 N. Park Ave., Mercersburg, Pa. 17236									236						
23. PART I. Enter the o	liseases, or	complications the		- 7		_						_	ا	Approxima	
shock, or t	neart fallure.	List only ona ca	use on e	ach line							- 8			Interval Be	etween
IMMEDIATE CAUSE (FI	nsi	m	Lac	1	fir	/	32	east C	100	con			i	011001 0110	
resulting in dasth)		DUE TO	OR AS	A CONSEC	QUENCE OF):				U,				-		
Sequentially list condi		b	OR AS	A CONSE	UENCE DF):								-		
If any, isading to imme cause. Entar UNDERLY													-		
CAUSE (Disesse or Inj. that initiated events	ury	DUE TO	OR AS	A CONSE	DUENCE OF):										
resulting in deeth) LAS	ST	d													
PART II. Other signific	ant condition	ne contribution to	o death I	but not s	seulting in	the un	dadyle	na causa aluan in	Dort I	24s. WAS AN	ALITTOPRV	1 24	- WEE	E AUTOPSY FI	NONCO
VART II. Other signific	one on and	- Contained and the	o death t	Dat Hot I	counting in	tile dil	Gottyn	ig couse given in	i Courci.	PERFDI	RMED?	-	AWA	LABLE PRIOR	TO
1 TYES 2 NO OF DEATH															
1 YES 2 NO								10							
25. WAS CASE REFERRED	TO MEDICAL						26. F	PLACE OF DEATH (C)	heck only	one)					
EXAMINER?		HOSPITAL:	□ EB/Out	notion 3		THEF	₹:								
27. MANNER OF DEATH 28s. DATE DF INJURY 28b. TIME OF 28c. INJURY AT 28d. OEŞCRIBE HOW INJURY OCCURED															
	1 Netural 5 Pending (Month, Dey, Year) INJURY WORK? 1 YES 2 NO														
2 Accident 3 Suicide	Investigation Could not be	28a. PLACE	OF INJUR	Y — At ho	me, ferm, atr	eet, fact	ory, off	Ica		OCATION (Street		r or Rural	Route	Number,	
4 Homicide	datarmined	building	, atc. (Spe	эслу)					"	ity or Town, Stata,	,				
29a. CERTIFIER 1 CEF	TIFYING PHYS	HCIAN: To the best of	of my know	wledge, de	ath occurred	at the t	lme, da	te and place, and du	e to the	cause(a) and me	nner aa sta	ted.			
one)								death occured at the					(a) and	I manner aa s	stated.
29b. SIGNATURE AND TITL	E OF CERTIFIE	8-	-				_	29c. LICENSE NU			29d. DAT	E SIGNE	D (Mo	nth, Day, Year)	
296. SIGNATURE AND TITLE OF CERTIFIES 296. LICENSE NUMBER 296. LICENSE NUMBER 296. LICENSE NUMBER 296. LICENSE NUMBER 296. LICENSE NUMBER 296. LICENSE NUMBER 296. LICENSE NUMBER															

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13146, BALTIMORE, MARYLAND 21203-3146 executed within c. wours after death. Page 6 may be retained by the hospital of after-dring physician. DIVISION OF VITAL RECORDS, P.O. BOX 13146, HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be this TO THE HOSPITAL OR ATTENDING PH TO THE FUNERAL DIRECTOR: After this be filed within 72 hours after death wi IMPORTANT: If Item 28 is marke

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DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for less, as the by	hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	flem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
3	DUL	E
	2	-

ial-transit permit. Pages 1, 2, 3 should

FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE **CERTIFICATE OF DEATH** REGISTRAR REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH YEAR 90 Dale Robert 11 1:42 Angle 4. SOCIAL SECURITY NUMBER 5. SEX 8. AGE (In vrs. last birthday) 8. BIRTHPLACE (State or Foreign Country) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH Mar. 29, 1965 1 M 2 - F 25 193-62-7297 MONTHS DAYS HOURS MIN. YRS 9e. FACILITY NAME (If not institution, give street end number) oc. COUNTY OF DEATH
Washington 9b. CITY. TOWN OR LOCATION OF DEATH Washington Co. Hosp. Hagerstown DIRECTOR RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Mercersburg, Pa. 172 Franklin Penna. 1 YES 2 1 NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 8137 Royer Rd. 17236 USA 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 NO 2 NO 11. MARITAL STATUS 14. RACE — American Indian, Black, White, etc. 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No-If yes, specify Cuban, Mexican, Puerto Rican, etc.)

1 YES 2 NO Specify: 1 Never Merried 2 Merried F YES, GIVE WAR OR DATES Reg. Navy 1 Specify: White BY 1987-90 3 Widowed 4 Divorced ED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade comple COMPLET Elementary/Secondary (0-12) College (1-4 or 5+) Security Syst. Install. Security 12 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Meiden Surname) Carol Hornbaker Kenneth R. Angle BE 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 8137 Royer Rd., Mercersburg, Pa. 17236 Kenneth R. Angle 20a, METHOD OF DISPOSITION
1 A Buriel 2 Cremation 3 Removal from State
4 Donation 5 Other (Specify) 20b. PLACE OF DISPOSITION (Name of cemetery, cremetory or Montgomery Twp. Franklin Co. Pa Welsh Run Brethren Cem. GI WILLIS STREET E115 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Myers MYERS TUNERAL HOME WEST MINSTER, 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or reapiratory arrest, Approximate ahock, or heart failure. List only one cause on each line. Interval Between **Onset and Death** IMMEDIATE CAUSE (Final disease or condition resulting in death) Multiple injuries DUE TO (OR AS A CONSEQUENCE OF) PHYSICIAN: MEDICAL CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF) If any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other algolificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE NO NO OF DEATH? 1X YES 2 NO 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) OTHER: 1 TYES 2 NO 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 🂢 DOA 4 Nursing Home 5 Residence 6 Other (Specify) 25e. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Netural 11/22/90 12:49AM 1 YES 2 1 NO Motorcyclist struck embankment BY 2XX Accident 28e. PLACE OF INJURY — building, etc. (Specify) 281. LOCATION (Street and Number Plage Programmy, MD City or Town, State) 3 Suicide a Could not be COMPLETED 4 Homicide road #494&Fairview ChurchRd 29e. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowle death occurred at the time, date end place, end due to the ca 2 MEDICAL EXAMINER: On the b 29 SIGNATURE AND TITLE OF CERTIFIE 29c. LICENSE NUMBER 29d, DATE SIGNED (Month, Day, Year) BE CCME 11/23/90 2

O COMPLETED CAUSE OF

M.D.

.32. JEGIGTHAN S

- Assistant

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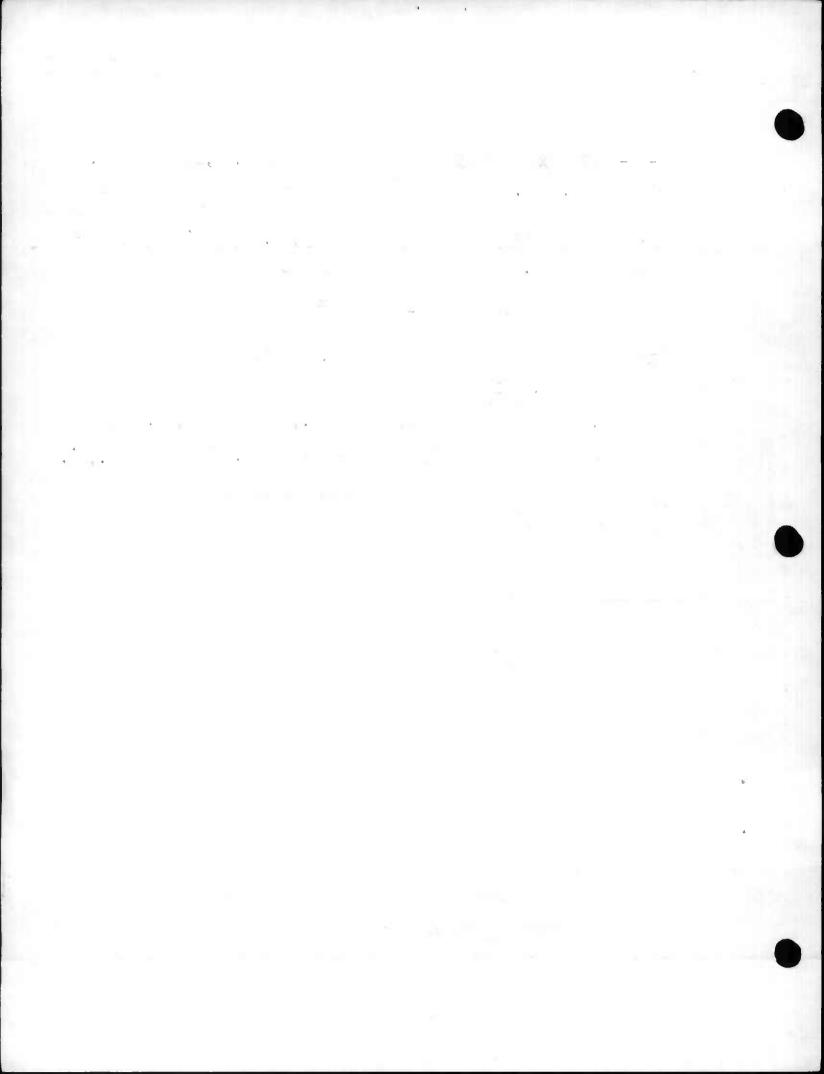
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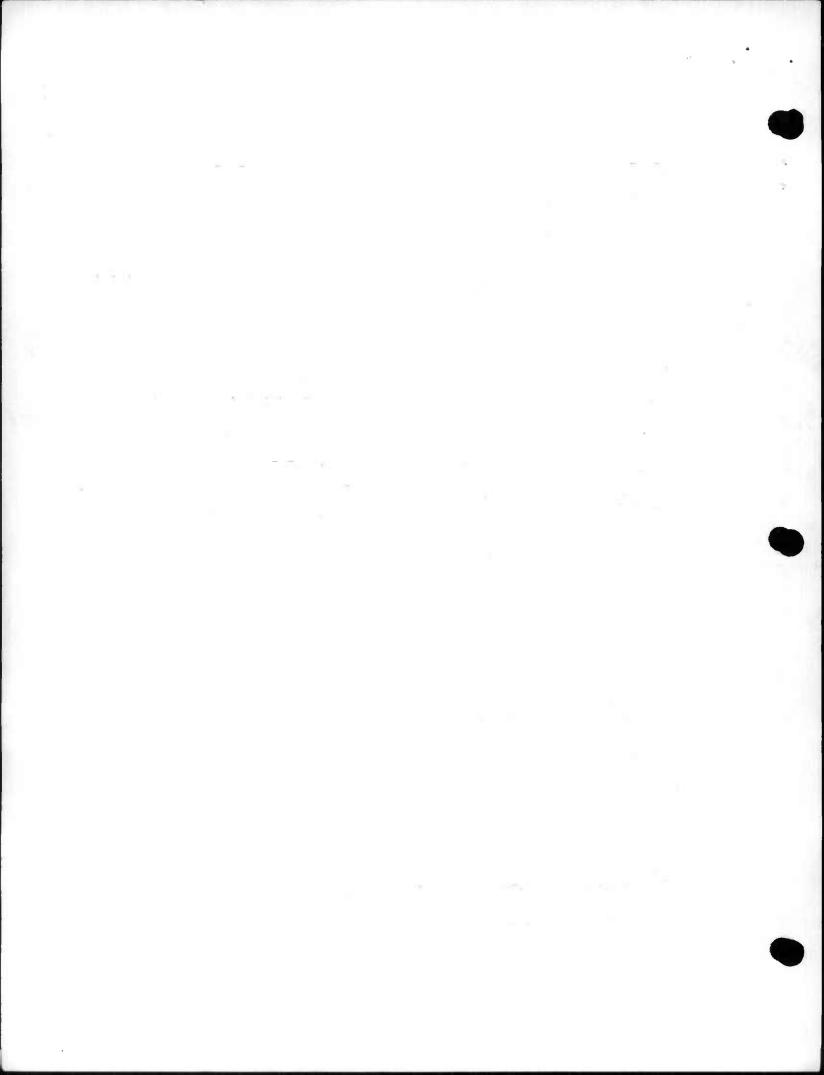
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111 Penn St.



	FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPAR CERTIF					YGIENE EG. NO.	9	0 :	33333
1	1. DECEDENT'S NAME (First, Middle, Last)						2. DATE OF I		, ,		IME OF DEATH
	Lorain Edm		ASHTON					02			9:30 a.m
		5. SEX 6. AGE (1	In yrs. lest birthday)	MONTHS DAVE HOUSE MIN				BIRTH y, Year) !⊶190		Country)	CE (State or Foreign YLVANIA
	9a. FACILITY NAME (If not institution, give stre	, , ,	07	9b. CITY, 1	TOWN OR LOC	ATION OF DE		170		Y OF DEATH	
5	FRANKLIN SQUARE HO	SPITAL			ROSS	SVILLE			Balt	imore	County
DIRECTOR	10a. STATE 10b. COUNTY		10c. CIT	Y, TOWN OR	LOCATION					10d	. INSIDE CITY
		TIMORE				UNDA LK					YES 2 XX10
FUNERAL	100. STREET AND NUMBER 79 WISE AVENUE				101. ZIP C		21222		10g. CITIZE	U.S.	COUNTRY?
3		12. WAS DECEDENT EVER IN	U.S. ARMED			NT OF HISPAN	IIC ORIGIN? (S		or No— 14		American Indian, nite, atc.
BY F	1 Never Married 2 Married 3/1 Widowed 4 Divorcad	FORCES? 1 YES	ATES NO	NO If yes, specify Cuban, Maxican, 1 ☐ YES XX NO Specify:			n, Puarto Ricar	i, etc.)		Specify:	WHITE
	15. DECEDENT'S EDUCA (Specify only highest grade or		16a. DECEDENT'S	USUAL OCC	CUPATION	n dela a	16b. KIN	ID OF BUS	INESS/INDUS		WILLE
COMPLETED	Elementary/Secondary (0-12)	Collega (1-4 or 5+)		(Give kind of work done during most of working life. Do NOT use retired.)							
P P	12TH GRADE 17. FATHER'S NAME (First, Middle, Last)	N/A	Su	SUPERVISOR 18. MOTHER'S NAM					EM ST	ttl C	ORP
	JOHN COOPER ASHTON	1			10. 1		INE AL			F	
BE C	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street and Nu		Route Number, (
유	NEIL E. ASHTON	3					ISTON.	_			
	20a. METHOD OF DISPOSITION Burial 2 Cremation 3 Remove	rel from Stata	other place)				1000		ATION — CI		
	4 Donation 5 Other (Specify)		ULANEY V	22. N	AME AND AD	DRESS OF FA	CILITY				
ļ	+ (hanh)	V. Fis	4//				RAL HO			DA LK 212	
	23. PART I. Enter the diseeses, or co										Approximate
- 1	IMMEDIATE CAUSE (Finel	at only one couse on e	ecn line.								Interval Between Onset and Death
	resulting in death) s.	Gastrointe	stinal B	tinal Bleed Dissequence OF):							
_		Respirator									
5 5	Sequentially list conditions, if any, leading to immediate	CONSEQUENCE									
SI	csuse. Enter UNDERLYING CAUSE (Disesse or Injury		Cardiovascular Arrest Due TO (OR AS A CONSEQUENCE OF):								
CERTIFICATION	that initiated events resulting in death) LAST		115-125-								
	PART II. Other significent conditions	contributing to death b	out not resulting	In the unc	serlying cau	se given in	Part I. 24	a. WAS AN			RE AUTOPSY FINDINGS
S	Severe protein		on					PERFOR		CO	MPLETION OF CAUSE DEATH?
MED	History of Hy								7000		YES 2 NO
.:	Severe metabol	1C acidosis			10/0/02						
SICI		HOSPITAL:	netient 3 DOA	OTHER	:	DF DEATH (Ch	8 Other (S	neo#d			
PHYSICIAN: MEDICAL	27. MANNER OF DEATH	28a. DATE OF INJURY (Month, Day, Year)	28b. TII	-	28c. INJURY A		28d. DESCRI		NJURY OCCU	JRED	
ВУ	1 Netural 5 Pending 2 Accident Investigation			М	1 YES	2 NO					
8	3 Suicide 6 Could not be determined	28e. PLACE OF INJURY building, etc. (Spe						281. LOCATION (Street and Number or Rural Route Number, City or Town, State)			Number,
E	29a, CERTIFIER 1 CERTIFYING PHYSIC	IAN: To the best of my know	rledge, death occur	red at the tir	ne, data and p	place, and due	to the cause(a) and man	ner as stated	d.	
COMPLET	2001	: On the basis of examination	on and/or investigati	on, in my og	olnion, death o	occured at the	time, data and	d place, an	d dua to the	cause(a) an	d manner as stated.
BE	296. SIGNATURE AND TITLE OF CERTIFIER	11	()		29c.	LICENSE NUI	MBER		29d. DATE	SIGNED (M	onth, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DE	EATH (ITE 177) (Typ	e, Print)	27						
	William Hanks	, M.D.	9000 F	rank	lin Sq	uare [Orive D	Balti	more	2123	7
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGN	NATURE								
	DEC 5 1990 A	The state of the s	-								



	24	-	8	=
60,	TO THE HOSPITAL ON ATTENDIAN PHYSICIAN: The law requires that the death certificate be executed within 2	TO THE FUNERAL DIRECTION TO THE INCIDENCATE has been signed by the attending physician and completely f	be filed within 72 hours and the burner of the State Dept. of Health and Mental Hyglene prior to burial, cremation	IMPORTANT: If Item 28 is period, or item 23 shows any injury, or other traumatic event, th
2	execute	and o	to buria	matic
5	ate be	ysicial	prior	r trau
5	certific	d Buil	yglene	othe
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DIVISION OF VITAL MECORDS, P.O. DOA 13149,	the dea	y the att	d Menta	Injury,
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	1	FOR STATE REGISTRAR	TATE OF MARYLAND / DEPARTM	MENT OF HEALTH AND MEATE OF DEATH		33334					
		1. DECEDENT'S NAME (First, Middle, Last)	٤.0	UNDER 1 YEAR IF UNDER 24 HRS.	2. DATE OF DEATH MONTH DAY 12 0 4 9	3. TIME OF DEATH 3', 07 M BIRTHPLACE (State or Foreign					
_		2/9-0/-6003 15 9a. FACILITY NAME (If not institution, give street as	M 2 F 8 2 YRS. MC	DAYS HOURS MIN.	(Month, Day, Year) 06 107/08	Country) N,C.					
DIRECTOR		RESIDENCE OF DECEDENT 10a, STATE 10b, COUNTY		Da / to TOWN OR LOCATION		10d. INSIDE CITY LIMITS?					
ERAL DI	Į	100. STREET AND NUMBER	dale st	101. ZIP CODE 2/2/		1 ⊠ YES 2 □ NO I OF WHAT COUNTRY?					
BY FUNERAL C		11. MARITAL STATUS 12. 1	WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 // YES 2 NO FYES, GIVE WAR OR DATES	13. WAS DECENDENT OF HISPANI If yes, specify Cuban, Mexican 1 VES 2 NO Specify:	C ORIGIN? (Specify Yes or No— 14., Puerto Rican, etc.)	RACE — American Indian, Black, White, etc. Specify: Black					
LETED	n le le le le le le le le le le le le le	15. DECEDENT'S EDUCATIO (Specify only highest grade comp Elementary/Secondary (0-12) Col		k done during most of working	Bethlehen	TRY ,					
ed at once.		17. FATHER'S NAME (First, Middle, Lest) 18. MOTHER'S NAME (First, Middle, Meiden Surname) 18. Seph Barco 11. Ca Tillett									
TO BE	- 11	198_INFORMANT'S NAME (Type/Print) GON and Jones 208. METHOD OF DISPOSITION	1101	COMESS (Street and Number or Rural Ru 600 dwin Ave ON (Name of cemetery, cremetory or	oute Number, City or Town, State, Zip Co Elizabeth City 20c, LOCATION — City	N.C. 5729					
SIL		1 Signature Of Function 3 Removal 1 Surface 2 Cremation 3 Removal 1 4 Donation 6 Other (Specify)	from State other place)	MISUN FOREST 22. NAME AND ADDRESS OF FAC	Vet Owings	Mills, HO					
oval.		Den & Cag	l_	Harch F43	1 West 00 wabash	Ave					
ii, cremation, or removal event, the medical		23. PART T. Enter the disesses, or comp shock, or heart failure. List of the composition	only one cause on each line.	NARY OZDE		i, Approximate Interval Between Onset and Death					
ne prior to buria	IFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):	vasola Are	ident						
the State Dept. of Health and Mental Hygles or Item 23 shows any injury, or oth HYSICIAN: MEDICAL CERTII	5	PART II. Other significant conditions co	ntributing to death but not resulting in	the underlying cause given in I	Part I. 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO	24b. WERE AUTOPSY FINDINGS ANAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO					
ed, or Item 23 s	SICIAN			26. PLACE OF DEATH (Che							
N A	6	27. MANNER OF DEATH 1 Netural 5 Pending Investigation 2 Accident Investigation 3 Suicide 8 Could not be	28a. DATE OF INJURY (Month, Dey, Year) 28b. TIME (INJURY) 28c. PLACE OF INJURY — At home, farm, strubuliding, etc. (Specify)	WORK? M 1 YES 2 NO	28d. DESCRIBE HOW INJURY OCCUI 28t. LOCATION (Street and Number or City or Town, State)						
Within 72 houts #14 TTANT: If Hemines II: COMPLETED	MPLEIE	4 Homicide determined 29a. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN.	: To the best of my knowledge, death occurred in the basis of azamination and/or investigation,		to the cause(s) and manner as stated.						
PORTANT:											

MT

1 01

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (7/00, Print)

DARSHAN. S. SALUJA (600 MT

32. RECISTRAR'S SIGNATURE

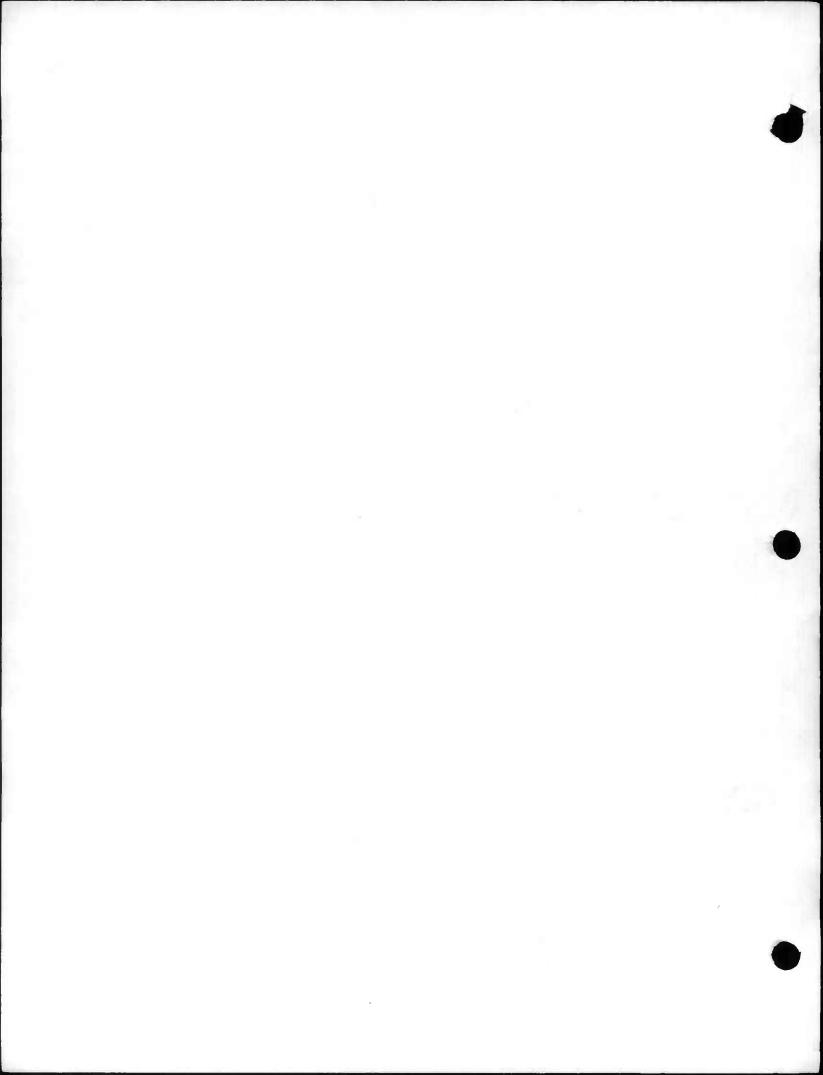
Julia Davidson-Rondall

DARSHAN S
31. DATE FILED (Mg/th), Day, Your)

DFC 5 1990

DHMH-16 Rev 1/89

2/2/17



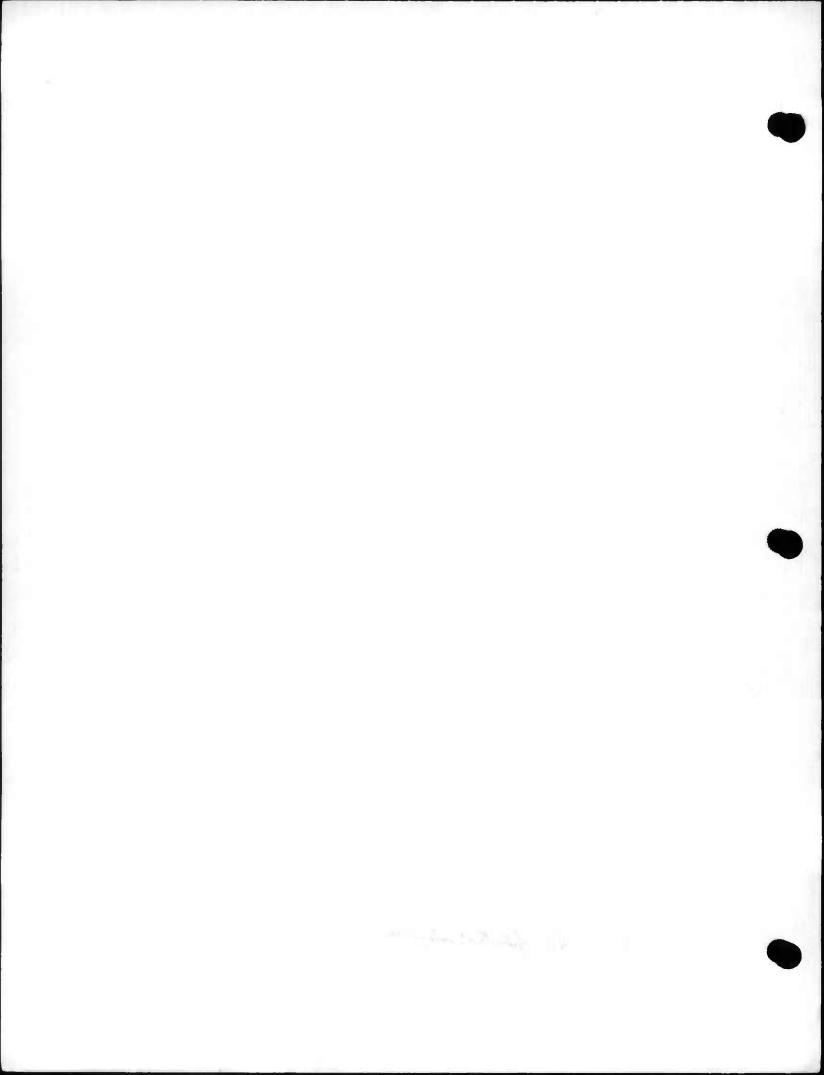
BALTIMORE, MARYLAND 21203-3146	rs after death. Page 6 may be retained by the hospital or attending physic	1 by the funeral director, page 5 should be detached for use as the burial removal.	dical examiner must be notified at once.
PINESON OF VITAL RECORDS, P.O. BOX 13146,	TO THE HOSPITAL HE MANDER PHYSICIAN: The law requires that the death certificate be executed within 2-mours after death. Page 6 may be retained by the hospital or attending physic	TO THE FUNETAL DESIGNATION THE CENTRICATE has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial managed to the part of the state Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT. If them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

physician.
burial-transit permit. Pages 1, 2, 3 should

_	1 - STATE STATE OF MARY		RTMENT OF I		MENTAL HYGIENE					
1	1. DECEGENT'S NAME (First, Middle, Last)				2. DATE OF OEATN		3. TIME OF OEATH			
	Anna Doris Back				1 2 1	YEAR	M.			
	4. SOCIAL SECURITY NUMBER 5. SEX 8. AG	E (in yrs. last birthday)		IF UNDER 24 HRS.	7. DATE OF BIRTH	8. BIR	THPLACE (State or Foreign			
	218-14-5261 1 M 2 🔏 F	69 yrs.	MONTHS DAYS	HOURS MIN.	(Month, Day, Year) 9-20-21	Cou	Md.			
i	Sa. FACILITY NAME (If not institution, give street and number)		9b. CITY, TOWN	OR LOCATION OF DE		9c. COUNTY OF				
8	4617 Furley Ave		Ra1	to.						
5	4617 Furley Ave.									
DIRECTOR	10a. STATE 10b. COUNTY	10c. Cl	TY, TOWN OR LOCA	TION			10d. INSIDE CITY LIMITS?			
0	Md.		Balto.				1 X YES 2 NO			
FUNERAL			10	I. ZIP COOE		10g. CITIZEN OI	F WHAT COUNTRY?			
NE I	4617 Furley Ave.			21206		US				
F	1 Never Married 2XXMarried FORCES? 1 YE	S 2 2NO	If yes, s	ecify Cuban, Mexican		Bi	ACE — American Indian, ack, Whita, etc.			
BY	3 Wildowed 4 Divorced IF YES, GIVE WAR OR	OATES	1 🗆 YES	2 XNO Specify		Sp	white			
	15. DECEMENT'S EQUICATION	18a. OECEOENT'S	S USUAL OCCUPATI	ON	16b. KIND OF BUS	INESS/INDUSTRY	,			
E	(Specify only highest grade completed) Elementary/Secondary (0-12) Coffege (1-4 or 5+)	(Give kind of	work done during muse retired.)	ost of working						
PL	12	Homema	ker							
COMPLETED	17. FATHER'S NAME (First, Middle, Last)			18. MOTHER'S NAI	ME (First, Middle, Maiden S	Surname)				
C	Frank H. Sandkuhler			Anna I	3. Reed					
BE	19a. INFORMANT'S NAME (Type/Print)	19b. MAILIN	G ADDRESS (Street		Route Number, City or Town	, State, Zip Code)				
2	Joseph J. Back	4617	Furley A	ve Ralto	Md. 212	206				
		Ob. PLACE OF OISPO				CATION City or	Town, State			
	4 Donation 5 Other (Specify)	Gardens	of Fait	h Cem.	Bal	Balto., Md.				
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	1		NO ACCRESS OF FAC	CILITY					
\Box	flomen & Sy	-		C. Miller	l. Balto.,					
	23. PART I. Enter the disease, or complications that cause shock, or heert feilure. List only one cause on IMMEDIATE CAUSE (Final disease or condition resulting in death) a. OUE TO (OR AL	sed the deeth. Do eech line.	reast			ratory arreat,	Approximate Interval Between Onset and Death			
CERTIFICATION	Sequentially flat conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in deeth) LAST									
اد	PART II. Other significant conditions contributing to death	but not resulting	In the underlyle	ig cause given in			24b. WERE AUTOPSY FINOINGS			
PHYSICIAN: MEDICAL					PERFOR 1 YES 2		AVAILABLE PRIOR TO COMPLETION OF CAUSE			
							OF OEATH? 1 YES 2 NO			
2					_					
M	25. WAS CASE REFERRED TO MEDICAL		26. 1	LACE OF OEATH (Ch	eck only one)					
25	EXAMINER? 1 YES 2 NO 1 Inpetient 2 ER/O	Supplient 3 DOA	OTHER:	ne 50 Residence	6 Other (Specify)					
Ŧ	27. MANNER OF DEATN 28s. DATE OF INJUR	ry 26b. TI	ME OF 28c. IN	JURY AT	28d. OESCRIBE NOW IF	NJURY OCCURED	,			
	Natural 5 Pending (Month, Day, Yea	"		YES 2 NO						
) BY	2 Sulaida 28a. PLACE OF INJU	JRY — At home, farm	, street, factory, off	ce	261. LOCATION (Street a	and Number of Rui	ral Route Number,			
Ē	4 Homicide determined building, atc. (S	рислу)			City or Town, State)					
E	29a. CERTIFIER Charles of my kn	owledge death occu	rred at the time, dat	a and place, and dua	to the cause(s) and man	ner sa stated.				
COMPLETED	(Check only one) 2 MEOICAL EXAMINER: On the basic of axamins						ee(a) and manner ee stated.			
96	296. SIGNATURE AND TITLE OF CERTIFIED CON-	Long		DI6	517	≥ 1/Z	13/90			
2	Paul Chang, Ma 560	L Lozh	Revin	Blood 8	mile #10;	7. Bald	6, W. 21237			
	DEC 5.1990 gull Constant	GNATURE		,	19		,			
_	DEC 5 1990						DHMH-16 Rev 1/89			

STANDED THREE THREET The thing may sell to the control of the

	FOR 1 - STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTM			IENTAL HYGIEI	NE 9 (33336
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH	DAY YEA	
	Helen Braunschweig		yrs. last birthday) IF	UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	3 9	7 15 A M
,	10.11 (2.11 (OC. 2.12) (1.1 (O	□ M 2 🔭 6	2 YRS. MOR	ITHS DAYS	HOURS MIN.	(Month, Day, Year) 4-21-28	Co	laryland
DIRECTOR	St. Agnes Hospital		90.		imore	VIH.	9c. COUNTY O	POEATH
E E	10a. STATE 10b. COUNTY		10c. CITY, TO	OWN OR LOCATIO	ON			10d. INSIDE CITY LIMITS?
	Maryland Balt	imore	Ar	butus	ZIP CODE		44. 0/7/754	1 YES 2XXNO
ERA	1130 Elm Rd.			101.	21227		U.S.	
BY FUNERAL		2. WAS DECEDENT EVER IN FORCES? 1 TYPES IF YES, GIVE WAR OR DA	2 TNO	If yes, spec	NDENT OF HISPAN	C ORIGIN? (Specify Yo., Puerto Rican, etc.)	ea or No — 14. F	HacE — American Indian, Black, White, atc. Specify: White
	15. DECEDENT'S EDUCAT (Specify only highest grade co		16a. DECEDENT'S USL (Give kind of work	IAL OCCUPATION	d unding	16b. KIND OF B	USINESS/INDUSTR	
	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT use re	tired.)	or working			
COMPLETED	12 17. FATHER'S NAME (First, Middle, Last)		Housew	ife T	18. MOTHER'S NAM	NE (First, Middle, Maide	n Sumame)	
Ğ I	Frederick Xavier S	sturm, Sr.				. Tynan		
TO BE	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING AD	DRESS (Street an		oute Number, City or To	wn, State, Zip Code)
	Linda Braunschweig							MD 21227
	20a. METHOD OF DISPOSITION 1 ☐ Burial 2/3/3 Cremation 3 ☐ Remove 4 ☐ Donation 5 ☐ Other (Spgčity)	al from State	place of disposition other place) Metro Crei				ocation — city o altimore	
	21. SIGNATURE OF FUNERAL SERVICE LICEN		211	22. NAME AN	ADDRESS OF FAC	HUTY		, 110
	Leure	-	34/			al Home, Ave. Ba		MD 21229
	23. PART I. Emer-tha diseases, or con shock, or heart fallure. Lie							Approximats Interval Between
	IMMEDIATE CAUSE (Final disease or condition resulting in deeth)	Ischen	nice c	andi	on-	opa	4.	Onset and Death
CERTIFICATION	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE OF):	lien el Ea	o ra	pid) the i	espon ,CH	rse F
PHYSICIAN: MEDICAL C	PART II. Other significant conditions Mittal Ro	contributing to death be	ut not resulting in t	he underlying	cause given in		NA AUTOPSY DRMED? 2 M NO	24b, WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
AN	25. WAS CASE REFERRED TO MEDICAL			26. PL	ACE OF OEATH (Ch	ick only one)		
SIC		HOSPITAL: Inputient 2 - ER/Outp		THER:	5 🗆 Residence	8 Other (Specify)		
F	27. MANNER OF OEATH 1 M Natural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME O	Y WOI	RK?	28d. DESCRIBE HOV	V INJURY OCCURE	D
ВУ	2 Accident Investigation	28a. PLACE OF INJURY	- At home, farm, stre		ES 2 NO	281. LOCATION (Street	et and Number or R	ural Route Number,
豆	4 Homicide 6 Could not be determined	building, atc. (Spec	ily)			City or Town, Sta		
COMPLETED	double only	AN: To the best of my knowl						use(s) and manner as stated.
E CO	296, SIGNATURE AND TITLE OF CERTIFIER		very sinction		29c. LICENSE NUR			GNED (Month, Day, Year)
00	A. Gonzalez	, M.D.			St. A.	me s	> 15	13/90.
5	30. NAME AND ADDRESS OF PERSON WHO				D (1.	la S	
	31. DATE FILED (Month, Day, Year)	NZALE Z	900 (at	on AV	R. Da	Tum ore	MO	
	DEC 5 1990	give Divid	Blank Market					



1 -

FUNERAL DIRECTOR

BY

TO BE COMPLETED

	7	4119
ò.	HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-	
4	9	5
DIVISION OF VITAL RECORDS, P.O. BOA 13146,	xecut	a bad
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)	ite	-
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TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-mours after death. Page 6 may be retained by the hospital or attending physician.

THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunial-transit permit. Pages 1, 2, 3 should reflect within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. urs after death. Page 6 may be retained by the hospital or attending physician. INFORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

FOR STATE REGISTRAR	STATE OF M	MARYLAN	D / DEPAR CERTIF			IEALTH AND I	MENTA	AL HYGIEN	IE).	90	333	337
1. DECEDENT'S NAME (First, Middle,							2. DAT	E OF DEATH	MY	YEAR	3. TIME OF D	EATH
ALBERT J.	BOGDON, SR	•					12	03	74	90	9:00	P. M
4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In yr	s. lest birthday)	IF UNDER 1 Y	EAR_	IF UNDER 24 HRS. HOURS MIN.		E OF BIRTH oth, Day, Year)		8. BIRTH Countr	PLACE (State o	or Foreign
217-03-9890	1 M 2 □ F	75	YRS.	MONTHS D	AYS	HOURS MIN.	04		15		T VIRO	GINIA
9a. FACILITY NAME (If not institution,	give atreet and number)			9b. CITY, TO	WN C	OR LOCATION OF DE	EATH		9c. COL	JNTY OF D	EATH	
UNION MEMORIA					I	BALTIMORE	Ξ					
	OUNTY		10c. CIT	Y, TOWN OR I	OCAT	TION					10d. INSIDE	CITY
MARYLAND			B	ALTIM	ORI	Ξ				- 1	1 X YES 2	
10e. STREET AND NUMBER					101	I. ZIP CODE			10g. CI	TIZEN OF V	HAT COUNTR	
4135 VUENA	VISTA AVEN	UE				21211				US	A	
11. MARITAL STATUS	12. WAS DECEOEN	T EVER IN U.S	S. ARMED			ENDENT OF HISPAN			a or No-	14. RACE	— American , White, etc.	Indian,
1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE V	WAR OR DATES	KINO			ecify Cuban, Maxica 2 X NO Specifi		HICAN, etc.)		Speci	ly:	
	E-section -										WHITE	
15, DECEDENT'S (Specify only highest	grade completed)		(Give kind of title. Do NOT us	work done duri			16	6. KIND OF BL	ISINESS/IN	IDUSTRY		
Elementary/Secondary (0-12) 9TH	College (1-4 or 5	+)	HORSE TRAINER				DTMT	TCO I	RACET	DACV		
17. FATHER'S NAME (First, Middle, La	st)		ПОКО	E IM.	LIAI	18. MOTHER'S NA	MF (First			MCEI	MACK	
JOHN BOGDON						S 100 / 100		OBINAS	Comming			
19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (S	troot s	and Number or Rural			wn, State, Z	ip Code)		
RUTH BOGDON						A VISTA A					1211	
20e. METHOD OF DISPOSITION TO Buriel 2 Cremetion 3 4 Donation 5 Other (Specify	Removal from State	oth	ACE OF DISPO Der place) CRAINE			metery, cremetory or IETERY				ORE,		
21. SIGNATURE OF FUNERAL SERVI	Ian Sei	to !	4	A. 36:	AI L5-	ND ADORESS OF FA LAN SEITZ -19 CHEST	Z, J CNUT	AVE.,	BAL	го.,	MD. 21	211
23. PART I. Enter the disease: ahock, or heart fa	s, or complications the liure. List only one car	t caused th	line				ch aa ca	rdiac or resp	olratory a	rreat,		ximata ni Between
IMMEDIATE CAUSE (Final disease or condition resulting in death)	Ven	tricul	las t	ibi	lle	ation						and Death
	b. My	cand			a	tion					3h	ous
Sequentially list conditions, It any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease pr Injury												
that initiated events resulting in death) LAST	d.	(OR AS A CO	NSEOUENCE O	F):				_			<u> </u>	
PART II. Other algnificant con	ditions contributing to	death but	not resulting	in the unde	rlyin	g cause given in	Part I.	24a. WAS A	N AUTOPS\	7 24b	WERE AUTOP	NOR TO
700700						<u>-</u>		1 TYES	2 🗌 NO		COMPLETION OF DEATH?	
				٠0								
25. WAS CASE REFERRED TO MEON	CAL U	nion	nemo	LAX.	26. P	LACE OF DEATH (C)	heck only	one)				
EXAMINER?	HOSPITAL:			OTHER:	a Hon	ne 5 🗆 Residence	a 🗆 00	her (Snecth)				

25. WAS EXA 1 28a. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 28b. TIME OF INJURY 26c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending Investigation 1 YES 2 🗌 NO 2 Accident
3 Suicide 28e. PLACE OF INJURY — At home, ferm, street, fectory, office building, etc. (Specify) 281, LOCATION (Street and Number or Rural Route Number, City or Town, State) 4 🗌 Homicide

29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated

2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion,

See SUSPENIES AND TITLE OF CERTIFIED	29c. LICENSE NUMBER 7	29d. DATE SIGNEO (Month, Day, Year) DC - 4 1990

31. DATE FILED (Month, Day, 1)
DEC 5

1 - STATE REGISTRAR	STATE OF MARYLAN		ICATE OF		MENTAL HYGIENE REG. NO.			
1. DECEDENT'S NAME (First, Middle, IIII) HATTIE H. C	LAMPBELL		2. DATE OF DEATH MONTH 11 11 90		3. TIME OF DEATH			
4. SOCIAL SECURITY NUMBER 244-72-8785	5. SEX 8. AGE (In)	rs. last birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURE MIN.	7. DATE OF BIRTH (Month, Day, Year) 9-15-189	Cour	8. BIRTHPLACE (State or Foreign Country) Edgecombe Co	
9a. FACILITY NAME (If not institution, Cuppett-Weeks	give street end number) S Nursing Home			or Location of De	ATH	ec COUNTY OF	DEATH	
RESIDENCE OF DECEDEN								
Md . C	arroll		oakland				10d. INSIDE CITY LIMITS? 1 XES 2 NO	
100. STREET AND NUMBER 706 E. Alde	r St.		10	1. ZIP CODE 2155	0	-	WHAT COUNTRY?	
11. MARITAL STATUS 1 Never Married 2 Merried 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER IN U FORCES? 1 YES IF YES, GIVE WAR OR DATE	S. ARMED	If yes, sp		IIC ORIGIN? (Specify Yee on, Puerto Rican, etc.)	Bia	CE — American Indian, lok, White, etc. acily: White	
15. DECEDENT'S (Specify only highest Elementary/Secondary (0-12)		(Give kind of life. Do NOT u	S USUAL OCCUPATI work done during mass retired.)	ON ost of working	16b. KIND OF BUSI	NESS/INDUSTRY		
1 2 17. FATHER'S NAME (First, Middle, Las		Hom	emaker		ME (First, Middle, Maiden Si			
William Lewi				L	ett Ann Ho			
190. INFORMANT'S NAME (Type/Print) Shirley Hard					Route Number, City or Town, LasVegas			
20e. METHOD OF DISPOSITION 1 □ Burial 23 □ Cremation 3 □ 4 □ Donation 6 □ Other (Specify)	Removal from State	ther piece	1	metery, cremetory or	20c. LOC	ATION - City or	Town, State	
21. SIGNATURE OF PURPOSE SERVICE	E LICENSEE Wright	-	22. NAME A		right Fundaye. Terra			
	, or complications that coused to	h iine.	not enter the m	ode of dying, suc	h as cerdiec or reepire		Approximate interval Batween Onset and Daeth	
disease or condition resulting in death)	8. Prohable DUE TO (OR AS A C	ONSEQUENCE O	covdo	/ tail	ure		3 doys	
Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST	DUE TO (OR AS A C	onsequence of	cordiova of: le vos	sculor	disease		20 years	
PART H. Other eignificent conditions on the second	ended, chio		in the underlyli	^	Part i. 24a, WAS AN A PERFORM 1 □ YES 23	MED?	4b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
25. WAS CASE REFERRED TO MEDIC EXAMINER? 1 - YES 2 (XNO	HOSPITAL:		OTHER:	PLACE OF DEATH (C/				
27. MANNER OF DEATH	1 Inpetient 2 ER/Outpet 26s. DATE OF INJURY (Month, Day, Year)	26b. TII	ME OF 28c. IN	me 5 - Reeldence	6 Other (Specify) 28d. DESCRIBE HOW IN	JURY OCCURED		
Netural 6 Pending 2 Accident investigs 3 Suicide 4 Could be	tion 26e. PLACE OF INJURY -		M 1	YES 2 NO	281. LOCATION (Street or	nd Number or Rura	al Route Number	
4 Nomicide determin	of be building, atc. (Specify				City or Town, State)			
cont only	PHYSICIAN: To the bast of my knowled AMINER: On the basis of examination						e(e) end manner ee stated.	
296. SIGNATURE AND STIVE OF CER	Maund	m	M.D	29c. LICENSE NU	5759	//	ED (Month, Day, Year) - 11-90	
30. NAME AND ADDRESS OF PERSON	N WHO COMPLETED CAUSE OF DEAT		M.D.	Ac	cident 1	MD 2.	1520	

BALTIMORE, MARYLAND 21203-314 DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2* marks after death. Page 6 may be retained by the hospital or attend TO THE FUNEFALL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as be filled within 72 hours after death with the State Dept. of Heath and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

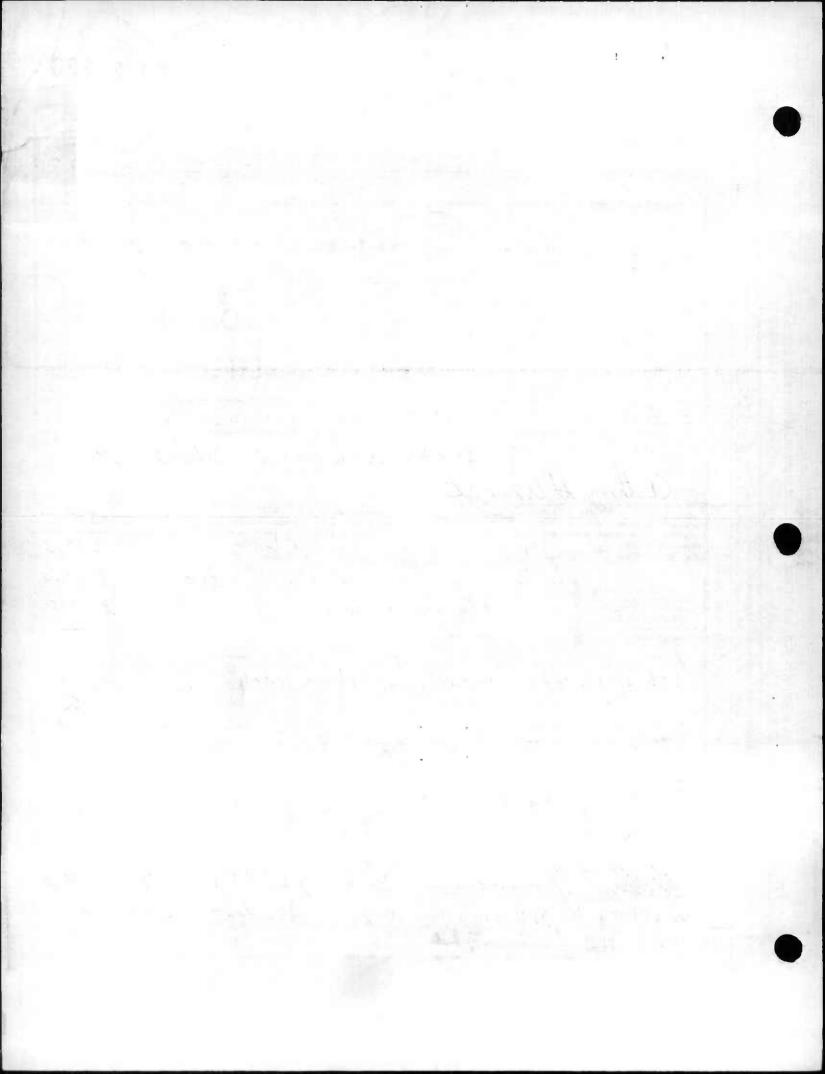
TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

31. DATE FILED HARMIN,

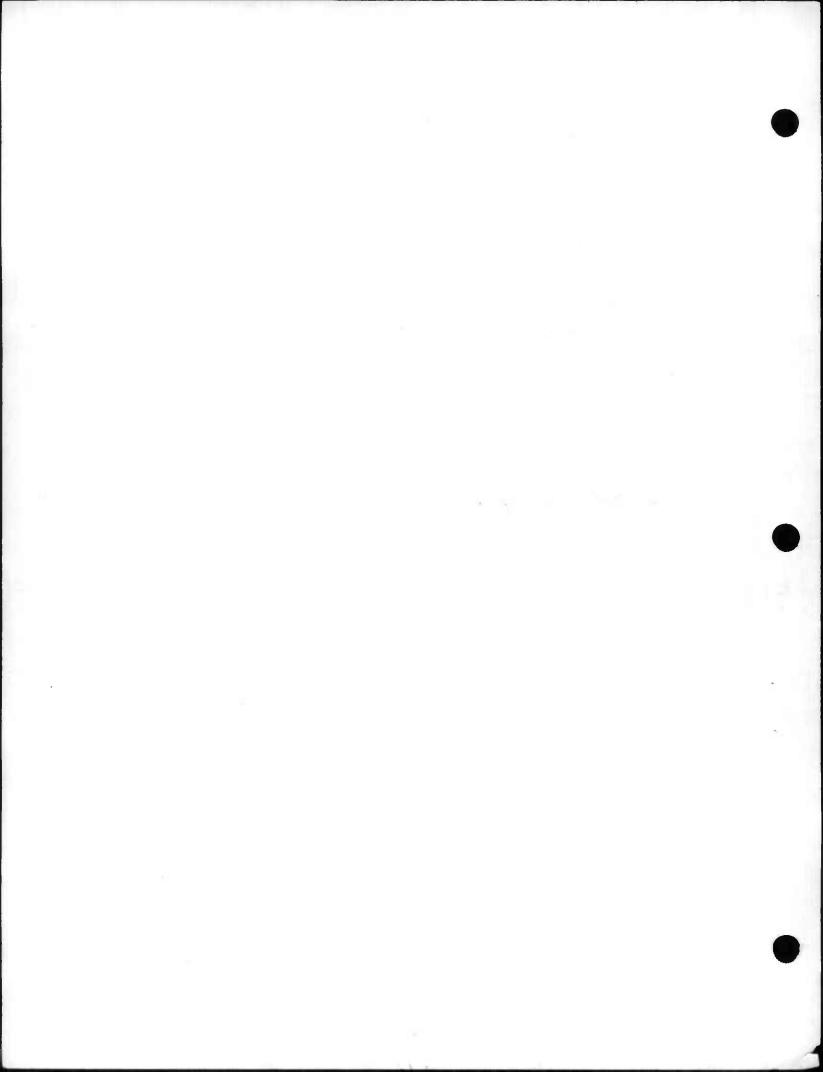
permit. Pages 1, 2, 3 should

TO BE COMPLETED BY FUNERAL DIRECTOR

DNMN-16 Rev 1/89



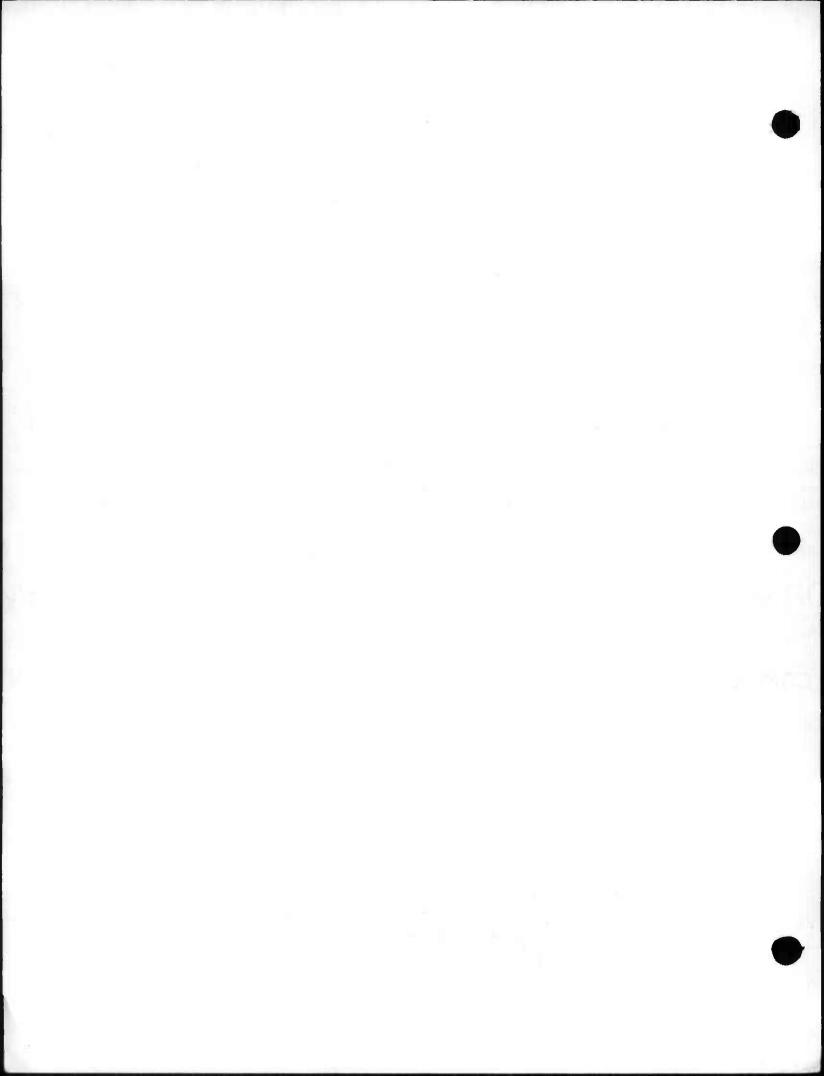
	1 - STATE REGISTRAR	IAIE UF MAI	RYLAND / DI Cer		TMENT ICATE					YGIENI EG. NO.	E		
	1. DECEDENT'S NAME (First, Middle, Leat)		-					T	2. DATE OF D			45.40	3. TIME OF OEATH
	MARY JEAN	CHESSER							12	7		90	0530 Am
	4. SOCIAL SECURITY NUMBER 5. S					1 YEAR DAYS			7. DATE OF BIRTH (Month, Day, Year) 10/26/31			8. BIRTH County	IPLACE (State or Foreign y) .SCONSIN
	751 /2 4004	M 2 📉 F	59	YRS.						/31			
œ	9a. FACILITY NAME (If not institution, give street a							ON OF DEA			9c. COU	JNTY OF D	EATH
유	Union Memorial Hos	spital		Baltimore City									
Ä	10a. STATE 10b. COUNTY		1	10c. CITY, TOWN OR LOCATION							10d. INSIDE CITY LIMITS?		
ā	Md. Wicom	1C0		Willards								1 - YES 2 NO	
RAI	10e. STREET AND NUMBER						2187				10g. CIT		VHAT COUNTRY?
FUNERAL DIRECTOR	Rt. 1, Box 166	WAS DECEDENT EV	VER IN U.S. ARMEI	D	13.				IC ORIGIN? (Sp	pecify Yes	or No-	14. RACI	E — American Indian, k, White, stc.
E	1 - Maket wettied 5 W wattied	FORCES? 1 🗌				f yes, spe	city Cuba		, Puerto Rican				k, White, atc. White
Э ВУ	3 Wildowed 4 Divorced		-γ										WILLEE
E	15. DECEDENT'S EDUCATIO (Specify only highest grade comp	leted)	16a, DECEL (Give I	DENT'S kind of a	Work done (se retired.)	CCUPATIO	N st of worldn	g	16b. KJN	D OF BUS	INESS/IN	DUSTRY	
F	Elementary/Secondary (0-12) Col	llege (1-4 or 5+)			y Gr						Pou.	ltry	
COMPLETED	17. FATHER'S NAME (First, Middle, Last)						18. MOTH	ER'S NAM	AE (First, Middle	e, Maiden :	Surname)		
BE C	Unknown							Unk	nown				
0	19a, INFORMANT'S NAME (Type/Print)								oute Number, C				
	Mary Mendoza			. 0. Box 241 Mardela Springs, Md. 21837 F DISPOSITION (Name of competery, crematory or 20c. LOCATION — City or Town, State									
	1 🖸 Burial 2 🗆 Cremation 3 🗆 Removal f	rom State	other place	Da	le Ce	me or com	netery, crem ⊇ĽV	natory or					e, Md.
	21. SIGNATURE OF JUNERAL BERVICE LICENSE	E						SS OF FAC	HLITY				NILLIAMS ST.
	1. Six 311	have			B	urloc	age	Fun	eral 1	Hom			10, MO, 21811
	23. PART i. Enter the diseases, or comp	lications that co	aused the death	h. Do i									Approximata
	shock, or heart failure. List of IMMEDIATE CAUSE (Fine)	only one bause	on each line.										Interval Between Onset and Death
	disease or condition resulting in deeth)	Prine	mma	_									
	- C. (1.5.)		AS A CONSEQUE										
NO	Sequentielly list conditions, DUE TO (OR AS A CONSEQUENCE OF):										1		
CAT	couse. Enter UNDERLYING												
IFI	CAUSE (Disease or injury that initiated events	DUE TO (OF	AS A CONSEQUE	ENCE O	F):	. /							
CERTIFICATION	resulting in death) LAST d. / flut unal fallule.												
ICAL (PART II. Other significant conditions co		ath but not res	ulting	in the ur	derlying	cause (given in I	Part I. 24s	. WAS AN		241	. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
	gi Blude	ny							10	YES 2			COMPLETION OF CAUSE OF DEATH?
MED			 						_				1 - YES 2 NO
AN:	25. WAS CASE REFERRED TO MEDICAL					26 01	ACE OF D	EATH /Ch-	ick only one)				
Sici	EXAMINER? HC	SPITAL:	R/Outpatient 3 🗆	DOA	OTHE!	R:			6 🗆 Other (Sp	nacify)			
PHYSICIAN	27. MANNER OF DEATH	28a. DATE OF IN. (Month, Day,	JURY 2	28b. TIN		28c. INJ			28d. DESCRI		NJURY O	CCURED	
BY F	1 Natural 6 Pending 2 Accident Investigation	(monos, buy,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		M		rES 2 [NO					
1	3 Suicide 6 Could not be	28e. PLACE OF II building, etc	LJURY — At home . (Specify)	, form,	atreet, faci	tory, office				N (Street a		er or Rural	Route Number,
	200 CENTIFIED												
COMPLETED	(Check only one) 1 CERTIFYING PHYSICIAN: 2 MEDICAL EXAMINER: Or												e) and manner se stated
	29b. SIGNATURE AND TITLE OF CERTIFIER	<u> </u>						ENSE NUM					(Month, Day, Year)
BE	Mules &	Usm	mh						4 AZZ				90
2	30. NAME AND ADDRESS OF PERSON WHO CO	MPLETED CAUSE	OF DEATH (ITEM 2	27) (Type	e, Print)	. 0	01-	0101	ul 1	toso	21 12	e	
	31. DATE FILED (Month, Day, -Year)	A2. REGISTRAR'S	side Trust	DU 1,1	,,,,	[]	LUTT	1010		, 0 -		*	
	DEC 2 1990 34	WAS WRUNGSON											



DIVISION OF VITAL RECORDS, P.O. BOX 1314	he was the death certificate be executed	en to en the attending physician and com	When the Mental Hydiene prior to burial.
DIVISION OF VITAL F	TO THE HOSPITAL OR ATTENDING PHYSICIAN TO THE PROPERTY OF GRAPH CERTIFICATE DE executed	TO THE FUNERAL DIRECTOR: After this certificate has been to be the attending physician and com	iled within 72 hours after death with the little Death
	2	2	2

STATE	0F	MARYLAND	/ DE	EPARTMEN	r OF	HEALTH	AND	MENTAL	HYGIE	NE
			ER	TIFICAT	E O	F DEAT	ГН		REG. N	10.

		FOR STATE REGISTRAR	STATE OF M		D / DEPAR				MENTA	REG. NO.				
	ì	1. DECEDENT'S NAME (First, Middle, Last) Mary F. Calligan		A-					2. DAT	E OF DEATH	9°6		TIME OF DEAT	4 M
		4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs	. lest birthday)	IF UNDER 1	YEAR	IF UNDER 24 HRS.	7. DATE	OF BIRTH	8, 6	BIRTHPLA	CE (State or For	reign
		220-14-7069	1 🗌 M 2 💢 F	66	YRS.	MONTHS E	DAYS	HOURS MIN.	(Mor	nth. Day, Year) -12-24		Country)	land	1
	1	9a. FACILITY NAME (If not institution, give a				9b. CITY, T	OWN OR	LOCATION OF I		12 27	9c. COUNTY			-
	DIRECTOR	Washington Advent	tist Hosp	ital		Та	kom	a Park			Mont	gome:	ry	
	E I	10e. STATE 10b. COUNTY	1		10c. CIT	Y, TOWN OR	LOCATIO	ON				100	I. INSIDE CITY	
			vard		Je	essup				•		1 [YES 2 🔀	NO
- 1	FUNERAL	10e. STREET AND NUMBER					10f. 2	ZIP CODE			10g. CITIZEN	OF WHAT	COUNTRY?	
	崱	7734 Washington I						21227		· .		5.A.		
	5	11. MARITAL STATUS 1 Never Married 2 Merried	12. WAS DECEDEN FORCES? 1	T EVER IN U.S	NO THE			NDENT OF HISPA of Cuban, Mexic		IN? (Specify Yee Rican, etc.)	or No— 14.	RACE — Black, Wi	Americen India hite, stc.	n,
	ΒY	3 Widowed 4 Divorced	IF YES, GIVE W	AR OR DATES	21.			NO Spec				Specify:	The	
		15. DECEDENT'S EDU	CATION	164	. DECEDENT'S	USUAL OCC	LIPATION		16	b. KIND OF BUS	INESS/INDUST		White	
	ETED	(Specify only highest grade Elementary/Secondary (0-12)				work done dur								
	<u>P</u>	12	ounege (1-4 of 5)	'	Payr	roll c	ler	k		Fair I	anes.	Inc		
at once.	COMPL	17. FATHER'S NAME (First, Middle, Last)							IAME (First,	Middle, Maiden S				
at	BE C	Michael Koyne						Lorett	a El	lis				
Hiffed	0	19a. INFORMANT'S NAME (Type/Print)			19b. MAILING	ADDRESS (Street end	d Number or Rura	l Route Nu	mber, City or Town	, State, Zip Coo	le)		
00 8	۲	Diane R. Crosby			3507	Fox H	lal1	Dr. I)avid	sonvill	Le, MD	210	35	
st b		20e. METHOD OF DISPOSITION 1 XIXBurial 2 Cremation 3 Rem	oval from State	oth	er place)			etery, cremetory or			CATION — City			
Ē		4 Donation 6 Other (Specify)		_ MD_ \	leterai					rest ()wings	Mil.	ls, MD	
nine		21. SIGNATURE OF FUNDIAL SERVICE LIC	CENSEE	11.	1/	22. NA Hub	obar	d Funer	al H	lome, Ir	10.			
еха		Josepa	X	40	24					Balti		MD :	21229	
medical examiner must be notified		23. PART I. Enter the diseases, or shock, or heart failure.	complications the	complet the	de h. Do	not enter th	he mod	e of dying, su	ch as ca	rdiac or respin	retory arrest		Approxime	
		IMMEDIATE CAUSE (Final	Den Or merch		-		1.						Onset and	
t .		disease or condition resulting in death)	8	- No	perale	acy o	facel	eire					16	
or other traumatic event, the		,	DUE TO	(OR AS A CO	puale rsequence of	(F):	0						14	
atic	N	Sequentially list conditions,	b	- les	19 /	arcin	wan	119					12	
traum	A E	If any, leading to immediate cause. Enter UNDERLYING	DUE TO	(OR AS A CO	NSEQUENCE O	F):								
Je t	FIC	CAUSE (Disease or injury that initiated events	cDUE TO	(OR AS A CO	NSEQUENCE O	F);						-	<u> </u>	
to	CERTIFICATION	resulting in death) LAST				,								
injury, o			d											
Ē	SAL	PART II. Other algnificant condition	na contributing to	death but r	not resulting	in the und	erlying	cause given i	n Part i.	24a. WAS AN . PERFOR		AW	RE AUTOPSY FI	TO .
1	ă									1 TYES 2	□ NO		MPLETION DF C DEATH?	AUSE
Ag.	MEDI											1 [YES 2 P	10
23	AN	25. WAS CASE REFERRED TO MEDICAL					00.01.0		20					
Nem	SICIAN:	EXAMINER?	HOSPITAL:	1		OTHER:		CE OF DEATH (
6	PHYS	1 VES 2 NO	1 Ainpatient 2 28e. DATE OF		28b. Till		ng Home	5 Residence	_	her (Specify) ESCRIBE HOW II	LIHRY OCCUR	ED		
marked,		1 Natural 5 Pending	(Month, D	lay, Year)	IN	JURY M	WOR	ES 2 NO	200. 0	EQUALIZATION II				
is ma	è l	Accident Investigation 3 Suicide 6 Could not be	28e. PLACE C	F INJURY —	At home, ferm,	street, factor			28f. LC	CATION (Street a	nd Number or I	Rural Flouts	Number,	
28	回	4 Homicide 6 Could not be determined	building,	stc. (Specify)					Ch	ty or Town, State)				
item item	COMPLETE	29a, CERTIFIER 1 CERTIFYING PHYS	ICIAN: To the best of	my knowledg	e. death occur	red at the tim	ne, date s	and place, and d	ue to the c	ause/e) end men	ner ee stated.			
= 5		(Oraca oray	ER: On the besie of e									use(d en	d manner ee s	tated.
M	1	29b. SIGNATURE AND TITLE OF CERTIFIE						29c. LICENSE N	UMBER		29d. DATE SI	GNET (Mc	onth, (Day, Year)	
IMPORTANT: If Item	B	Mayon D. 11	elle					Dn 2	้นา	2	D 15	2/-	500	7
ĕ =	2	30. NAME AND ADDRESS OF PERSON WI	O COMPLETED CAU	SE OF DEATH	(ITEM 27) (Typ)	e, Print)		VU	71	2 1	14	1	1-70	_
		marin D. W	QUYZ	752		eenu	ac	1 OF P	w (real	eu	ME	750)	10
		DFC 5 1990	Julia Da	AR'S SIGNATO	Sonde			1	(<i>_</i>				



Pages 1, 2, 3 should

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filled in by

1 -

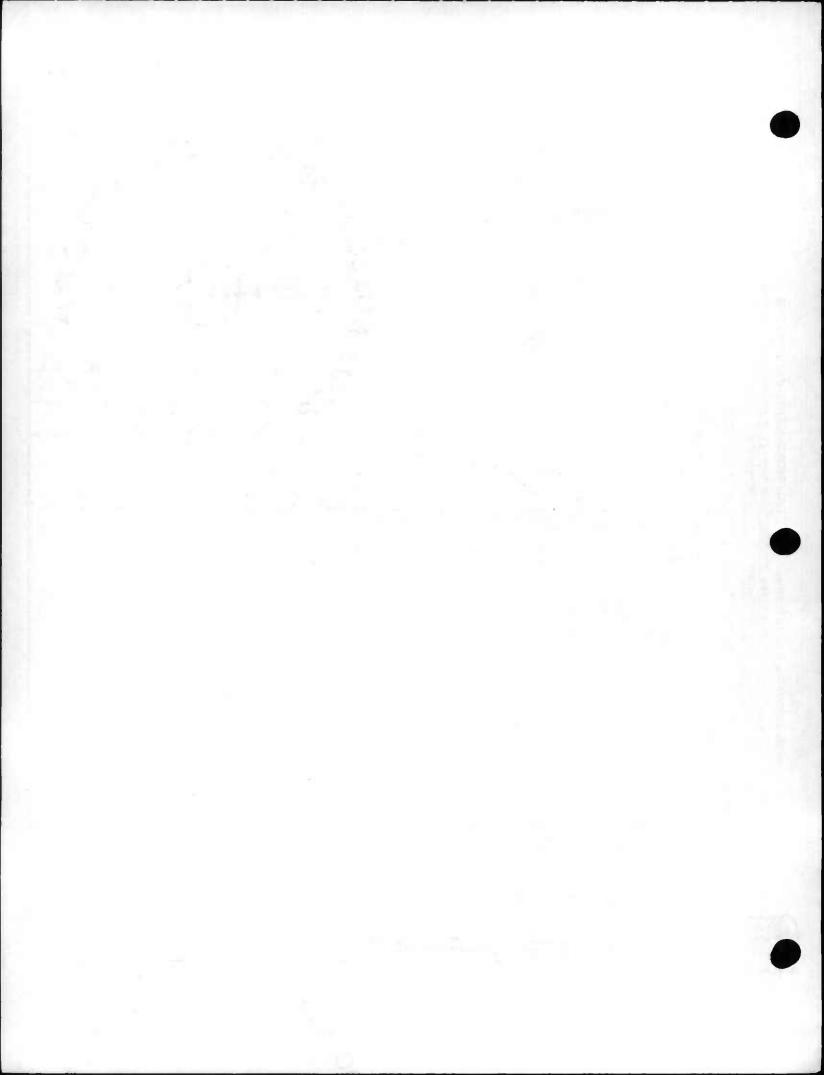
executed within OR ATTENDING PHYSICIAN: The law requires that the death certificate be DIVISION OF VITAL RECORDS, HOSPITAL

FOR STATE REGISTRAR CERTIFICATE OF DEATH 2. DATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Lest) 3. TIME OF DEATH 12-2-96 Richard Duffy R. 4:23PM 7. DATE OF BIRTH 4. SOCIAL SECURITY NUMBER 5. SEX B. AGF (In vrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. B. BIRTHPI ACE (State or Foreign 214-74-2374 HOURS 32 1) M 2 F VBS 7-28-58 MD Se. FACILITY NAME (If not institution, give atreet and number) 9h CITY TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR 508 Richwood Avenue Baltimore City RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MD BALTIMORE, CITY 1 X YES 2 NO 10g. CITIZEN OF WHAT COUNTRY? FUNERAL 10s. STREET AND NUMBER 10f. ZIP CODE 508 RICHWOOD AVE. 21212 USA 12. WAS DECEDENT EVER IN U.S. ARMED 11. MARITAL STATUS 14. RACE — American Indian, Black, White, etc. 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-FORCES? 1 YES 2
IF YES, GIVE WAR OR DATES If yes, specify Cuban, Mexican, Puerto Rican, etc.)

1 YES 2 NO Specify: 1) Never Married 2 Married Specify: BY 3 Widowed 4 Divorced BLACK 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working COMPLETED 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade com by the funeral director, page 5 should be detached for removal. Elementary/Secondary (0-12) College (1-4 or 5+) 9th UNEMPLOYED 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) WILLIAM DUFFY NELLIE Ħ BAKER BE 19a, INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 BERNADETTE CARTER 508 RICHWOOD AVE.-BALTIMORE, MD. 9 20e. METHOD OF DISPOSITION

XIX Burlel 2 Cremetton 3 Removal from State
4 Donation 5 Other (Specify) 20b. PLACE OF DISPOSITION (Name of cemetery, cremetory or 20c. LOCATION - City or Town, State must ZION CEMETERY ANSDOWNE MD 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22, NAME AND ADDRESS OF FACILITY examiner alven WM.C. MARCH F.H. 1101 E. NORTH AVE medical 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate shock, or heart failure. List only one cause on each line. 6 Onset and Death IMMEDIATE CAUSE (Final and completely fille burial, cremation, the disease or condition resulting in death) a. Cancer of the throat with metastasis event. traumatic CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): prior to anding physician a Hygiene prior to If any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or injury other DUE TO (OR AS A CONSEQUENCE OF): that initiated events the attending p resulting in death) LAST 6 shows any injury, 24a. WAS AN AUTOPSY PERFORMED? PART II. Other aignificant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 24b. WERE AUTOPSY FINDINGS MEDICAL AVAILABLE PRIOR TO COMPLETION OF CAUSE Health and 1 TES 2XXNO OF DEATH? INSPECTION 1 TES 2X NO has been Dept. of P PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF OEATH (Check only one) tem certificate h EXAMINER? HOSPITAL: OTHER:
4 | Nursing Home | Sesidence | 6 | Other (Specify) 1 | Inpetient 2 | ER/Outpetient 3 | DOA o the 27 MANNER OF DEATH 28s, DATE OF INJURY 28b. TIME OF 28c. INJURY AT WORK? 284 DESCRIBE HOW INJURY OCCURED marked, this with 1XXNatural 5 Pending Investigation 1 YES 2 NO BY After 1 death 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) L DIRECTOR: Aft hours after de: Item 28 Is n 3 Suicide 6 Could not be datarmined COMPLETED 4 Homicide 29a. CERTIFIER
1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. FUNERAL (= MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated. TO THE HOSPITA
TO THE FUNERAL
Be filed within 72
IMPORTANT: II 296. SIGNATURE AND TITLE OF CONTINER
Wight 29c. LICENSE NUMBER 29d, DATE SIGNED (Month, Day, Year) OCME 12-3-90 9 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) DONALD WRIGHT, MD 111 Penn Street, baltimore, MD 21201 32. REGISTRA'S SIGNATURE 31. DATE FILED (Month, Day, Year) 5 1990 DEC





1	•	. 5	REG	TE	TR	AR	
,	1.	DEC	ŒD	ENT	r's	NAM	ıε

1. DECEDENT'S NAME (First, Middle, Last) BERTHEL 4. SOCIAL SECURITY NUMBER 167 18 8841 A 9a. FACILITY NAME (If not institution, give st LIBERTY MEDICAL RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY MARYLAND	1 D M 2 D 7			2. DATE OF DEATH							
167 18 8841 A 9a. FACILITY NAME (If not institution, give at LIBERTY MEDICAL RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY	1 - M 2 - 7	DODDS		MONTH DA	90						
LIBERTY MEDICAL RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY			UNDER 1 YEAR F UNDER 24 HRS. THE DAYS HOURS MIN.	SEPT. 17, 1	918 WES	HPLACE (State or Foreign VIRGINIA					
10a. STATE 10b. COUNTY			96. CITY, TOWN OR LOCATION OF DEATH 96. COUNTY OF DE BALTIMORE								
	Y		WN OR LOCATION			10d. INSIDE CITY LIMITS?					
10a. STREET AND NUMBER		DI	ALTIMORE 101. ZIP CODE		10g. CITIZEN OF	1 X YES 2 NO					
3113 WYLIE AVENU			21215		U. S. O	F A.					
11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES IF YES, GIVE WAR OR I	2 NO	13. WAS DECENDENT OF HISP If yes, specify Cuben, Mexi 1 YES 2 NO Spec	can, Puerto Rican, etc.)		E — American Indian, ck, White, etc. city: WHITE					
15. DECEDENT'S EDUI (Specify only highest grade		16a. DECEDENT'S USU (Give kind of work	done during most of working	16b. KIND OF BUS	NESS/INDUSTRY						
Elementary/Secondary (0-12) 0-12	College (1-4 or 5+) YES	HEADED M	ired.)	RAINW	ANY						
17. FATHER'S NAME (First, Middle, Lest) CLAUDE BAYS											
19a. INFORMANT'S NAME (Type/Print) MR. DANIEL Mc QUI	EEN	19th. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 3113 WYLIE AVENUE BALTIMORE, MARYLAND 21215									
20a. METHOD OF DISPOSITION 1 Burlal 2 Cremation 3 Rem 4 Donation 6 Other (Specify)	rowal from State	other place)	N (Name of cemetery, crematory of R CEMETERY 12,		CATION — City or TONSVILLE	own, State CO					
21. SIGNATURE OF FUNERAL SERVICE LICENSEE LEWIS T. GWYNN FUNERAL HOME 2121 4517 PARK HEIGHTS AVE, BALTIMORE											
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	DUE JOYOR AS	A CONSEQUENCE OF): A CONSEQUENCE OF):	hemmorho								
PART #. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 24s. WAS AN AUTOPSY PERFORMED? ANALYSIS OF THE PROPERTY											
PART II. Other significant condition	ie contributing to death	1 YES 2 OF DEATH? 1 YES 2 NO									
PART #. Other significant condition	executioning to destin					MAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH?					
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		28. PLACE OF DEATH (MAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH?					
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 PHO 27. MANNER OF DEATH 1 Netural 5 Pending		tpatient 3 DOA 4	FHER: Nursing Home 5 Residence Residence Substituting Home 5 Residence Residence FUND RESIDENCE RESIDENC	Check only one)		MAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH?					
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 PHO 27. MANNER OF DEATH	HOSPITAL: 1 Impetient 2 ER/Ou 28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	F 28c. INJURY AT WORK? M 1 YES 2 NO	Check only one)	NJURY OCCURED	ANALABLE PRIOR TO COMPLETION OF CAUS OF DEATH? 1 YES 2 - NO					
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 2 Accident a Could not be determined 4 Homicide a Could not be determined 29a. CERTIFIER (Check only)	HOSPITAL: 1 Prinpettent 2 DENOU 28a. DATE OF INJURY (Month, Day, Year) 28a. PLACE OF INJUR building, etc. (Sp	tpatient 3 DOA 4 [26b. TIME Of INJURY IY — At home, farm, stradecify) wiedge, death occurred at	F 28c. INJURY AT WORK? M 1 YES 2 NO	Check only one) e 6 Other (Specify) 28d. DESCRIBE HOW I 28f. LOCATION (Street of City or Yown, State)	NJURY OCCURED and Number or Flural	ANALABLE PRIOR TO COMPLETION OF CAUS OF DEATH? 1 YES 2 NO					
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 VES 2 PHO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 3 Suicide a Could not be determined 29s. CERTIFIER (Check only)	HOSPITAL: 1 Impetient 2 ER/Ou 28a. DATE OF INJURY (Month, Day, Year) 28a. PLACE OF INJUR building, etc. (Sp	tpatient 3 DOA 4 [26b. TIME Of INJURY IY — At home, farm, stradecify) wiedge, death occurred at	FHER: Nursing Home 5 Geldend Sec. INJURY AT WORK? M 1 YES 2 NO At, factory, office	Check only one) 6 G Other (Specify) 28d. DE\$CRIBE HOW I 28f. LOCATION (Street and City or Town, State) tue to the cause(e) and man the time, date and place, and	NJURY OCCURED and Number or Furai	COMPLETION OF CAUS OF DEATH? 1 YES 2 AND					

AND THE RESERVE THE PERSON NAMED IN COLUMN 2 A DOMEST A THE PURCH SANCE SANCERS STATES A CONTRACTOR OF THE

BALTIMORE, MARYLAND 21203-3146

TO BE COMPLETED BY FUNERAL DIRECTOR

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

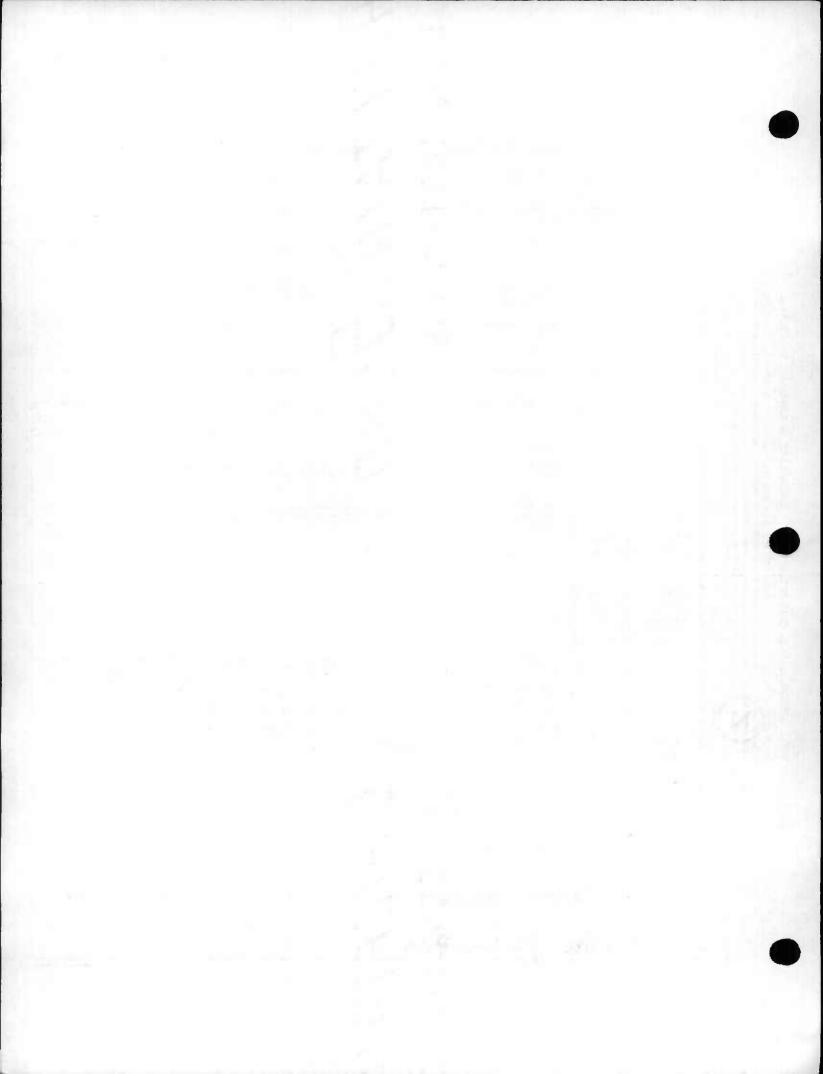
ittending physician.	e as the burial-transit permit. Pages 1, 2, 3 should	
YSICIAN The service that the death certificate be executed within 24 flours after death. Page 6 may be retained by the hospital or attending physician.	by the funeral director, page 5 should be detached for unoval.	ical examiner must be notified at once.
that the death certificate be executed within 24 hours	s certificate the trees wood by the attending physician and completely filled in by the in the Sink Bernal and Mental Hydiene prior to burial, cremation, or removal.	on content any injury, or other traumatic event, the medical examiner must be notified at once.
THE HOSPITAL OR ATTENDING PHYSICIAN THE LINE AND AND ADDRESS OF THE STATES OF THE STAT) THE FUNERAL DIRECTOR: After this certificate the best account. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit.	i, or

ENEDICAL CERTIFICATION

TO BE COMPLETED BY PHYSICIAN

1 - STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

1. OECEDENT'S NAME (First,	Middle, Last)	MARY	DORSEY			2. DATE OF DEATH	9 199	S. TIME OF GEATH
213-30-329		6. SEX 6. AG	E (In yrs. last birthday) 56 YRS.	IF UNDER 1 YE MONTHS DA	AR IF UNDER 24 HRS. YS HOURS MIN.	7. DATE OF BIRTH (Month, Day Year) 4-19-19	34	BIRTHPLACE (State or Foreign Country)
a. FACILITY NAME (If not ins	werton				wn on Location of D timore	EATH	9c. COUNTY	OF DEATH
OR. STATE	10b. COUNTY			TOWN OR L				10d. INSIDE CITY LIMITS? 1 1 YES 2 NO
3919 Flowe	rton Ro	ad			101. ZIP CODE 21229		10g. CITIZEN	OF WHAT COUNTRY?
MARITAL STATUS Never Married 2 Widowed 4 Divor	Merried	2. WAS DECEDENT EVER FORCES? 1 YE IF YES, GIVE WAR OF	S 2 NO	If ye	DECENDENT OF HISPA a, specify Cuban, Mexic YES 2 NO Speci		s or No 14.	RACE — American Indian, Black, White, etc. Specify: Black
15. DECE (Specify only Elementary/Secondary (0- 10th	DENT'S EDUCA' highest grade co	FION mpleted) College (1-4 or 5+)	18a. OECEDENT'S (Give kind of w life. Do NOT use	rork done durin	PATION g most of working	Md Ger		ospital
James E	odie, Last) dward	Dorsey			Pattie	ME (First, Middle, Maiden Wiggins	Surname)	
Shirl						Route Number, City or You Baltimore,		
be. METHOD OF DISPOSITIE Burial 2 Cremetion Donation 8 Other	n 3 🗆 Remove	al from State	other place)		of comotory, crometory or em Park	20c, LC	Laurel	, or Town, State
SIGNATURE OF FUNERAL	N	Domo	son Ta	M	arch F/H was about the second			
sequentielly list condition in the condition of any, leading to immediate. Enter UNDERLYII AUSE (Discess or injuinat initiated events esuiting in death) LAS'	flate NG ry c.	,	S A CONSEQUENCE OF		0			
ART II. Other significat	d.	contributing to deat	h but not resulting i	n the under	fying cause given in		RMED?	24b. WERE AUTOPSY FINDIN ANALABLE PRIOR TO COMPLETION OF CAUSI OF DEATH? 1 YES 2 NO
S. WAS CASE REFERRED TO EXAMINER?		HOSPITAL:		OTHER:	26. PLACE OF DEATH (C			
MANNER OF DEATH	Pending Investigation	28e. DATE OF INJUI (Month, Day, Yea	RY 286, TIM	E OF 286 URY	Home 8 Residence c. INJURY AT WORK? YES 2 NO	28d. DESCRIBE HOW	INJURY OCCUP	RED
3 Suicide 8 .	Could not be determined	28e. PLACE OF INJUDUISHING, etc. (JRY — At home, farm, a Specify)	street, factory,	office	281. LOCATION (Street City or Town, State	end Number or	Plural Route Number,
cont only						e to the cause(e) and mo		cause(e) and manner as stated
D. NAME AND ADDRESS OF	AM	COMPLETED CAUSE OF	MD DEATH (IXEM 27) (IXEM	.Print)	29c, LICENSE M	347	29d. DATE S	HIGHED (Month, Dip. Year)
419 W	lelly	320 REGISTRAR'S S	Bal	t. 1	19 2150			
DEC 5	1990	Julia Saind	mr. Randall					



TO BE COME	TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION
al examiner must be notified at once.	IMPORTANT II Imm 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
oval.	be the sitting 2 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
the funeral director, page 5 should be detache	TO THE FUNE BALL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached
ter death. Page 6 may be retained by the hosp	THE HISPITAL ON ATTENDING PHYSICIAN: The law requires that the death certificate be executed within.
BALLIMORE, MARYLAND	DIVISION OF VITAL RECORDS, P.O. BOA 13146,

	FOR 1 - STATE REGISTRAR	STATE OF MARYLA		ENT OF HEALTH AND	MENTAL HYGIEN	E	90 33341				
	1. DECEDENT'S NAME (First, Middle, Last)	a De	wald		2. DATE OF DEATH DATE OF DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DATE OF DEATH DATE OF DATE	Ĭ Š	3. TIME OF DEATH				
	4. SOCIAL SECURITY NUMBER 155 26 5146 9a. FACILITY NAME (If not institution, give at	1 □ M 2 X F 80	YRS. MON	JNDER 1 YEAR IF UNDER 24 HRS. THS DAYS HOURS MIN, CITY, TOWN OR LOCATION OF DI	7. DATE OF BIRTH (Month, Day, Year) 2 - 20 -	10	BIRTHPLACE (State or Foreign Country)				
DIRECTOR	HEBNE HOME	of Greater V	Vashington	Rockvill	e,	Mor	it gomery				
	New JerseyHunte			wn or Location mington			10d. INSIDE CITY LIMITS? 1 YES 2 XNO				
FUNERAL	10e. STREET AND NUMBER Highway #202			101. ZIP CODE 08822		USA	OF WHAT COUNTRY?				
B≺	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 ☐ YES IF YES, GIVE WAR OR DAT	2 NO	13. WAS DECENDENT OF HISPAI If yes, specify Cuben, Maxico 1 YES 2 NO Specif	in, Puerto Rican, etc.)	or No— 14.	RACE — American Indian, Black, White, atc. Specify: White				
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)		16a. DECEDENT'S USU (Give kind of work of the Do NOT use ret	AL OCCUPATION done during most of working red.)	Privat						
OM	17. FATHER'S NAME (First, Middle, Lest)	-1	Nuise	16. MOTHER'S NA	ME (First, Middle, Maiden		· Y				
BE C	Solomon Gerst				Bretzfeld						
2	19a. INFORMANT'S NAME (Type/Print)			PRESS (Street and Number or Rural							
	Michele Herman 200. METHOD OF DISPOSITION	20b.	PLACE OF DISPOSITIO	ising Ridge N (Name of cemetery, crematory or		Lesda,					
	1 Seurlai 2 Cremation 3 Ramo	oval from State	other place)	n Jewish Ce			e-series estatement				
	21. SIGNATURE OF FUNERAL SERVICE LIC		1	22. NAME AND ADDRESS OF FA	CILITY						
	* Offewer 1	tutenne	or	Falls Chur			ies				
	23. PART i. Enter the diseasee, or cahock, or heert fallure.	omplications that ceused List only one cause on ee					, Approximate Interval Between				
	IMMEDIATE CAUSE (Final disease or condition resulting in death) ASPIRATION PNEUMONIA DUE TO (OR AS A CONSEQUENCE OF): ALZIFAMENS DISEASE Le YEARS										
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): ALZHAMENS DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):										
PHYSICIAM: MEDICAL CE	PART II. Other algnificant conditions contributing to deeth but not resulting in the underlying cause given in Part I. VENOUS /NSUFFICIENCY 1 YES 2 PM 1 YES 2 NO										
IAN	25. WAS CASE REFERRED TO MEDICAL			26. PLACE OF DEATH (C/	neck only one)						
YSIC	1 YES 2 THO	HOSPITAL: 1 Inpatient 2 ER/Outpa		HER: Nursing Home 8 - Residence	8 Cher (Specify)						
ВУ РН	27. MANNER OF DEATH 1 Natural 8 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	M 1 YES 2 NO	28d. DEŞCRIBE HOW I						
ETED	3 Suicide 8 Could not be 4 Homicide detarmined	28e. PLACE OF INJURY - building, etc. (Specif	(y)		281. LOCATION (Street in City or Town, State)		Rural Houte Number,				
COMPLETED	(Check only one) 2 MEDICAL EXAMINE	R: On the beals of examination		the time, data and place, and due my opinion, death occured at the			suse(a) and manner as stated.				
TO BE	29b. SIGNATURE AND TITLE OF CERTIFIER 30. NAME AND ADDRESS OF PERSON WHI	- Fip	son.	MD DO5	MBER 85	29d. DATE SI	GNED (Month, Day, Year)				

MONTROSE

RD,

ROCKVILLE, MD

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len signed by the attending physician and completely filled in by the funeral directior, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should of Health and Mental Hygiene prior to burial, cremation, or removal. 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. TO THE HOSPITAL DR ATTENDING PHYS OF TO THE FUNERAL DIRECTIOR: After this office within 72 hours after death with IMPORTANT: If Item 28 is marked, or

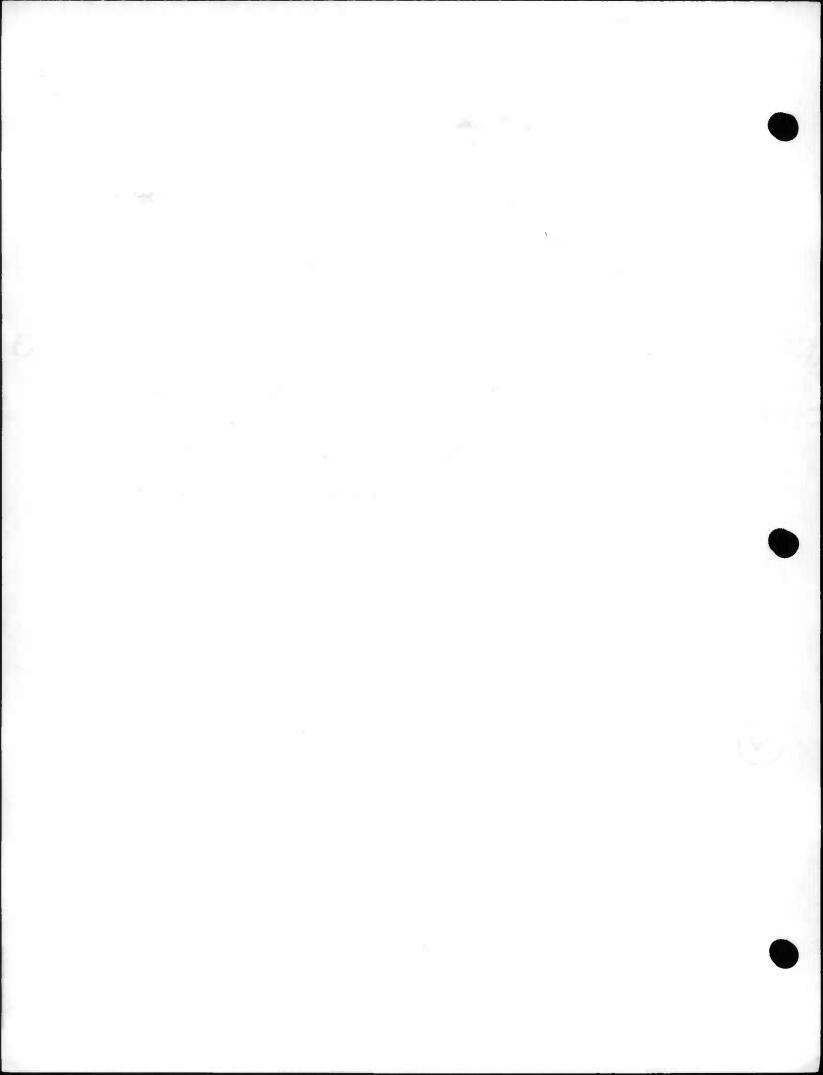
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*	FOR							0	0 (2015	
	1 - STATE REGISTRAR		ERTIFICA	TE OF	EALTH AND N		REG. NO.	9		33345	
	1. DECEDENT'S NAME (First, Middle, Last)	MARGARET	H. DOBS	ON		2. DATE (YE TO	AR 3. TI	ME OF DEATH	
		SEX 6. AGE (In yrs.	VRS. IF UN	DER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE ((Month)	DE BIRTH	06	BIRTHPLAC County) Mar	e (State or Foreign Yland	
R)	9a. FACILITY NAME (If not institution, give street	and number)	9b. C	TOWS	R LOCATION OF DE	ATH		9c. COUNTY Bali	of DEATH	e	
FUNERAL DIRECTOR	RESIDENCE OF DECEDENT 10+, STATE 10-, COUNTY		10c. CITY, TOW							INSIDE CITY	
L DIF	Maryland Baltim	ore	Tows		. ZIP CODE			10g. CITIZEN		YES 2 NO	
JERA	800 Southerly R	oad			21204				J.S.A		
BY	11. MARITAL STATUS 1	. WAS DECEDENT EVER IN U.S., FORCES? 1 TYES 2 THE IF YES, GIVE WAR OR DATES	ARMED ANO		ENDENT OF HISPAN scify Cuben, Mexical 2 NO Specify	n, Puerto P		or No- 14.	RACE — A Black, Whi Specify:	merican Indian, te, atc. White	
COMPLETED	15. DECEDENT'S EDUCAT (Specify only highest grade con Elementary(Secondary (0-12)	opleted)	DECEDENT'S USUAL (Give kind of work do life. Do NOT use retire HOMEMAKE	one during mos ed.)	DN st of working	16b.	KIND OF BUS	Home	RY		
	17. FATHER'S NAME (First, Middle, Last) Elijah H.	Halstead			18. MOTHER'S NA		Aiddle, Melden : E .	Sumame) Tilma	n		
TO BE	190. INFORMANT'S NAME (Type/Print) Stuart Dobson		19b. MAILING ADDR	arks I	nd Number or Rural F Farm Road	Route Numb	oer, City or Town	, State, Zip Coo	ie)		
	20e. METHOD OF DISPOSITION 1 X Buriel 2 Cremation 3 Remove 4 Donation 5 Dither (Specify)	trom State Dulia	E OF DISPOSITION	(Nome of con	metery, cremetory or m. Gards	12-4-	-90 20c. LOC	cation — chy imoniu	or Town, S M, Ma	aryland	
	21. SIGNATURE OF PUNERAL SERVICE LICEN	lister Si			rowson Fi		al Home	e, Inc Md. 2	i 204		
	23. PART I. Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such as cardiec or respiratory arrest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Finsi disease or condition resulting in death) a. Our TO (OR AS A CONSEQUENCE OF):										
RTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST b. Due to (or as a consequence of):										
MEDICAL CE	PART II. Other algorificant conditions of	PERFORMED? 1 YES 2 NO OF DEA				IE AUTOPSY FINDINGS LABLE PRIOR TO IPLETION OF CAUSE DEATH? J YES 2 NO					
CIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	OSPITAL:		26. PL	LACE OF DEATH (Ch	eck only on	ne)				
PHYSICIAN:	The state of the s	☐ Inpatient 2 ☐ ER/Outpatient 28a. DATE OF INJURY	ne 5 🗆 Residence		r (Specify)	NJURY OCCUR	EO				
ВУ	1 Netural 5 Pending 2 Accident Investigation 3 Suicide 8 Could not be	(Month, Day, Year) 28e. PLACE OF INJURY — At building, atc. (Specify)	28b. TIME OF INJURY	M 1 🗆 1	YES 2 NO	28f. LOC	ATION (Street or Town, State)	and Number or	Rural Route	Number,	
COMPLETED	4 Homicide determined 29e. CERTIFIER Check only	N: To the best of my knowledge,	death occurred at t	the time, date	end place, end due			nner as stated.			
COM	one) 2 MEOICAL EXAMINER:	On the basie of examination end	for investigation, in	my opinion, d			and place, an				
TO BE	29b. SIGNATURE AND TITLE OF CERTIFIER 30. NAME AND ADDRESS OF PERSON WHO G	Dine v			29c. LICENSE NUI	MBER		29d. DATE S	-\1	(C)	

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

31. DATE FILED (Month, Day, Year)

32. REGISTRAR'S SIGNATURE
Sulia Savidson-Rands



				≥	S	S	Ö	>	DIVISION OF VITAL RECORDS, P.O. BOX 1314	œ	ပ္က	E C	DS	0	0	m	ŏ	<u> </u>	7
- per	D TH	HOSPIT	1	OR A	置	DING	PHYS	5	TO THE HOSPITAL OR ATTENDANG PHYSICIANT PROPERTY REquires that the death certificate be executed	9	quire	s that	t the	death	h cer	tifical	e pe	execu	ē
	E I	FLINERU Within 7	30	E S	問	前	報	83	TO THE FLINERAL DIRECTOR. After this contracts him were signed by the attending physician and co	-	n sign	th a	M M	ental	Hyd	g phy	sicia	and ot	8 7
_	MPO	HTANT:	=	meg	82	E	rked	0	看	-	OWS	amy	Ĕ	Ž,	0 10	ther	Ta	matic	

shows any injury, or other traumatic event, the medical examiner must be notified at once.

STATE	0F	MARYLAND /	DEPARTMENT	0F	HEALTH	AND	MENTAL	HYGIENE
		CE	ERTIFICATE	0	F DEAT	ГН		REG. NO.

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33346

	1 - STATE OF MAR	RYLAND / DEPARTMENT OF HEALTH A CERTIFICATE OF DEATI	HID INCHINE HIGHERE	90 33346
	1. DECEDENT'S NAME (First, Middle, Last) Henry William Elli		10 4 19	EAR 3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 216-03-4018 6. SEX ★□ M 2 □ F	/8 YRS.	MIN. (Month) 3-15-12	BIRTHPLACE (State or Foreign Country)
TOR	9a. FACILITY NAME (If not institution, give street and number) CHURCH HOSPITAL CORPOR RESIDENCE OF DECEMENT	RATION BALTIMORI		OF DEATH
DIRECTOR	10e. STATE 10b. COUNTY MD •	10c. CITY, TOWN OR LOCATION BALTIMORE CIT	ΓΥ	10d. INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL	100. STREET AND NUMBER 1100 South Conkling Street	10f, ZIP CODE		U.S.A.
BY FUN	11. MARITAL STATUS 1 Never Merried 2 Married 3 Wildowed 4 Divorced 12. WAS DECEDENT EV FORCES? 1 FORCES? 1 IF YES, GIVE WAR (YES 2 NO If yes, specify Cuban,	HISPANIC ORIGIN? (Specify Yee or No— Mexicen, Puerto Rican, etc.) Specify:	RACE — American Indian, Black, White, etc. Specify: White
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+)	16e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working lite. Do NOT use retired.) Driver	166. KIND OF BUSINESS/INDUS	
	17. FATHER'S NAME (First, Middle, Last)	16. MOTHE	ER'S NAME (First, Middle, Melden Sumeme) Len Reisen	nusiwiczy
TO BE	100. INFORMANT'S NAME (Type/Print) Catherine J. Ellick	19b. MAILING ADDRESS (Street and Number of	or Plural Route Number, City or Town, State, Zip C to Balto, Md. 21224	/
	20e. METHOD OF DISPOSITION 1 CBurlel 2 Cremetion 3 Removal from Stale 4 Donation 6 Other (Specify)	20b. PLACE OF DISPOSITION (Name of cometery, creme other place) Oak Lawn Cemeter	ery Eastwood	
	21. SIGNATURE OF FUNERAL SERVICE LIGENSEE	Charles S.	Zeiler & Son Inc.	5224 Fastern Ave.
NO	Company of the second s	DI eech line. Heart AS A CONSEQUENCE OF:	g, such as cardiac or respiratory arres	Approximate interval Between Onset and Death
CERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	AS A CONSEQUENCE OF):		
PHYSICIAN: MEDICAL	PART ii. Other significent conditions contributing to dea	ath but not resulting in the underlying cause gi	Ven In Part I. 24s. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO	24b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION DF CAUSE DF DEATH? 1 YES 2 NO
CIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 1 Magnitud 2 ER	OTHER:	ATH (Check only one)	
	27. MANNER OF DEATH 1 Netural 5 Pending 26a. DATE OF INJ (Month, Day, 1)	IURY 28b. TIME OF 28c. INJURY AT	26d. DESCRIBE HOW INJURY OCCU	RED
TED BY	2 Accident Investigation 3 Suicide 6 Could not be determined 28e. PLACE OF IN building, etc.	SJURY — Al home, farm, street, factory, office	26f. LOCATION (Street and Number of City or Town, Stete)	Rural Route Number,
COMPLETED	Coreta oray	knowledge, death occurred at the time, date end place, intention end/or investigation, in my opinion, death occure		
BE	29b-SIGNATURE AND TITLE OF CERTIFIER	29c. LICE!	NSE NUMBER 29d. DATE	SIGNED (Month, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF	ST. Agree Hugar	ted 900 Coulm	Aver Buck 2/1
	31. DATE FILED (Month, Dey, Year)	SIGNATURE		

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BALTIMORE, MARYLAND 21201

permit. Pages 1, 2, 3 should

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

											90	333	4/
	1 - STATE REGISTRAR	STATE OF P	MARYLAND / DEI CERT		NT OF H			MENTAL	HYGIEN REG. NO.	E			
	1. OECEOENT'S NAME (First, Middle, Last)							2. OATE O	F OEATH	IV.	YEAR	3. TIME OF DEA	ATH
	Lo	raine	Grace	20	Fode	1			-29-9		12.11	6:50P	M M
	4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In yrs. last birth	day) IF UN	DER 1 YEAR	IF UNDER	R 24 HRS.	7. OATE O	Day Year)		8. BIRTH	IPLACE (State or I	Foreign
- 1	219-28-7816	1 M 2 X F	56 YF	is.	DAYS	HOURE	MIN,	5-1	5-1934	1	MA	RYLAND	
	9a. FACILITY NAME (If not institution, give st			9b. C	ITY, TOWN C	R LOCATI	ON OF DE	EATH		9c. COU	NTY OF D	EATH	
OR	St. Agnes Hospit	al			Ba	alti	more	City					
DIRECTOR	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY		1 40-	OUT V TOWN	N OR LOCAT	1011						10d. INSIDE CIT	TV
IRE		LTIMORE	100	. GII, 10#			MORE	=				LIMITS?	
	10e. STREET AND NUMBER	LITMUNC				ZIP COD		-		I son CIT	IZEN OF	WHAT COUNTRY?	
RA	7055 E. BALTIMORE	CTDEET			1.00	. ZIF COD	212	221		rog. on		US.A.	
FUNERAL	11. MARITAL STATUS	12 WAS DECEDEN	IT EVER IN U,Ş. ARMED		12 WAS OFC	ENDENT ((Specify Yes	or No.		E — American Inc	dien
	1 Never Merried 2 Merried	FORCES? 1	YES XX NO	- 1	It yes, sp	ecity Cubi	en, Mexica	in, Puerto R	can, etc.)	0.10	Blac	k, White, atc.	
ВУ	₩ Widowed 4 Divorced	IF YES, GIVE Y	MAN ON DATES		1 TYES	XM NO	Specin	у:			Spec	WHITE	5
0	15. DECEDENT'S EDUC (Specify only highest grade		16a. DECEDE	NT'S USUAL	OCCUPATIO	ON of world		16b.	KINO OF BU	SINESS/IN	DUSTRY		
Ħ	Elementary/Secondery (0-12)	College (1-4 or 5	His Do A	OT use retire	d.)	at or work	ng						
MPI	8TH GRADE	N/A		HOME	MAKE	R				HOME			
COMPLETED	17. FATHER'S NAME (First, Middle, Last)								iddle, Malden				
BE	RAYMOND BUCK				-				IEL SC				
10	19e. INFORMANT'S NAME (Type/Print)				111				or, City or Tow				
-	SHIRLEY L. JONES				YANAGH			BALT	IMORE,				222
	20s. METHOD OF OISPOSITION Thurtel 2 Cremetion 3 Rees 4 Donation 5 Other (Specify)	ovel from State	20b. PLACE OF D other place) HOLLY_HI			,,	,	1990		LTIM	,	own, State MARYLA	AND
	21. BIGNATURE OF FUNERAL BETVICE LIC	ENSER		1	22. NAME AL	ND ADDRE	ESS OF FA	CILITY	IOUT I)T 101	ILMO A I	V 7110	
	· (hon a	- tes	hip	7	1922 W	VISE	AVEN	VUE	DUNDA	ALK 1	10	K, INC. 21222	
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiratory errest, shock, or heart fellure. List only one cause of each line.											Approxi	mata Between
	IMMEDIATE CAUSE (Final												nd Death
	disease or condition Hypertensive atherosclerotic coronary vascular disease or condition a. Hypertensive atherosclerotic coronary vascular disease or condition											asę	
	DUE TO (OR AS A CONSEQUENCE OF):												
NO	Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF):												
F	If any, leading to immediate											İ	
5	cause. Enter UNDERLYING CAUSE (Disease or Injury Due TO (OR AS A CONSEQUENCE OF):											+	
CERTIFICATION	that initiated events DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST												
E E	resulting in death) LAST												
AL	DARY II Obbas also Missas and Missas and Missas and Missas Andread had not been also be the control of the cont										24	b. WERE AUTOPSY AMAILABLE PRICE	
음									TXXYES :	NO 🗌 S		OF DEATH?	F CAUSE
¥												XX YES 2	NO.
PHYSICIAN: MEDICAL													
CA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?												
YS.	¥XYES 2 □ NO		MORNOutpetient 3 🗆 D		Nursing Hon	ne 5 🗆 F	Residence	6 🗆 Other	(Specify)				
H	27. MANNER OF DEATH TO Natural 5 Pending	28e. DATE O (Month,	F INJURY 28 Day, Year)	b. TIME OF INJURY	W	JURY AT DRK?	_	28d. OE\$	CRIBE HOW	INJURY O	CCURED		
BY	2 Accident Investigation		YES 2	∐ NO									
	3 Suicide 8 Could not be 4 Homicide determined	building	OF INJURY — At home, to, etc. (Specify)	erm, street,	sactory, offic	ed .			ATION (Street or Town, State		or of Hural	Route Number,	
COMPLETED	29e. CERTIFIER	CIAN. To the heart	d mu brouds done do		h - M - A :			. 4 . 4			and and		
MP	(Check only one) 2 MEDICAL EXAMINE	_	of my knowledge, death of my knowledge, death									(s) and manner -	a stated
8	- LI MEDIONE CAMMINE			guirori, iil i			at til		- Proper of	204 10		(-) sura mannar a	

25. WAS CASE REFERRED TO MEDICAL EXAMINER? **EYES 2 NO	HOSPITAL:
27. MANNER OF DEATH	28e. DATE OF INJUI

OCME

of examination end/or investigation, in my opinion, death occured at the time, date end place, end due to the ceuse(a) end manner as stated. 296. RGHATURE AND TITLE OF CERTIFIER 29d. DATE SIGNED (Month, Day, Year)

NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) MARGARITA A. KORELL, MD

111 Penn Street, Baltimore, MD 21201

▶ 11-30-90

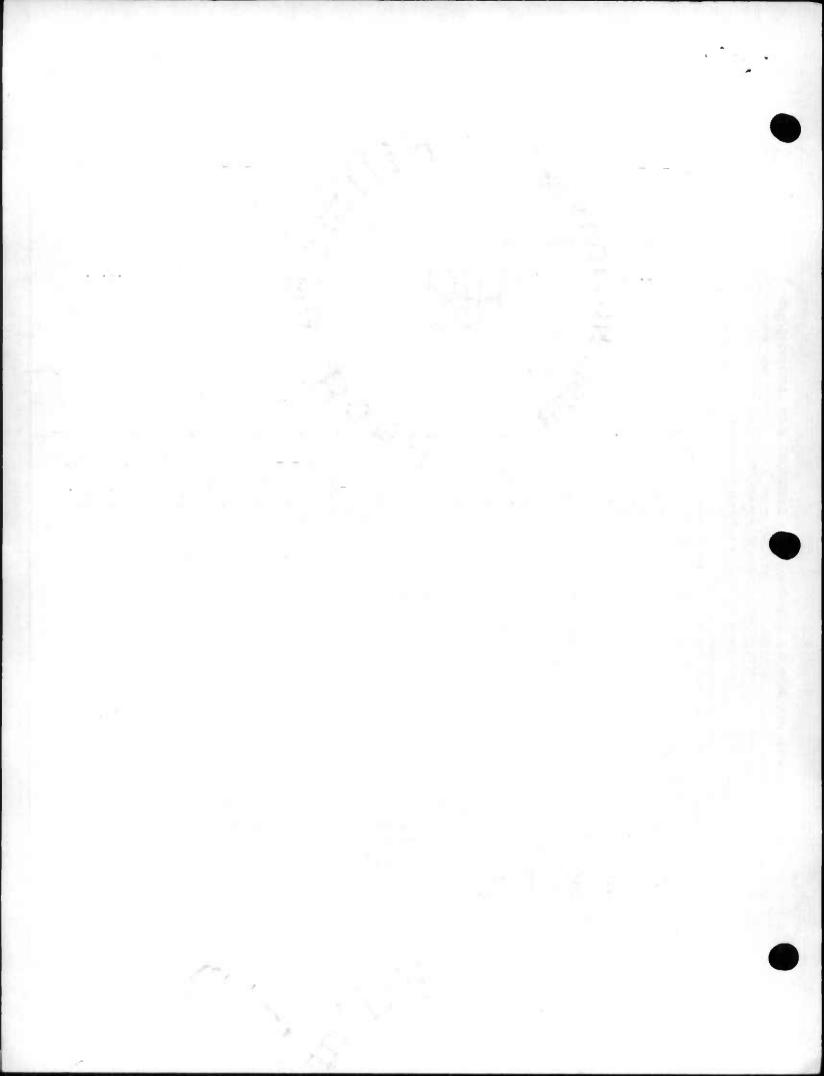
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32. REGISTRAR'S SIGNATURE

DHMH-18 Rev 1/89

VC



1 - STATE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR			EHIIF	CALE	Ur	DEALI	п	REG. N	0.		
	1. DECEDENT'S NAME (First, Middle, Last)								2. DATE OF DEATN MONTH	DAY	YEAR	3. TIME OF OEATN
	DONALD	Ehler		FRANTZ	7				NOVEMBER	30,	1990	1:41A M
	4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In yrs.	lest birthday)	IF UNDER 1	YEAR DAYS	IF UNDER 24	4 HRS.	7. DATE OF BIRTN (Month, Day, Year)		8. BIRTH Count	HPLACE (State or Foreign
	212-28-3354	1 🔀 M 2 🗆 F	60	YAS.	MONTHS	DATO	HOURS	merry.	4/18/30		Md.	
	9e. FACILITY NAME (If not institution, give a	treet end number)			9b. CITY, T	O NWO	R LOCATION	N OF DEA	TN	9c. COI	UNTY OF E	DEATN
RO	THE JOHNS HO	PKINS HO	SPITAL		BALT	CIMC	RE			BA	LTIM	ORE CITY
5	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY											
DIRECTOR					Y, TOWN OR		ION					10d. INSIDE CITY LIMITS?
	Md. Balt.	imore		Kin	gsvil	-				1.00		1 TYES 2 NO
FUNERAL	8011 Redstone Re					101.	ZIP CODE	0.5		10g. CI		WHAT COUNTRY?
빌	11. MARITAL STATUS	12. WAS DECEDENT					210	- 1			USA	
5	1 Never Merried 2 W Merried	FORCES? 1	YES 2	NO	lf y	yes, spe	city Cuben,	Mexicen,	C ORIGIN? (Specify Puerto Rican, etc.)	ee or No—	Blac	E — Americen Indien, ik, White, etc.
BY	3 Widowed 4 Divorced	IF YES, GIVE W			1[YES	2 10 NO	Specify:			Spec	** White
	15. DECEDENT'S EDU	CATION	16a.	DECEDENT'S	USUAL OCC	UPATIO	N		16b. KIND OF I	USINESS/IN	IOUSTRY	
	(Specify only highest grade Elementary/Secondary (0-12)	completed) College (1-4 or 5+		(Give kind of a life. Do NOT us	work done due se retired.)	ring mos	at of working					
7	12th grade	College (1-4 of 5 +	Co	nstru	ction	Su	perin	tndt	J. Vint	on Sc	chafe	r&Sons.Inc.
COMPLETED	17. FATHER'S NAME (First, Middle, Last)								E (First, Middle, Maid			,
	Herbert Royston]	Frantz Sr							mira Ehl			
BE	19e. INFORMANT'S NAME (Type/Print)			19b. MAILING	ADDRESS (Street a		_	oute Number, City or 1		(ip Code)	
임	Charlotte L. Fran	ntz		8011	Redsto	one	Rd.	King	sville,	Md. 2	1087	
	20e. METNOD OF DISPOSITION		20b. PLA	CE OF DISPO						OCATION -		
	1 Buriel 2 XOmmetion 3 Rem 4 Donetion 5 Other (Specify)	oval from State	other	place) Me1	tro Ci	rema	atorv		В	alto.	Md.	21229
- 1	21. SIGNATURE OF FUNERAL SERVICE LIC	CENSES			_	AME AN	D ADDRESS	S OF FACI		- /	7 _	
	* Kichard F	Gen			1/	Ces	sala	Fix	11750 nasville	Bel	2109	84.
23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiec or respiratory arrest,									Approximate			
shock, or heart feliure. List only one ceuse on each line.												Interval Between Onset and Death
	disesse or condition resulting in death)	. Sclero	derme	2 Lui	ne 11	vla	-s Exce	Mem	atori pre	mon	ihs	5 manths.
	resulting in destray	DUE TO	(OR AS A CON	SEQUENCE O	7:		/	-				
z		b.										
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	DUE TO	(OR AS A CON	SEOUENCE O	F):							
3	cause. Enter UNDERLYING CAUSE (Disease or Injury	c										
#	that initiated events	DUE TO	(OR AS A CON	SEOUENCE O	F):							
H	readiting in deetin) EXST	d										
	PART II. Other aignificant condition	s contributing to	desth but no	t reaulting	In the und	lerlying	cause gi	lven in F	Part I. 24a, WAS	AN AUTOPS	Y 24	b. WERE AUTOPSY FINDINGS
EDICAL	Renal failur	-							PERI	ORMED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE
	Hypertension								— 'X'ES	2 NO		OF DEATH?
≥	Hyper Torsion								-			1 - YES 2 NO
A	25. WAS CASE REFERRED TO MEDICAL					26. PL	ACE OF DE	ATH /Che/	ck only one)			
PHYSICIAN:	EXAMINER? 1 YES 2 XHO	HOSPITAL:	EB/Outnetlant	2 □ 004	OTHER:	100			3 Other (Specify)			
¥	27, MANNER OF OEATH	28e. DATE OF		26b, TIN			URY AT		28d. DESCRIBE NO	V INJURY O	CCURED	
	Netural 5 Pending	(Month, D	ay, Year)	IN.	JURY	WO	RK?		ere entremante			
BY	2 Accident Investigation 3 Suicide & Could not be	26a. PLACE O	F INJURY — AI	home, farm,	street, factor			_	26t. LOCATION (Stre	et end Numb	er or Rural	Route Number,
딢	4 Nomicide 6 Could not be	building,	etc. (Specify)			•			City or Town, St.	ite)		
COMPLETED	29e. CERTIFIER	O. A. L. L. L. L. L. L. L. L. L. L. L. L. L.								-		-
MP	(Check only one)											(e) and manner as stated.
8			CONTRACTOR OF CO.	or investigeti	on, in my op	1111011, 0			The state of the s			
BE	296. SIGNATURE AND TITLE OF DERTIFIE	200					29c. LICEN	NSE NUM	BEA	29d. D/	ATE SIGNE	O (Month, Day, Year)
2	of NAME AND ADDRESS OF BERNA	IO COURT FTEE AT	MV.	TEM	D.f. "					/	1/30	170
	30. NAME AND ADOBÉSS OF PERSON WA					R.	16000		1110 Z	1200	-	
	31. DATE FILED (Month, Day, Year)				311 ,	1301	ripno	re	one of	000		
	1K		R'S SIGNATUR									
	DEC 5 190		Marida	. 70.3	00 "							

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2-mours after death. Page 6,may be estained by the attending physician and completely filled in by the tuneral diffectior, page 5 should be detached be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

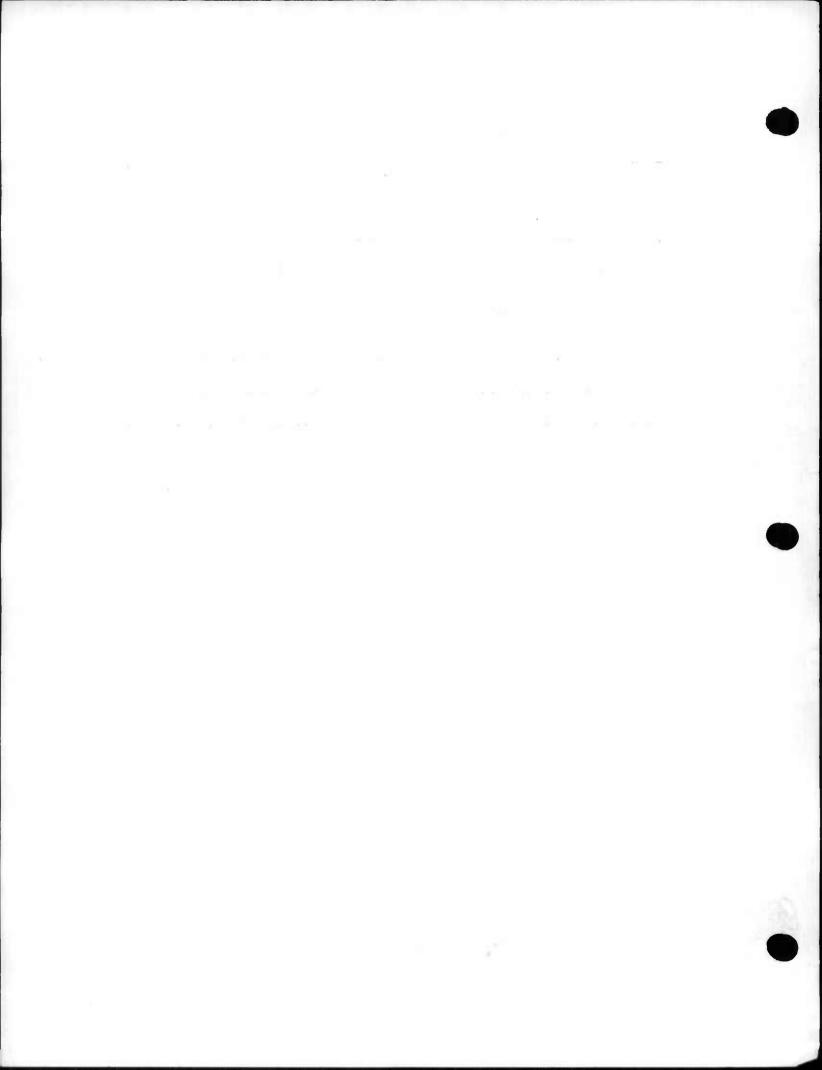
IMPORTANT: It item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. DIVISION OF VITAL RECORDS, P.O. BOX 13146,

al or attending physician. for use as the burial-transit permit, Pages 1, 2, 3 should

14:40

11/30/90

OHMH-16 Rev 1/89



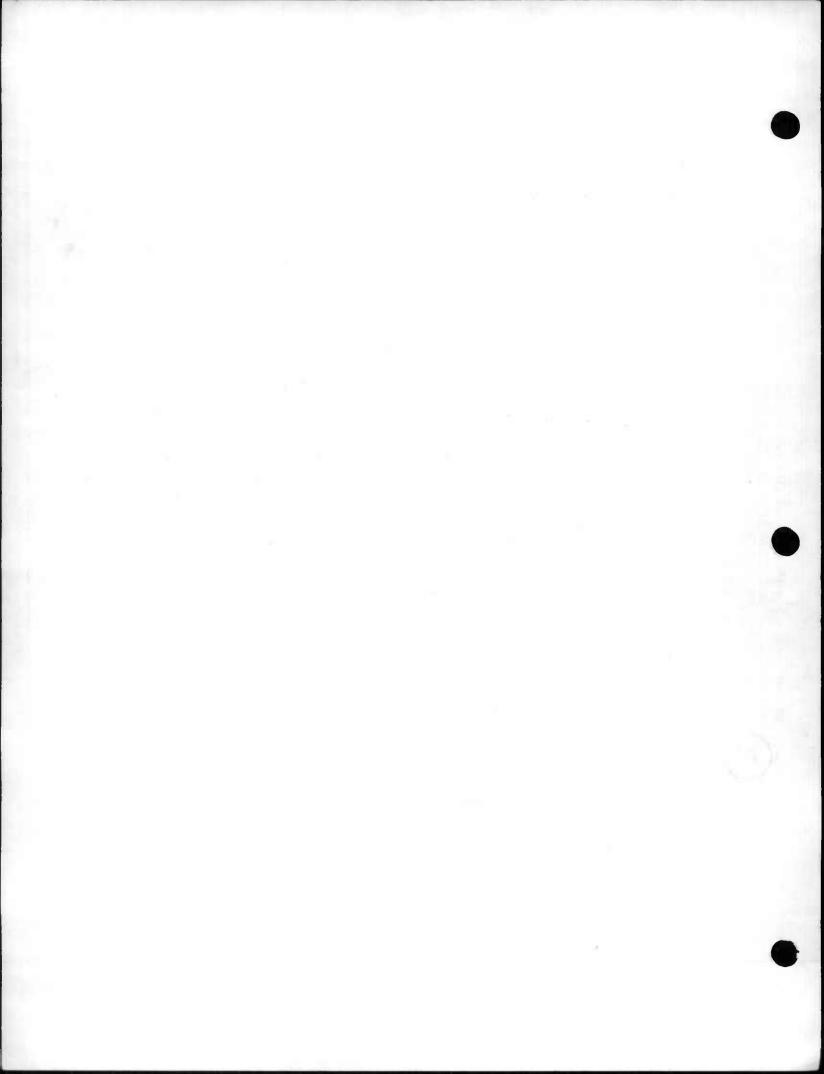
FOR STATE REGISTRAR

Less income for the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be the man should hygiene prior to burial, cremation, or removal.

23 shows any injury, or other traumatic event, the medical examiner must be notified at once. aw requires that the death certificate be executed within ..., nours after death. Page 6 may be retained by the hospital or attending physician. TO THE HOSPITAL OR ATTENDING PA TO THE FLINERAL DIFFECTOR. After be fied within 72 hours after death IMPORTANT. If New 28 is mark

1. OECEDENT'S NAME (First, Middle, Last	Mozel	Fa	in		2, OATE OF DEATH DO NORTH DO	ZS, 19	ar 8:00 FM	
4, SOCIAL SECURITY NUMBER 242-46-2150		(In yrs. lest birthday) 57 YRS.	IF UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Mogth, Day 9 Veer) 3 3	6. [BIRTHPLACE (State or Foreign	
9a. FACILITY NAME (If not institution, given HOLY CROSS HOS RESIDENCE OF DECEDENT	- West		9b. CITY, TOWN OR LOCATION OF DEATH Silver Spring Mont					
10a. STATE 10b. COU	Mont	10c. CITY,	Iver Sp	ring			10d. INSIDE CITY LIMITS? 1 YES 2 NO	
8600 16th St			10	20910		10g. CITIZEN	OF WHAT COUNTRY?	
11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Oliverced	12. WAS DECEDENT EVER FORCES? 1 YES	2 NO	If yes, s		NIC ORIGIN? (Specify Yei in, Puerto Rican, etc.) y:	s or No 14.	RACE — American Indian, Black, White, etc. Specify: Black	
15. OECEDENT'S E (Specify only highest gr Elementary/Secondary (0-12)		16a. DECEDENT'S U (Give kind of we life. Do NOT use EEG Tec	ork done during me retired.)		16b. KIND OF BU	SINESS/INDUST	TRY	
17. FATHER'S NAME (First, Middle, Lest) Riley Headen				16. MOTHER'S NA Massi	ME (First, Middle, Meiden e Stone	Sumame)		
199. INFORMANT'S NAME (Type/Print) George Stone (Brother)	196, MAILING (2008)	Overtoi	and Number or Aurel 1 Dr, Foi	Route Number City or Tow CestVille,	"Md" 207	47	
20a. METHOD OF DISPOSITION 1 Greented 2 Comments 3 R 4 Donation 5 Donation (Specify)		ob. PLACE OF OISPOSI Pittsboro				cation — chy Lttsbor		
21. SIGNATURE OF FUNERAL SERVICE	Small			12th St	John T Rh NE, DC 20		Co., Inc	
23. PART / Enter the diseases, a shock, or heart failured in the failure of the f	a. Cordia DUE TO (OR AS DUE TO (OR AS	each line.	iary is				Interval Between Onset and Death	
PART II. Other significent condit	iona contributing to death	but not resulting in	n tha underlyin	ng cause given in	Part I, 24a. WAS APPERFO	RMED?	24b. WERE AUTOPSY FINDINGS AWALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. F	PLACE OF DEATH (C	heck only one)			
27. MANNER OF DEATH Selural 6 Pending Investigation	1			me 5 Residence JURY AT ORK? YES 2 NO	6 Other (Specify) 28d. DE\$CRIBE HOW	INJURY OCCUR	ED	
3 Suicide 6 Could not 4 Homicide determined	be 26s. PLACE OF INJURY — At home, farm, street, factory, office 26s. LOCATION (Street and Number or Rural Route Num City or Town, State)					Rural Route Number,		
CONTROL ONLY	YSICIAN: To the best of my known intermediate.						ause(s) and manner as stated.	
296. SIGNATURE AND TITLE OF CERTI	FIER			29c. LICENSE NU	MBER 103	29d. DATE S	IGNED (Month, Day, Year)	
30. NAME AND ADDRESS OF PERSON	MHO COMPLETED CAUSE OF	DEATH (ITEM 27) (Type,	Print) m tys	e Rd	Rock v.11	- M	d	
31. DATE FILED (Month, Day, Year) DF C5 - 10	32. REGISTRAR'S SH	SNATURE Print	. 90	· · · · · · · · · · · · · · · · · · ·				

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.



	FOR STATE	STATE OF MARYLA	AND / DEPART	MENT OF H	EALTH AND N	MENTAL H	IYGIENE 9	0 33350		
	REGISTRAR		CERTIFI	CATE OF	DEATH	F	REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF MONTH	DEATH	3. TIME OF DEATH		
	Peter Grose					11	26 19			
	4. SOCIAL SECURITY NUMBER 8.	SEX 6. AGE (II	n yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF I	BIRTH	BIRTHPLACE (State or Foreign Country)		
	178 01 0453 16	XM2□F 95	YRS.	Sh CITY TOWN	HOURS MIN.	9/9	/1895	Tllinois Ty of DEATH		
OR	Pleasant Manor N		nter	Baltin		SAITI	Sc. COOK	IT OF BEATH		
5	RESIDENCE OF DECEDENT 10a, STATE 10b, COUNTY		Las arre			-				
FUNERAL DIRECTOR	Maryland 106. COUNTY			town or Locat				10d. INSIDE CITY LIMITS? 1 X YES 2 NO		
7	10e. STREET AND NUMBER			101	. ZIP CODE		10g. CITIZ	EN OF WHAT COUNTRY?		
NER/	2227 Redthorne A				21220			USA		
BY FU	11. MARITAL STATUS 1	. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 NO	If yes, sp	ecity Cuban, Mexica 2XXIO Specify	in, Puerto Rice	specify Yes or No— n, etc.)	14. RACE — American Indien, Bleck, White, etc. Specify: White		
0	15. DECEDENT'S EDUCATION		16a. DECEDENT'S L	ISUAL OCCUPATION	ON	16b, KII	D OF BUSINESS/INDU	JSTRY		
COMPLETED	(Specify only highest grade com Elementary/Secondary (0-12)	pleted) ollege (1-4 or 5+)	(Give kind of wi	ork done during mo retired.)	st of working	Co	mmercial	1		
2	8	mege (I-4 of 5+)	Window	Washer	r		eaning			
N	17, FATHER'S NAME (First, Middle, Lest)		WINGOW	Washer			lie, Maiden Surname)			
ö	Henry Grose				Ellen		,,			
BE	19e. INFORMANT'S NAME (Type/Print)				L					
5	Harold R. Schust	er					city or Town, State, Zip ce, Md. 2]			
	20e. METHOD OF DISPOSITION 1 X Burial 2 Cremation 3 Removal 4 Donation 8 Other (Specify)	from State C	PLACE OF DISPOSE Other place) CIG Fello	TION (Name of cei	netery, cremetory or		Pottsvil	le, Penna.		
	21. SIGNATURE OF FUNERAL SERVICE LICENS									
	•				WF.N. Potts			Lord Funeral		
	23. PART I. Enter the diseases, or com shock, or heart failure. List			ot enter the mo	de of dying, auc	h aa cardied	or reaplratory arre	Approximate interval Between		
	IMMEDIATE CAUSE (Final disease or condition	(TOHOAGO	ized AS	COD				Onset and Desth		
	reaulting in death) a		CONSEQUENCE OF					3 405.		
NO	Sequentially list conditions, if any, jeeding to immediate	DUE TO (OR AS A	CONSEQUENCE OF):						
CERTIFICATION	CAUSE (Disease or injury	DUE 70 (00 Ac A								
RTIF	that initiated events resulting in dasth) LAST	DUE TO (OH AS A	CONSEQUENCE OF);						
CE	d									
PHYSICIAN: MEDICAL	PART II. Other algorificant conditions of	- 1 4	ut not resulting i		g ceuse given in		PERFORMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?		
: ME	Kenal L	usuff cien	-Cy					1 YES 2 NO		
CIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	OSPITAL:		26. P	LACE OF DEATH (Ch	heck only one)				
S		☐ Inpatient 2 ☐ ER/Outp	atlent 3 DOA		ne 8 🗆 Residence	8 🗆 Other (S	(pecify)			
	27. MANNER OF DEATH 1 Natural 5 Pending	ANNER OF DEATH 28a. DATE OF INJURY (Morith, Dey, Year) 28b. TIME OF 28c. INJURY AT WORK? WORK? Natural 5 Pending					IBE HOW INJURY OCC	CURED		
TED BY	2 Accident Investigation 3 Suicide 8 Could not be determined	" 1 123 2 10					261. LOCATION (Street and Number or Rural Route Number, City or Town, State)			
COMPLETED	29a, CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAL (Check only one) 2 MEDICAL EXAMINER: 0							ed. e cause(e) and manner as stated.		
	20b. SIGNATURE AND TITLE OF CENTIFIER	0			29c. LICENSE NUI	MBER	20d DATE	E SIGNED (Month, (Day, Year)		
TO BE	Jamie Trenz	alar Mn			Dusiz	4	>	11/26/90		
E	30. NAME AND ADDRESS OF PERSON WHO C	OMPLETED CAUSE OF DE	ATH (ITEM 27) (8/00	Delet1		/		V E F		

Baltimore,

M.D., 5214 Ha

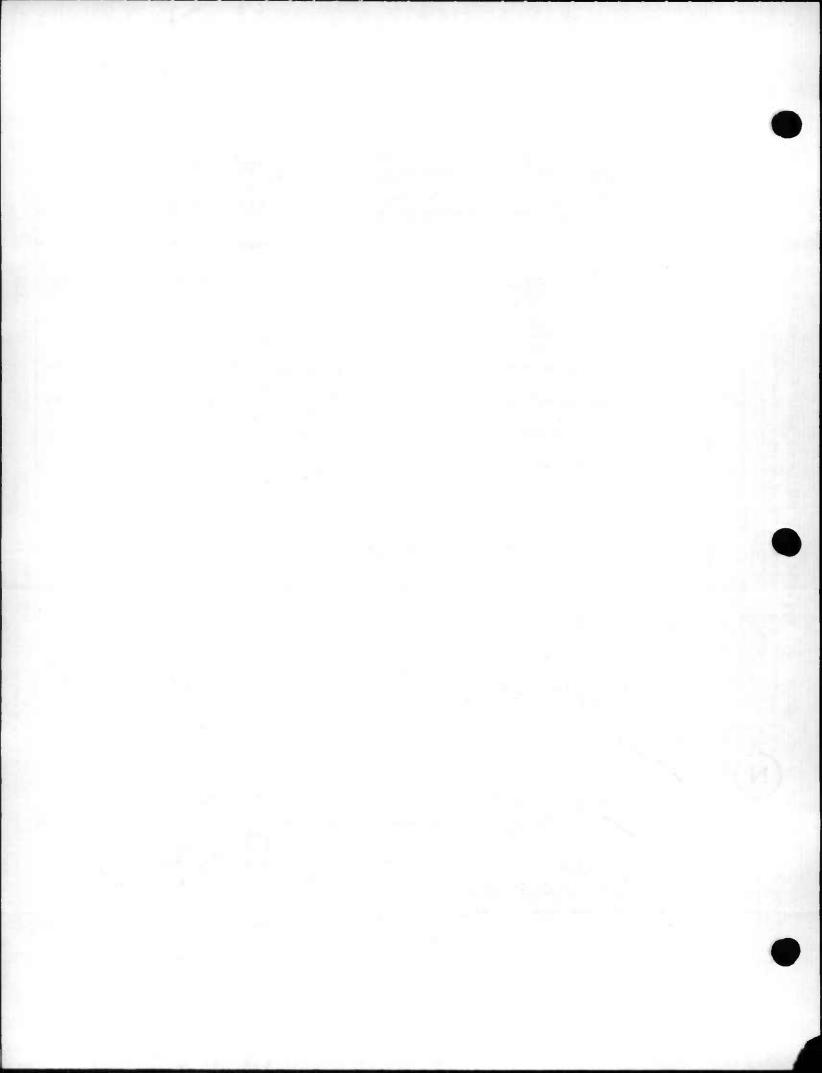
Harford

Rd.,

Jaime Punzalan
31. DATE FRIED (Month, Day, Year)
DEC5 ~ 1990

21214

MD



examiner must be notified at once.	TO BE COMPLETED BY FUNERAL DIRECTOR
vent, the medical	
Injury, or other traumatic er	EDICAL CERTIFICATION
any	DIC

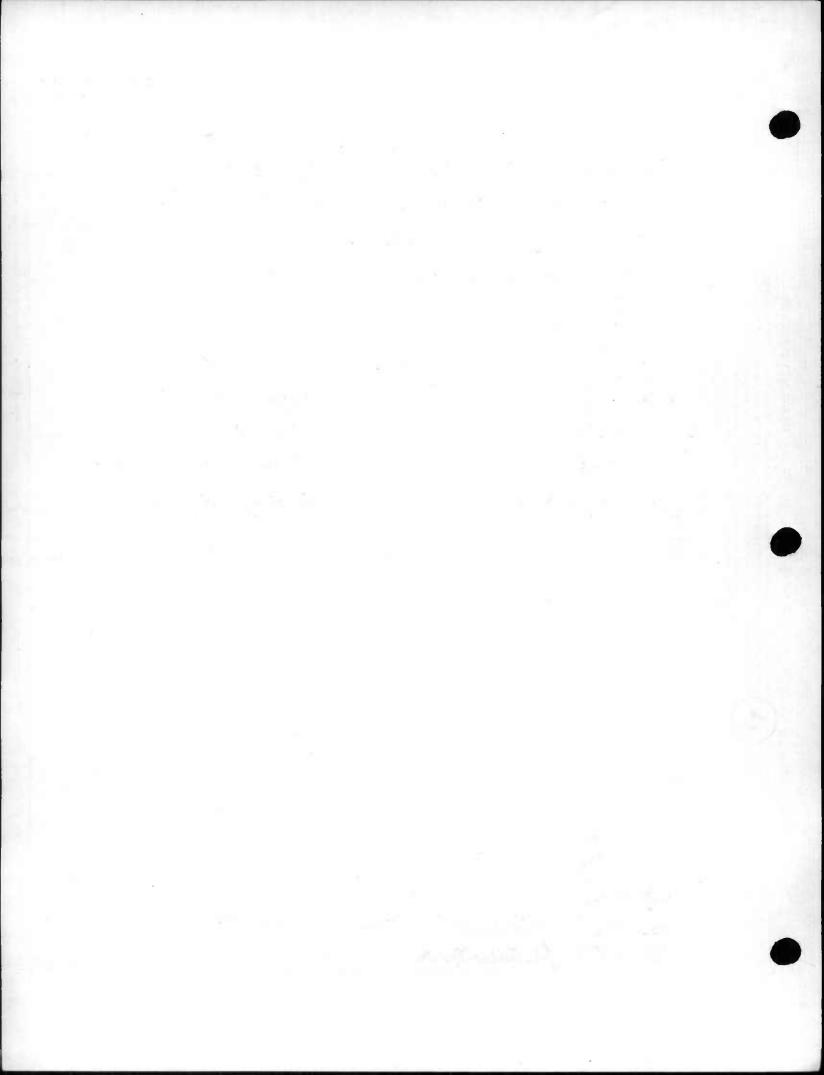
	- SINIE	STATE OF MARYLAND		NT OF HEALTH TE OF DEA			E 9	0 33351
	1. DECEDENT'S NAME (First, Middle, Last)	GABRIEL		IE OF DEA		REG. NO.	199	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 5.	SEX 6. AGE (In yrs. las	7 YRS. MONTE		MIN. (Mo	E OF BIRTH oth. Day, Year)	7.3	BIRTHPLACE (State or Foreign Country)
TOR		40 10		34-TG,	MD.		9c. COUNTY	OF DEATH
DIRECTOR	10a. STATE 10b. COUNTY		0	N OR LOCATION TO, MD,				10d. INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL	100. STREET AND NUMBER 8323 Ben	n Creek DA	Rive	101. ZIP COD	-/222		0.450	OF WHAT COUNTRY?
ВУ		WAS DECEDENT EVER IN U.S. AF FORCES? 1 YES 4 IF YES, GIVE WAR OR DATES	RMED NO	13. WAS DECENDENT (If yes, specify Cubit 1 YES 2. NO	en, Mexican, Puert		or No.— 14.	RACE — American Indian, Black, Whita, etc. Specify: WHITE
COMPLETED	15. DECEDENT'S EQUCATI (Specify only highest grade com Elementary/Secondary (0-12)	pleted) (G	ECEDENT'S USUAL Give kind of work do b. Do NOT use retire	ne during most of worki	ing 1	6b. KINO OF BUI	SINESS/INDUST	_
BE COM	17. FATHER'S NAME (First, Middle, Last) NICAOLAS L	UCIANO	777281	16. MOT	HER'S NAME (Firs			Ti .
10	19a. INFORMANT'S NAME (Type/Print) PHANIES CNKI		8206	ESS (Street and Number	r or Rural Route Nu	. 0	n, State, Zip Co	10) 21222
	20a. METHOD OF DISPOSITION 1 Duriel 2 Cremation 3 Removal 4 Donation 6 Other (Specify)	from State other p	OF DISPOSITION	(Name of cemetery, cred	Pank	20c. LO	CATION - City	4.2
	21. SIGNATURE OF FUNERAL SERVICE LICENS LA LA LA LA LA LA LA LA LA LA LA LA LA L	ellatore		322	R. Hear	y st		1202
	IMMEDIATE CAUSE (Final disease or condition	plications that caused the de only one cause on sach line	eath. Do not er	-0	ring, such a co	0 - 0 1	iratory srrest	, Approximats Interval Between Onset and Death
7	resulting in death) s	OUE TO (OR AS A CONSE	OUENCE OF):	20.	wife	viing		2400
CATIO	Sequentially list conditions, if sny, lasding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	DUI TO (OR AS A CONSE	QUENCE OF):	uma	•			Trans
CERTIFICATION	that initiated events resulting in death) LAST	DUE TO (OR AS A CONSE	OUENCE OF):					
PHYSICIAN: MEDICAL C	PART II. Other significant conditions of	ontributing to death but not	resulting in the	underlying cause	given in Part i.	24a. WAS AN PERFOI 1 YES 2	RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
NAI:	25. WAS CASE REFERRED TO MEDICAL			26. PLACE OF I	DEATH (Check only	one)		
YSIC		OSPITAL: Inpatient 2 ER/Outpatient:		HER: Nursing Home 5 XR	lesidence 6 🗆 O	ther (Specify)		
ВУ РН	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	1 1 163	□ NO	DESCRIBE HOW		
	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY — At his building, etc. (Specify)	ome, farm, atreet,	factory, office		OCATION (Street lity or Town, State)		Rural Route Number,
COMPLETED	(Gridon Grill)	N: To the best of my knowledge, don the basis of examination and/or						ause(a) and manner as stated.
TO BE	29b. SIGNATURE AND TITLE OF CERTIFIER 30. NAME AND ADDRESS OF PERSON WHO C	Holpe	in, N		- 680	9		- 29-1990

30. NAME AND ADDI PRA 3029 GOLP

AOLLA H 31. DATE FILED (Month, Day, Year) _ _

5 1990

Balto



REGISTRAR'S SIGNATURE

REGISTRAR'S

BALTIMORE, MARYLAND 21203-34 irs after death. Page 6 may be retained by the hospital er attention P 2 director, page 5 should n by the funeral d removal. filled in by f 0 completely executed within BOX 13146, burial, and has been signed by the attending physician ar Dept. of Health and Mental Hygiene prior to t requires that the death certificate be P.0. DIVISION OF VITAL RECORDS,

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Item 28

31. DATE FILED (Month, Day, Year)

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HOSPITAL OR ATTENDING PHYSICIAN: The

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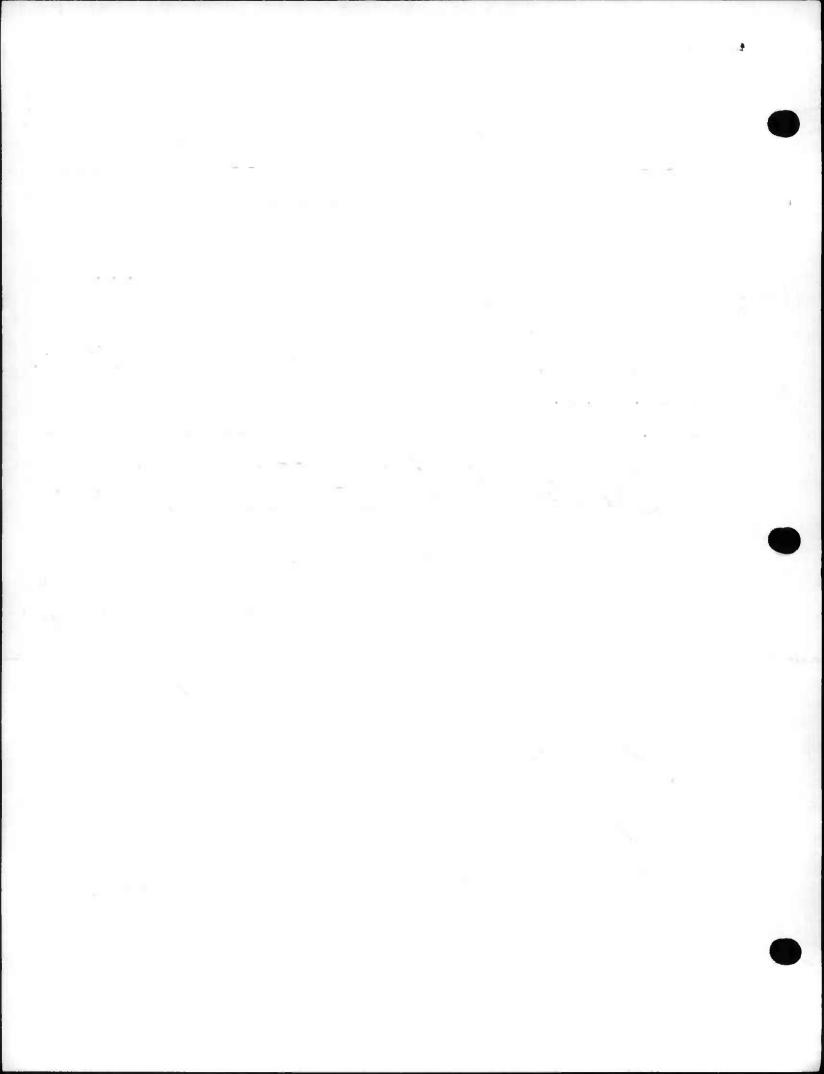
DIRECTOR: After this certificate I hours after death with the State

FUNERAL within 72 h IMPORTANT: If

23

4.

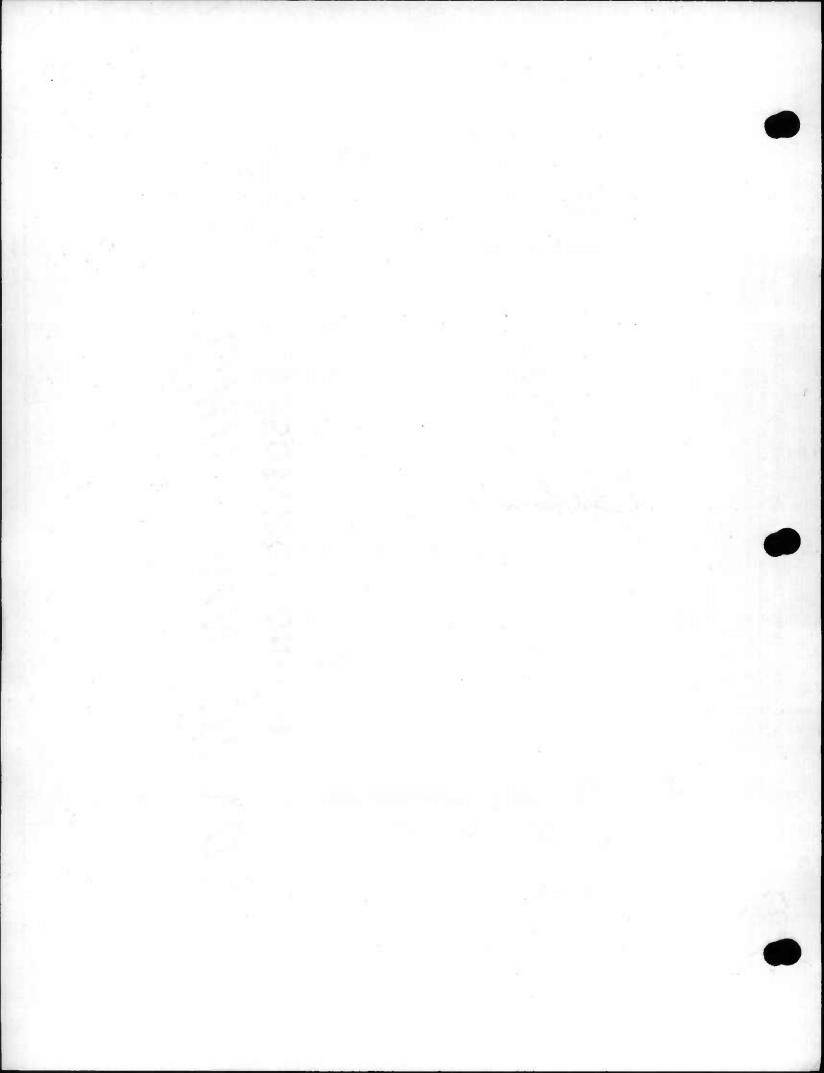
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BALTIMORE, MARYLAND 21203-3146

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THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hosp	THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached and within 72 hours after hearh with the State Dent, of Health and Mental Houlese prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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t. OECEDENT'® NAME (First, Middle, Lest) ESTELLE	TRADER HUDS	ON			2. DATE OF	F DEATH DAY	YE		1530	
4. SOCIAL SECURITY NUMBER 219-07-6879	5. SEX 6. AGE	(In yrs. lest birthday) 94 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF (Month), 1/2	- (0. BH		Md .	n
99. FACILITY NAME (# not institution, give stre PENINSULA GENERAL				BURY, M	EATH	9c.	COUNTY O		Н	
RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY		10c, CITY	, TOWN OR LOCAT	TION				100	d. INSIDE CITY	
10e. STREET AND NUMBER	ester		Newark	. ZIP CODE		109	g. CITIZEN O	OF WHAT	YES 2 NO	
8305 Newark Rd	12. WAS DECEDENT EVER		13. WAS DEC	21841 ENOENT OF HISPAI	NIC ORIGIN?	(Specify Yea or N	lo— 14. R	US	American Indian.	_
1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 YES		If yes, spe	2 NO Specif	nn, Puerto Ric fy:	can, etc.)	В	linck, Wi	White	
15. DECEDENT'S EDUCA (Specify only highest grade of Elementary/Secondary (0-12)	ATION completed) College (1-4 or 5+)		rork done during mo e retired.)	ON at of working	16b. K	CIND OF BUSINES		ſΥ		
11 yrs.		Hous	ewife			Homema				
17. FATHER'S NAME (First, Middle, Lest) Thomas Edward T:	rader			18. MOTHER'S NA Hono	AME (First, Mic lulu I		ame)			
19a. INFORMANT'S NAME (Type/Print) Thomas Trader Huds	son			nd Number or Flurel Rd. Laf					444	
20s. METHOD OF DISPOSITION 1 X Buriel 2 Cremetion 3 Remote 4 Donation 5 Other (Specify)	val from State	b. PLACE OF DISPOS other place) B	owen Cer			20c. LOCATIO	on - chy o wark,			
21. SIGNATURE OF FUNERAL PERVICE LICE	Butage	of the death. Do n		ND ADDRESS OF FA	j	Burbage 108 Wil: Berlin,	liams Md.	St	811	
23. PART I. Enter the disease, or contained the contained	mplications that cause on a	nuch line.	of enter the mo	de of dying, euc	ch se cardia	108 Wil. Berlin,	liams Md.	St		100
23. PART I. Enter the disease, or construction of the property	OUE TO (OR AS	each line.	of enter the mo	de of dying, euc	ch se cardia	108 Wil. Berlin,	liams Md.	St	811 Approximate	100
21. SIGNATURE OF FUNERAL TERVICE LICE 23. PART I. Enter the diseases, or conshock, or heart failure. L. IMMEDIATE CAUSE (Finel disease or condition resulting in deeth) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificant conditions	OUE TO (OR AS DUE TO (OR AS	A CONSEQUENCE OF A CONSEQUENCE OF Dut not resulting is	or enter the mo	ode of dying, out	ch ae cardie	108 WII: Berlin, ac or reapirato	liams Md. ry arrest,	St 213	811 Approximate Interval Betwoen and D	ree
21. SIGNATURE OF FUNERAL TERVICE LICE 23. PART I. Enter the diseases, or conshock, or heart failure. L. IMMEDIATE CAUSE (Finel disease or condition resulting in deeth) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificant conditions	OUE TO (OR AS	A CONSEQUENCE OF A CONSEQUENCE OF Dut not resulting is	or enter the mo	ode of dying, out	Part I.	108 WII: Berlin, ac or reapirato	liams Md. Md. In arrest,	24b. WE AM COOF	811 Approximate Interval Bette Onset and D	ree eat
23. PART I. Enter the diseases, or conshock, or heart failure. L. IMMEDIATE CAUSE (Finel disease or condition resulting in deeth) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events reaulting in death) LAST PART II. Other algnificant conditions.	OUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS)	A CONSEQUENCE OF A CONSEQUENCE OF Dut not resulting is	or enter the mo	ode of dying, out	Part I.	108 WII. Berlin, ac or respirato	liams Md. Md. In arrest,	24b. WE AM COOF	Approximate interval Betwoen and Conset and	ree eat
23. PART I. Enter the diseased, or conshock, or heart failure. L. IMMEDIATE CAUSE (Finel disease or condition resulting in deeth) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events reaulting in death) LAST PART II. Other algnificant conditions E	OUE TO (OR AS DUE TO (OR AS	A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF but not resulting is	in the underlying	g cause given in	Part I.	108 WII. Berlin, ac or reapirato	liams Md. Md. In arrest,	24b. WE AM COOF	Approximate interval Betwoen and Conset and	ree!
23. PART I. Enter the diseased, or conshock, or heart failure. L. IMMEDIATE CAUSE (Finel disease or condition and in the cause or condition and in the cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other aignificant conditions. 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNEP OF OEATH 1 Netural 5 Pending	OUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS) HOSPITAL:	A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF but not resulting is typetient 3 □ DOA □	28. PL OTHER: 4 Nursing Hom E OF 28c. INJ. WO	g cause given in	Part I.	108 WII. Berlin, ac or reapirato	liams Md. Md. ry arrest,	24b. WE 216	Approximate interval Betwoen and Conset and	ree eat
23. PART I. Enter the diseases, or conshock, or heart failure. L. IMMEDIATE CAUSE (Finel disease or condition resulting in deeth) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events reaulting in death) LAST PART II. Other aignificant conditions EXAMINER? 1 YES 2 NO 27. MANNED OF OEATH	OUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS	A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF but not resulting is Experient 3 DOA 28b. TIMI INJ	28. PI OTHER: 4 \(\text{Nursing Horn} \) UNY \(\text{NURY} \) M \(1 \)	g cause given in	Part I.	108 WII. Berlin, ac or reapirato PERFORMED 1 VES 2	liams Md. Md. ry arrest,	24b. WE 216	811 Approximate interval Betwoen and Comment and Comm	ree eat
23. PART I. Enter the diseases, or conshock, or heart failure. L. IMMEDIATE CAUSE (Finel disease or condition resulting in deeth) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events reaulting in death) LAST PART II. Other aignificant conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS) A CONTributing to death DUE TO (OR AS) DUE TO (OR AS) DUE TO (OR AS) DUE TO (OR AS) DUE TO (OR AS)	A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF Dut not resulting is Expetient 3 DOA 28b. TIMI INJ Y — At home, farm, s wriedge, death occurre	28. PL OTHER: 4 University M URY M university fectory, office and at the time, data	g cause given in	Part I. 2 Description one and the control of the c	24a. WAS AN AUTT PERFORMED 1 YES (Specify) RIBE HOW INJUST FROM (Street and In Town, State)	liams Md. ry arrest, OPSY NO RY OCCURE Aumber or Ru as stated.	St 216	811 Approximate interval Betwoen and Conset	NGS SE
23. PART I. Enter the diseases, or conshock, or heart failure. L. IMMEDIATE CAUSE (Finel disease or condition resulting in deeth) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events reaulting in death) LAST PART II. Other aignificant conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS A contributing to death DUE TO (OR AS	A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF Dut not resulting is Expetient 3 DOA 28b. TIMI INJ Y — At home, farm, s wriedge, death occurre	28. PL OTHER: 4 University M URY M university fectory, office and at the time, data	g cause given in LACE OF DEATH (CI TO BE 5 Residence SURY AT SPK7 YES 2 NO TO BE TO AND AND AND AND AND AND AND AND AND AND	Part I. 1 heck only one a Other 286. LOCAL City or to the cause time, data a	24a. WAS AN AUTT PERFORMED 1 YES 2 1 (Specify) FION (Street and N. Town, State) e(e) and manner and du 24a. WAS AN AUTT PERFORMED 1 24b. WAS AN AUTT PERFORMED 1 25b. WAS AN AUTT P	DOPSY OPSY ONO Number or Ru as stated.	St 216 24b. WE ANNO OF 1 [811 Approximate interval Betwoen and Conset	e at



FOR STATE REGISTRAR

Charles

1. DECEDENT'S NAME (First, Middle, Last)

4. SOCIAL SECURITY NUMBER

216-28-7727

Sa. FACILITY NAME (If not institution, give etreet and number)

Delbert

5. SEX

1 M 2 D F

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	None
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THE C	requires
AL	The law
2	PHYSICIAN:
DIVISION OF VITAL MECCHES, P.O. BOA 13146,	SPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-mouns
5	SPITAL DR

DIRECTOR	6607 WO		kway Ap	t. 1 A		Dunda	lk			Balt	imore
REC	10a. STATE	10b. COUNT	Y		10c. CITY, TO	WN OR LOCA	TION	-			10d. INSIDE
	Md.	Bal	timore			Dunda	lk, Md.				1 TES
	6607 Wo		kwav			10	21222			10g. CITIZEN OF WHAT COUN	
BY FUNERAL	11. MARITAL STATUS 1 Never Married 3 Widowed 4	XIX Married	12. WAS DECEDENT E FORCES? 1\2 IF YES, GIVE WAR		ED)	If yes, s	CENDENT OF HISPAN pecify Cuban, Mexicar S 200 Specify:	, Puerto R		r No— 14.	RACE — America Black, White, etc. Specify: White
		s. DECEDENT'S EDU city only highest grad dary (0-12) unkn	College (1-4 or 5+)	(Give	e kind of work Do NOT use re	done during mired.) erate	ost of working		KIND OF BUSIN	IESS/INDUS	
	Charles	First, Middle, Lest)					18 MOTHER'S NAI	Un	Viddle, Melden Su KNOWN	rname)	
	Ronald		, Sr.				and Number or Rural R				
	20s. METHOD OF DIS X X Buriel 2 Cn 4 Donation 5	emation 3 🗆 Ren	noval from State				st Vets			timor — chy	or Town, State
	21. SIGNATURE OF FL	INERAL SERVICE	CENSEE Labe	la			rey Asht Willow				
CENTICATION	IMMEDIATE CAUS disease or conditive resulting in death Sequentially list of if any, leading to cause. Enter UND CAUSE (Disease of that initiated even resulting in death	conditions, immediate ERLYING or injury	b	R AS A CONSECU R AS A CONSECU R AS A CONSECU	UENCE OF):	ial	monch	on			Onse
	PART II. Other sig	nificant conditio	ns contributing to de	eath but not re	sulting in t	he undertyl	ng cause given in	Part I.	24e. WAS AN AN PERFORM	ED?	24b. WERE AUTO AMAILABLE COMPLETIC OF DEATH? 1 YES
PHYSICIAN	25. WAS CASE REFERENCE CAMINER?		HOSPITAL:	FVOutpetient 3 (THER:	PLACE OF DEATH (Chi				I
- 1	27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY AT WORK? Matural 5 Pending 28d. DESCRIBE HOW INJURY OCCURE WORK?						RED				
	2 Accident 3 Suicide 4 Homicide	6 Could not be determined	28e. PLACE OF building, et	INJURY — At hon c. (Specify)	ne, farm, stree	et, factory, off	ice		ATION (Street and or Town, State)	d Number or	Rural Route Numbe
COMPLET	29a. CERTIFIER (Check only one) 2		SICIAN: To the best of m								ause(e) and mann
BE C	296. SIGNATURE AND	TITLE OF CERTIFIC	Derevan	-0. 1			29c, LICENSE NUN	IBER		29d. DATE 3	IGNED (Month, Day

Haught, Sr.

58

6. AGE (In yrs. lest birthday)

YRS.

90 33354 3. TIME OF DEATH VEAR 0340 90 8. BIRTHPLACE (State or Foreign West Virginia 9c. COUNTY OF DEATH Baltimore 10d. INSIDE CITY 1 🗌 YES 2 💢 NO 10g. CITIZEN OF WHAT COUNTRY? USA 14. RACE — American Indian, Black, White, etc. White INESS/INDUSTRY

REG. NO.

4

2. DATE OF DEATH MONTH 12-

7. DATE OF BIRTH (Month, Day, Year) 2/28/32

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

IF UNDER 1 YEAR | IF UNDER 24 HRS.

9b. CITY, TOWN DR LOCATION OF DEATH

DAYS

al Home, Inc. d/Balto. MD 21221

> Interval Between Onset and Death

24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE

1 YES 2 NO

ome 6 Residence	6 ☐ Other (Specify)
NJURY AT WORK?	28d. DESCRIBE HOW INJURY OCCURED

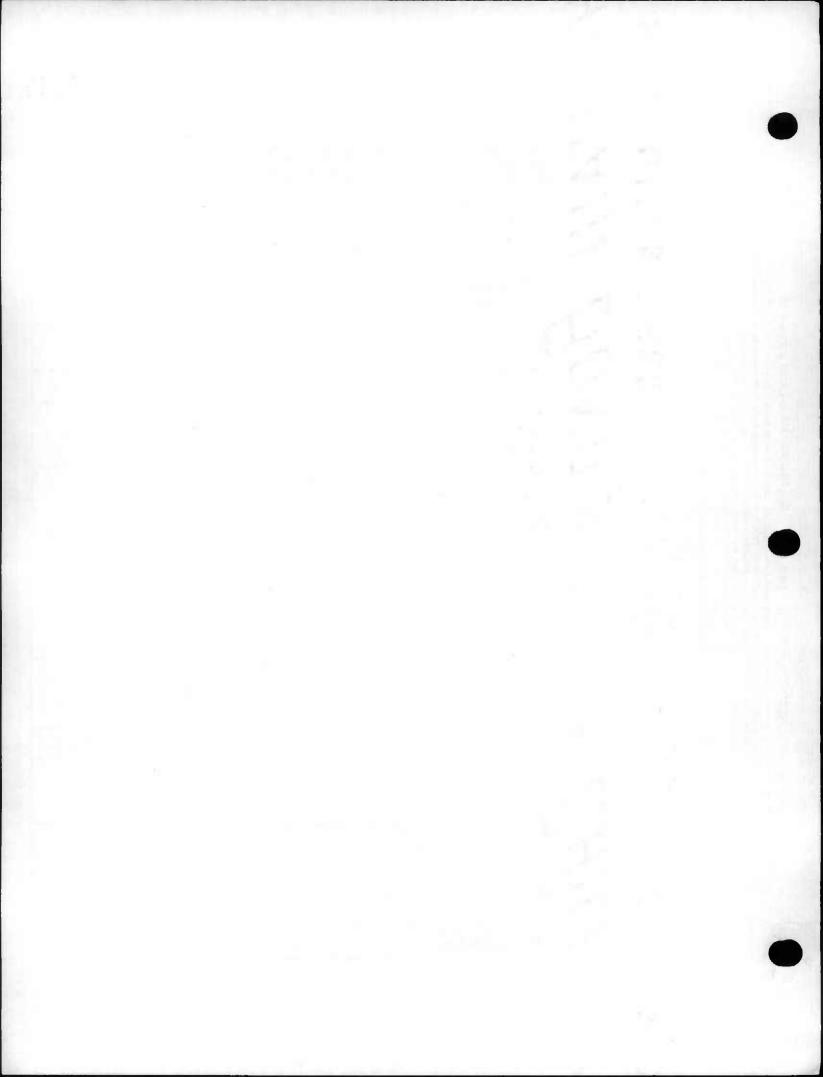
d due to the cause(e) and menner as stated. 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year)

207632 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

HEGISTRAP'S SIGNATURE

2

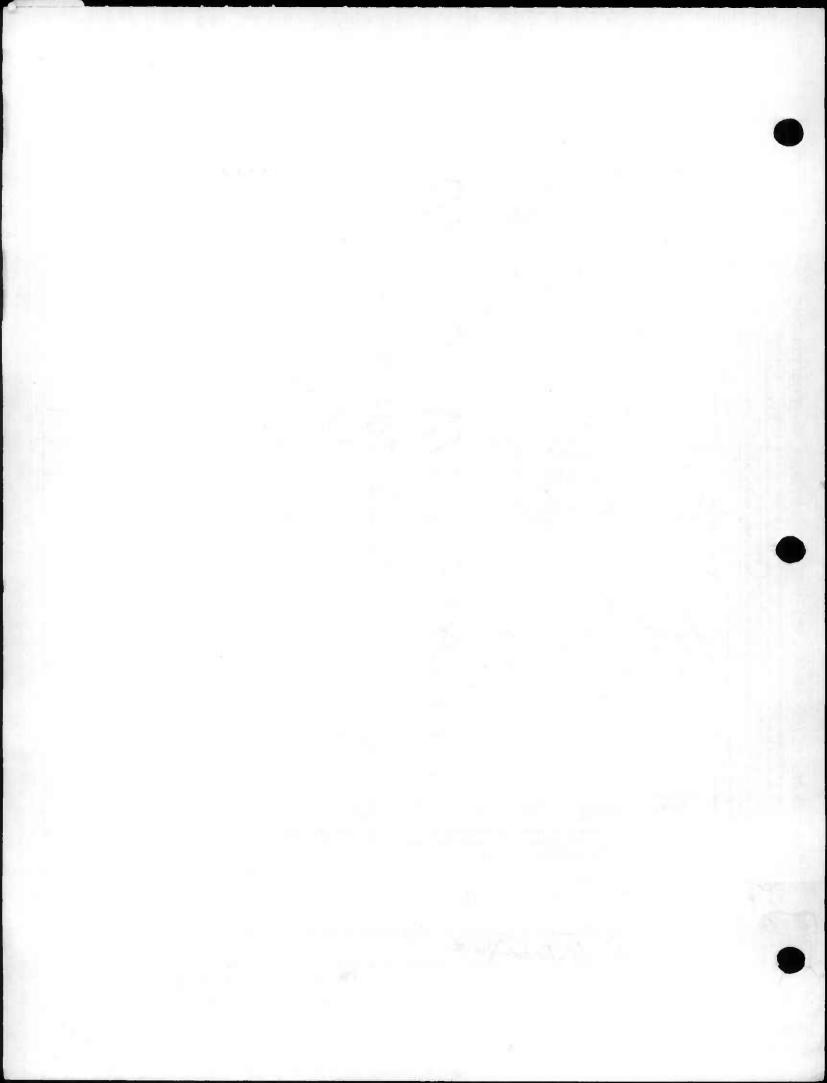




BALTIMORE, MARYLAND	TO THE HOSPITAL, OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within	TO THE FUNERAL, DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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DIVISION OF VITAL RECORDS, P.O. BOX 13146,	he li	base De	2 E
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	2	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	E

	1 - STATE OF MA		TMENT OF HEALTH		ITAL HYGIENE REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last) ROSA HOlland				DATE OF DEATH		3. TIME OF DEATH	
	4. SOCIAL SECURITY NUMBER 5. SEX 217 24 2513 9e. FACILITY NAME (if not institution, give street end number)	AGE (In yrs. last birthday) 63 YRS.	IF UNDER 1 YEAR IF UNDER MONTHS DAYS HOURS 9b. CITY, TOWN OR LOCATION	MIN. (DATE OF BIRTH Month, Day, Year) 0/27/27	Co	RTHPLACE (State or Foreign unitry) N.C.	
NO B	Francis Scott Key		Balto.			9c. COUNTY O	F DEATH	
DIRECTOR	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY MC .		y, TOWN OR LOCATION Saltimore				10d. INSIDE CITY LIMITS?	
JAK I	10e. STREET AND NUMBER		101. ZIP CODE		I		1 🔀 YES 2 🗌 NO	
FUNERAL	1430 Presstman St. 11. MARITAL STATUS 12. WAS DECEDENT E	VER IN U.S. ARMED	212	F HISPANIC OF	RIGIN? (Specify Yea	or No.— 14. R	S.A.	
B√	1 Never Married 2 Married FORCES? 1 IF YES, GIVE WAR		If yes, specify Cuber 1 TYES NO	specify:	erto Rican, etc.)	S	pecity: Lack	
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+)	(Give kind of a	USUAL OCCUPATION work done during most of worlding ne retired.) 1SEWITE	9	16b. KIND OF BUSH	NESS/INDUSTR	Y	
BE CON	17. FATHER'S NAME (First, Middle, Last) Dave Frank				First, Middle, Melden S WI			
10	190. INFORMANT'S NAME (Type/Print) Ms. Rosetta Holland		ADDRESS (Street and Number) 8 Frederic		Number, City or Town, e. Balto	State, Zip Code	1.21223	
	20e METHOD OF DISPOSITION 1 Disposition Memoral from State Donation S Disposition Other (Specify)	206. PLACE OF DISPOS other place) Cedar	Hill	etory or		alto.		
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	Ton)	James A,	Mort	ton & So		Md. 21217	
	23 FART I. Enter the disease, or complications that coshock, or heart fellure. List only one cause IMMEDIATE CAUSE (Final disease or condition resulting in death) DUE TO (OF	On each line.	brilation	ng, euch aa	cardiec or respire	ntory arrest,	Approximate Interval Between Onset and Death	
CERTIFICATION	ff any, leading to immediate couse. Enter UNDERLYING CAUSE (Disease or injury that initiated events.	AS A CONSEQUENCE OF	F):				14 hours 14 hours 2 years	
	PART II. Other significant conditions contributing to de	eth but not resulting	in the underlying cause g	iven in Part	i. 24a. WAS AN A PERFORM		24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO	
PHYSICIAN: MEDICAL	Hypertension				1 🗆 YES 2 {	NO NO	OF DEATH? 1 YES 2 NO	
SICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO HOSPITAL: 1 Input on 2 Element 3 Element	R/Outpatient 3 DOA	26. PLACE OF DE					
BY PHYS	27. MANNER OF DEATH 1 Netural 5 Pending (Month, Dey. 2 Accident Investigation	JURY 28b. TIM	4 Nursing Home 5 Rec E OF 28c. INJURY AT WORK? M 1 YES 2	28d	Other (Specify)	JURY OCCURE		
		NJURY — At home, farm, ((Specify)	street, factory, office	281.	LOCATION (Street en City or Town, State)	od Number or Ru	rel Route Number,	
COMPLETED	29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the basis of my one)						se(a) and manner se stated.	
TO BE	206. SIGNATURE AND TITLE OF CERTIFIER Click C. Hely Physician 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE	Wha S.	Sa MD D4	OZ84		29d. DATE SIG	NED (Month, Day, Year)	
	Eliot C. Heher Depart	ment of Mc	diciry . John.	s Hopk	cius Hos	pital.	Baltimore, MI	
	DFC 5 1990 guka burdan-1	andelle					DMM.10 Rev 1/00	

DHMH-18 Rev 1/89



BALTIMORE, MARYLAND 21203-3146

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

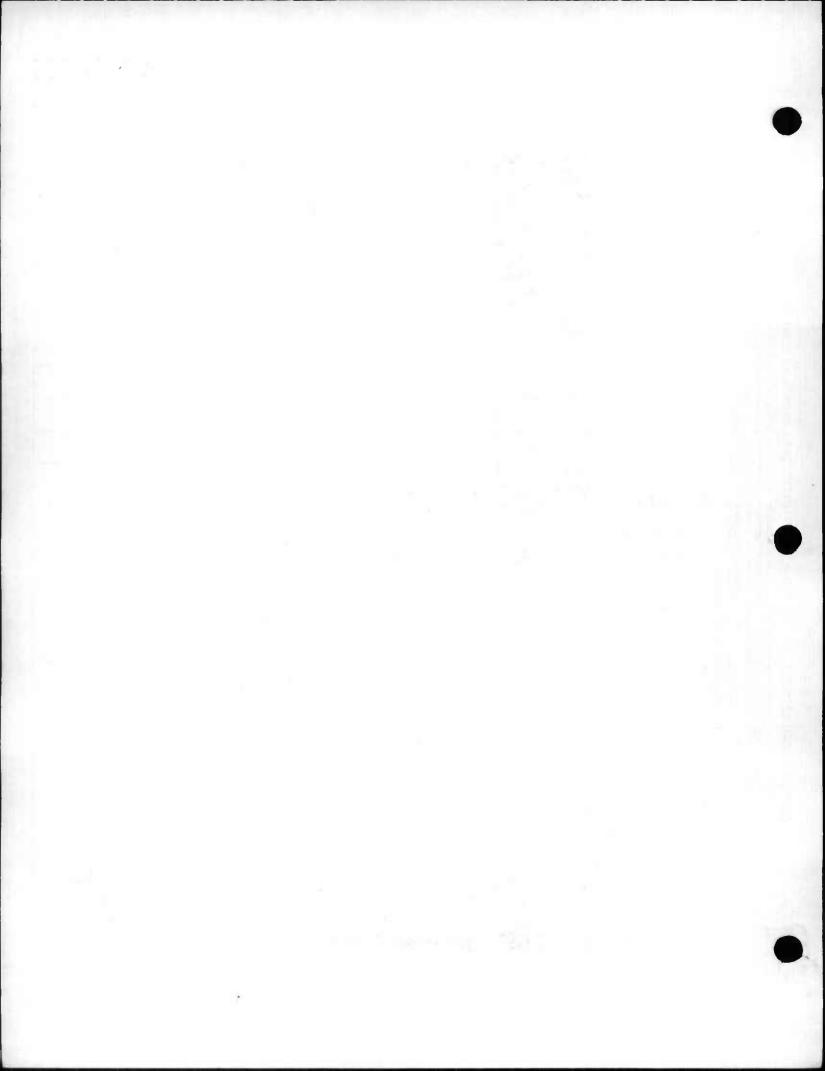
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunlat-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. or Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

	1. OECEOENT'S NAME (First, Middle, Last) 2. DATE OF OEATH MONTH DAY YEAR 3. TIME OF OEATH								
	Mary Ann, Harper	MONTH DAY 90 2 78 M							
		AGE (In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. OATE OF BIRTH	E OF BIRTH 8/18/20 8. BIRTHPLACE (State or Foreign country)			
	220-W-1275 10 M2 BF	Q YRS.	MONTHS DAYS	HOURS MIN.	8 18 89	_	MD		
	9a. FACILITY NAME (If not institution, give street and number)		9b. CITY, TOWN	OR LOCATION OF D	EATN	9c. COUNTY	OF OEATH		
5	siner Hoombal		Ba	it		Ba	UT.		
5	RESIDENCE OF DECEDENT								
DIMECTOR	10a. STATE 10b. COUNTY	10c. CITY	, TOWN OR LOCA	TION			10d. INSIDE CITY LIMITS?		
	IVID DUCT		alt.			1 TYES 2 T			
FUNEHAL	10e. STREET AND NUMBER	Airo	10	r. ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?		
	2100 NA MONTH	1110		4-10X14	9	1			
2	11. MARITAL STATUS 1 Never Married 2 Married 12. WAS DECEDENT EV FORCES? 1 1	YES 2 NO	If yes, s	pecify Cuban, Maxico	NIC ORIGIN? (Specify Yea in, Puerto Ricen, atc.)	or No.— 14.	RACE — American Indian, Black, White, etc.		
2	3 Widowed 4 Divorced IF YES, GIVE WAR C	OR DATES	1 TYES	S 2 1 NO Specif	y:		Specify: Black		
	15. DECEDENT'S EDUCATION	16e. DECEDENT'S			16b. KIND OF BUS	SINESS/INDUST			
COMPLEIED	(Specify only highest grade completed) Elementary/Secondary (0-12) Coffege (1-4 or 5 +)	(Give kind of v	vork done during m e retired.)	ost of working		(*)			
립		Hospi	tal wo	rker					
5	17. FATHER'S NAME (First, Middle, Last)				ME (First, Middle, Malden				
BE C	Spencer Crowder			Josep	hine Ower	าร			
2	19a, INFORMANT'S NAME (Type/Print)				Route Number, City or Town				
۲	Irene Masten	9010	Samos	et RD.,	Balto.,	MD.	21133		
	20a. METHOD OF DISPOSITION 1/ Burlel 2 Cremation 3 Removal from State	20b. PLACE OF DISPOS	SITION (Name of co	metery, cremetory or	20c. LO		or Town, State		
	4 Donation 6 Other (Specify)	Mt	/	n Cemet			re, MD		
	21. SIGNATURE OF FUNERAL SETVICE LICENSEE		22. NAME A	NO ADDRESS OF FA	Brown Jr	РΛ			
	* ("however b. X	zuen	191	3 W. Ba	ltimore :	St.,	Balto., MD.		
	23. PART I. Enter the diseases, or complications that ca	used the deeth. Do r							
	ahock, or heert fellure. List only one cause of IMMEDIATE CAUSE (Final	on each line.					Interval Between Onset and Death		
	I IMMEDIATE CAUSE ITIIISI								
	disease or condition	100 0	mut	1 mia			Ollock and Death		
	disease or condition a. Celizo	AS A CONSEQUENCE OF	myt	nnig			Silver with Death		
2	disease or condition a. Celizo	AS A CONSEQUENCE OF	myt	nmig					
NOL	disease or condition a. CUZ out to (or Sequentially list conditions,	2	al	nmig			Cinat site peaking		
CATION	disease or condition resulting in death) a. CLIZATION DUE TO (OR OUE TO (OR	Palmor	al	nmig	ipnell				
IFICATION	disease or condition resulting in death) a. CULC or conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	Palmor	inl Slee	nnig	ipnen				
ERTIFICATION	disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	PULMUY AS A CONSEQUENCE OF	inl Slee	nmig	pren				
_	disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	AS A CONSEQUENCE OF	ni stee	p o	IP NOW	AUTOPSY	24b. WERE AUTOPSY FINDINGS		
CAL CERTIFICATION	disease or condition resulting in death) a. CULC or conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	AS A CONSEQUENCE OF	ni stee	p o	PERFOR	RMED?	24b. WERE AUTOPSY FINDINGS AMULABLE PRIOR TO		
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OMPLETED BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST DART II. Other significent conditions contributing to death of the cause of the cau	AS A CONSEQUENCE OF AS A C	P): In the underlyis 26. f OTHER: 4 Nursing No IE OF 28c. IN JURY M 1 street, factory, offi	PLACE OF DEATH COME 6 PROJECT NO.	PERFORM 1 YES 2 heck only one) 6 Other (Specify) 26d. DESCRIBE NOW 1 28f. LOCATION (Street City or Town, State) a to the cause(a) and mage time, data and place, as	NJURY OCCUR and Number or	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1 - STATE REGISTRAR		CERTIF	ICATE OF	DEATH	REG.	NO.			
1. OECEDENT'S NAME (First, Middle, Last) Conrad			Hawk		2. DATE OF DEATH MONTH 11-26	DAY	YEAR	3. TIME OF DEATH 6:4	
4. SOCIAL SECURITY NUMBER 293-24-8194	1 💢 M 2 🗆 F	AGE (In yrs. last birthday) VRS.	IF UNDER 1 YEAR MONTHS DAYS	#F UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year 2 - 10 - 2	7)	O. BIRTH		
90. FACILITY NAME (If not institution, give s Church Home Hosp				on Location of Di Baltimore	АТН	9c. COUN	TY OF D	EATH	
RESIDENCE OF DECEDENT 100. STATE 10b. COUNT 1ARYLAND	Y		Y, TOWN OR LOCA	_			10d. INSIDE CITY LIMITS?		
10a. STREET AND NUMBER	TDEET.	101.2	10	101. ZIP COOE			1X YES 2 109. CITIZEN OF WHAT COUNTR		
119 S. WOLFE S 11. MARNTAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	VER IN U.S. ARMED YES 2 NO OR DATES	2 NO If yes, specify Cuben, Mexican, Puerto Ricar				Specify Yee or No. 14. BACE — American in			
15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+)		16a. DECEDENT'S (Give kind of y	18a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of workin life. Do NOT use retired.)		16b. KIND OF BUSINESS/INOU			- 1 -	
17. FATHER'S NAME (First, Middle, Last)		SELF		16. MOTHER'S NA	ME (First, Middle, Me				
CONRAD F. HAW	K			ANNA	110	ILES			
190. INFORMANT'S NAME (Type/Print) UR. MICHAEL HAW	K				Route Number, City or T . D7			21229	
20e. METHOD OF DISPOSITION 1		206. PLACE OF DISPOS other place) GREENMO	SITION (Name of co	METERY		LTO.		wn, State	
21. SINATURE OF FUNERAL SERVICE LI	CENSER	0.	KACZ	OROWSKI	FUNERA STREET	L HOM	E	D. 21224	
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):									
PART II. Other aignificant condition	d	ath but not resulting	in the underlyi	ng cause given in		S AN AUTOPSY	246	WERE AUTOPSY FINDIN	
				1XXVE	s 2 no l Only		AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?		
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 \(\)\text{Ye} \text{ER/Outpetient } \(\)									
27. MANNER OF DEATH 1. Natural 5 Pending 2 Accident Investigation	28a. DATE OF IN. (Month, Day,	IE OF 28c. IP	JURY AT ORK? YES 2 NO	28d. DESCRIBE HOW INJURY OCCUREO					
3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF IN building, etc.	street, factory, off	t, factory, office 28t. LOCATION (Street end Number or Rural Route Number, City or Town, State)						
cool only	ICIAN: To the best of my							e) end manner ee stated	
2006 TO GRAPTURE AND DIPLOT CONTINUE	It in		29c. LICENSE NUMBER OCME 29d. DATE SIGNEO (Month, Dey, Year) 11-27-90				(Month, Day, Year)		
FRANK PERETTI,MI	O COMPLETEO CAUSE (of death (ITEM 27) (Type 111	Print) Penn S	treet,Ba	ltimore,M	iD 2120	1		
DEC 5 1990 4	32. REGISTRAN'S	SIGNATURE							



DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 25 nours after death. Page 6 may be retained by the hospital or attending physician.

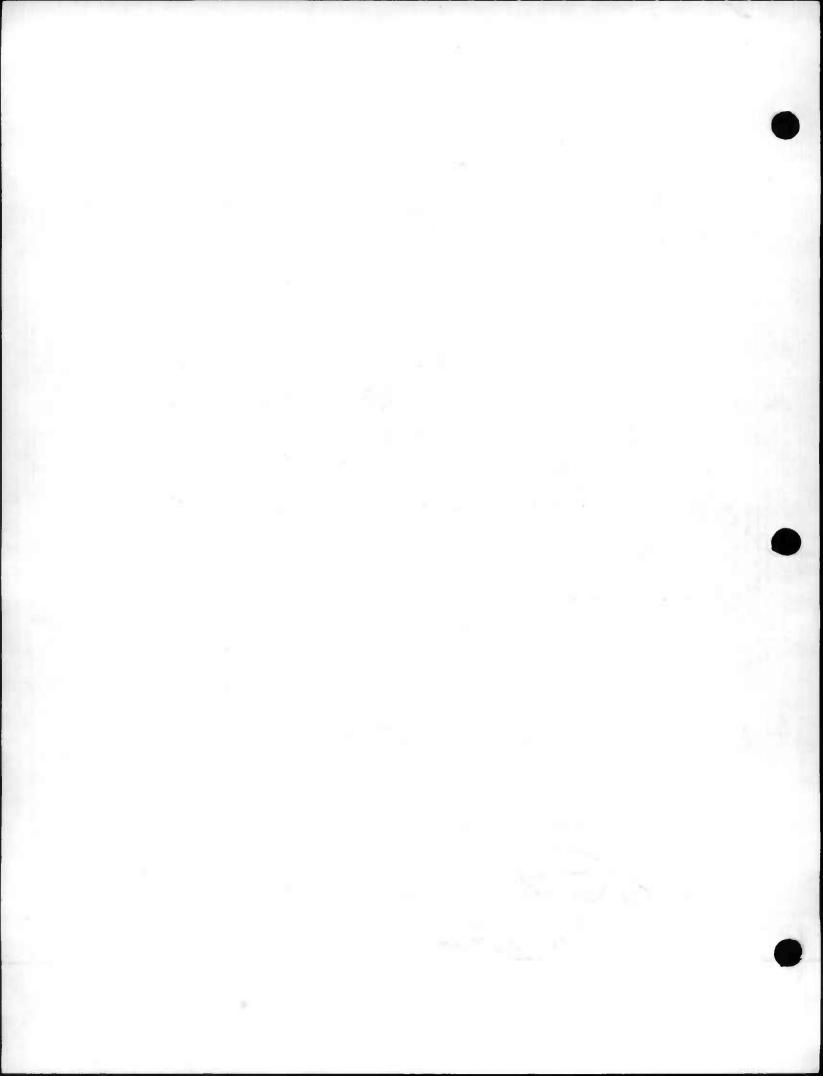
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

BALTIMORE, MARYLAND 21203-3146

OHMH-16 Rev 1/89

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	1. DECEDENT'S NAME (First, Middle DITH 4. SOCIAL SECURITY NUMBER	JE	MKIN	& AGE (In yrs.	lead blot de a	F UNDER 1 YEA	R IF UNDER 24 HRS.	100	DAY C	YEAR 3. T	8 P
	230-14-5	716	□ M 2 X F	70	YRS.	ONTHS DAY	8 HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	111	8. BIRTHPLAC Country)	VIRG
OR	90. FACILITY NAME (If not institution SINAI HOSPI	TAL	t and number)		9		TIMORE	DEATH	9c. COUN	TY OF DEATH	
DIRECTOR	PRESIDENCE OF DECEDENT 100. STATE 10b. COUNTY MARYLAND					TOWN OR LOCATION				10d. INSIDE CITY LIMITS? 1 X YES 2 NO	
FUNERAL	100. STREET AND NUMBER 3622 HAYWARD AVENUE									U.S. OF A.	
BY FUN	11. MARITAL STATUS 1 Never Merried 2 Merr 3 Widowed 4 Divorced	ARMED NO	II yes,	MS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No — yes, specify Cuben, Mexican, Puerto Rican, atc.) 14. RACI Blaci			Black, Whi Specify:	mericen indien, ite, etc.			
LETED	15. DECEDEN (Specify only high Elementary/Secondary (0-12)	(Specify only highest grade completed) (GSecondary (0-12) College (1-4 or 5+)				ork done during most of working a retired.)			D OF BUSINESS/INDUSTRY		
COMPL	N/A 17. FATHER'S NAME (First, Middle, FRANCE SPE				DOMEST	IC WO	16. MOTHER'S N		PRIVATE FAMILY MME (First, Middle, Melden Surneme)		
TO BE	199. INFORMANT'S NAME (Type/P MRS. QUEEN WO	Print)						I Routs Number, City or 1	fown, State, Zip		21215
	20e. METHOD OF DISPOSITION 147 Burlel 2 Cremation 3 4 Donetion 5 Other (Special Section 2) 21. SIGNATURE OF FUNERAL SEC	ecify)		Offier	Diaca)		MORIAL PA	12/6/90 20c. RK GLI			. A.A.
	1 Lewi	ا د	1 Le	wyn	n	LEWIS		FACILITY IN FUNERAL GHTS AVE.		21215 MORE, M	-6393
	23. PART I. Enter the disease ahock, or heart IMMEDIATE CAUSE (Final disease or condition resulting in death)	ises, or contract failure. Lie	nplications that at only one course	SON ESCH I	SEOUENCE OF):	LEWIS 4517 t enter the	S T. GWYN PARK HEI mode of dying, su	IN FUNERAL GHTS AVE.	BALTI	MORE , M	APPTOXIMATE Interval Betwoonset and Da
RTIFICATION	ahock, or heart IMMEDIATE CAUSE (Final disease or condition	ises, or contraliture. Lis	nplications that it only one course to only one course to only one course to on	SE ON ESCH II	SEOUENCE OF):	LEWIS 4517 t enter the	S T. GWYN PARK HEI mode of dying, su	IN FUNERAL GHTS AVE. ICH 38 CARDIAC DY POTTER OPATHY ARY VA	BALTI	MORE, M	-6393 ARYLAND Approximate Interval Between Onset and Da
MED	ahock, or heart IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditiona if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated svents	ases, or contractions. List	DUE TO	SON AS A CONTROL OF AS A CONTROL OF AS A CONTROL OF AS A CONTROL OF AS A CONTROL OF AS A CONTROL OF AS A CONTROL OF AS A CONTROL OF AS A CONTROL OF AS A CONTROL OF AS A CONTROL OF AS A CONTROL OF AS A CONTROL OF AS A CONT	SEQUENCE OF):	LEWIS 4517 t enter the	ST. GWYN PARK HEI mode of dying, su NOMYC	IN FUNERAL GHTS AVE. ICH 88 CARDIAC DY TO PATHY DISE IN PART 1. 248. WAS PERF	BALTI	MORE, M. Deat, 24b. WER ANA ACOM OF I	-6393 ARYLAND Approximate Interval Betwee Onset and Da
MEDICAL	ahock, or heart IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions if sny, lesding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated svents resulting in death) LAST	Bees, or control failure. Lie	DUE TO	GOR AS A CONSTRUCTION OF A CONSTRUCTION OF A CONSTRUCTION OF A CONSTRUCTION OF AS A CONSTRUCTION OF A CONSTRUCTION	SEQUENCE OF: SEQUENCE OF: SEQUENCE OF:	LEWIS 4517 t enter the	ST. GWYN PARK HEI mode of dying, su NOMY C CORON ying cause given i	IN FUNERAL GHTS AVE. ICH 88 CARDIAC DY FEI ICH 98 CARDIAC DY FEI	SCULLAN AUTOPSY	MORE, M. Deat, 24b. WER ANA ACOM OF I	APPROXIMATE AUTOPSY FINDIN LABLE PRIOR TO AUTOPSY FINDIN LABLE PRIOR TO DEATH?
CAL	ahock, or heart IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditiona if sny, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or injury that initiated svents resulting in death) LAST PART II. Other significant c 25. WAS CASE REFERRED TO ME EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pend Invest	ases, or control failure. Lie	DUE TO DU	COR AS A CONTROL OF A CONTROL OF A CONTROL OF A CONTROL OF A CONTROL OF A CONTROL OF A CONTROL OF A CONTROL OF	SEQUENCE OF): SEQUENCE OF): SEQUENCE OF): SEQUENCE OF): 1 Tesulting in 2 DOA 4 20b. TIME INJUR	the underly the underly the underly the underly the underly 26 OTHER: ONUMBER: M 1 [PARK HEI Mode of dying, su NO MY C CORON Ving cause given in PLACE OF DEATH (C) HOME 5 Residence INJURY AT WORK?	IN FUNERAL GHTS AVE. ICH 38 CARDIAC DY PATH Y PATH Y PATH Y AND S C IN Part I. 24a. WAS PERF 1 YES Check only one) 6 6 Other (Specify) 28d. DESCRIBE HO	SCUL SPIRATORY STORMEON TO THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF T	AR 24b. WER AMACOM OF TO 1	ARYLAND Approximate Interval Betwoonset and Da MONTO TEAR RE AUTOPSY FINDIR LABLE PRIOR TO APPLETION OF CAUS DEATH? YES 2 NO
ED BY PHYSICIAN: MEDICAL	ahock, or heart IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditiona if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated svents resulting in death) LAST PART II, Other significant c 25. WAS CASE REFERRED TO ME EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pend EXAMINER OF DEATH 1 Netural 5 Pend 2 Accident 3 Suicide 6 Coul deter	a	DUE TO DU	(OR AS A CONSTRUCTION OF AS A	SEQUENCE OF): SEQUENCE OF): SEQUENCE OF): SEQUENCE OF): SEQUENCE OF): A DOA 4 20b. TIME INJUF home, farm, str	the underly the underly the underly the underly the underly 26 THER: Nursing is of 28c. Nursing the control of 15 control	ST. GWYN PARK HEI mode of dying, su NO MY C CORON ying cause given is PLACE OF DEATH (6) tome 5 Residence injury at WORK? YES 2 NO	IN FUNERAL GHTS AVE. ICH SE CARDIAC DY THE CHARLES AVE. ICH SE CARDIAC DY THE CHARLES AVE. ICH SE CARDIAC DY THE CHARLES AVE. ICH SE CARDIAC DESCRIBE HOUSE TOWN, St. 26f. LOCATION (Streetly) 26f. LOCATION (Streetly) 26f. LOCATION (Streetly) 26f. LOCATION (Streetly)	SCULIAN AUTOPSY CORMED? 2 NO W INJURY OCCUPATED	24b. WER ANA COM OF I	ARYLAND Approximate Interval Betwoonset and Da MONTO TEAR RE AUTOPSY FINDIR LABLE PRIOR TO APPLETION OF CAUS DEATH? YES 2 NO
BY PHYSICIAN: MEDICAL	ahock, or heart IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditiona if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated svents resulting in death) LAST PART II. Other significant c 25. WAS CASE REFERRED TO ME EXAMINER? 1	ding etigation lid not be immined	DUE TO DU	(OR AS A CONTROL OF A CONTROL O	SEQUENCE OF): SEQUENCE OF): SEQUENCE OF): SEQUENCE OF): A DOA 4 20b. TIME INJUF home, farm, str	the underly the underly the underly the underly the underly ze There, Nursing For or at the time, or at the time, or	ST. GWYN PARK HEI mode of dying, su NO MY C CORON ying cause given is PLACE OF DEATH (6) forme 5 Residence INJURY AT WORK? YES 2 NO office	IN FUNERAL GHTS AVE. ICH SE CARDIAC DY THE CHARLES AVE. ICH SE CARDIAC DY THE CHARLES AVE. IN PART I. 24s. WAS PERF 1 YES Check only one) 24d. DESCRIBE HO 25f. LOCATION (Street	SCUL SPIRATORY STREET S	24b. WER ANA COM OF T	-6393 ARYLAND Approximate Interval Betwo Onset and Da MONTO ACAR MEAUTOPSY FINDIN LABLE PRIOR TO APPLETION OF CAUS DEATH? YES 2 NO

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

HAT. ESINAI HOSPITAL OF BALTIMORE

31. DATE FILED (Month, May, 1681)

SINAI HOSPITAL OF BALTIMORE

DEC 5 1990 Julia Javidson-Randelle

31. DATE FILED (Month, May, Year)
DEC 5 1990

DHMH-18 Rev 1/89

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THE PERSON NAMED OF PERSONS ASSESSED.

page 5 should

funeral director,

filled in by the fi

after

permit.

I completely filler irial, cremation, executed within in and com to burlal, c the attending physician Mental Hygiene prior to certificate be the death of and requires that been signed b certificate has be MB The HOSPITAL OR ATTENDING PHYSICIAN: the this c. DIRECTOR: After thours after death NOISINIC TO THE FUNERAL DE filed within 72 h 품 223

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG NO 1. DECEDENT'S NAME (First, Middle, Lest) 3. TIME OF DEATH 2. DATE OF DEATH Jennings
less birthday) Funder 1 YEAR YEAR 95 0700 4. SOCIAL SECURITY NUMBER F. H 3. 7. DATE OF BIRTH (Month, Day, Year 6. AGE (In yrs. last birthday) 6. BIRTHPLACE (State or Foreign Country) IF UNDER 24 HRS. 215 74 4416 Md. 1 1 1 2 1 Se. FACILITY NAME (If not institution, give 9b. CITY, TOWN OR LOCATION OF 9c. COUNTY OF DEATH University RESIDENCE OF DECEDENT DIRECTOR Shock timore 50 10c. CITY, TOWN OR LOCATION Baltimore 10a. STATE 10b. COUNTY 10d. INSIDE CITY Md. DCXXXX 2 □ NO 10e. STREET AND NUMBER 10g. CITIZEN OF WHAT COUNTRY? FUNERAL 10f. ZIP CODE 21215 3404 St. Ambrose Ave. U,S,A. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2-1 NO 11 MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No-14. RACE — American Indian, Black, White, etc. If yes, specify-Quben, Mexican, Puerto Ricen, etc.)

1 YES 2 NO Specify: FORCES? 1 YES 2 1 Never Merried 2 Merried Specify: black BY 3 Widowed 4 Divorced ETED 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION eally only highest grade complete 16b. KIND OF BUSINESS/INDUSTRY (Spe Elementary/Secondary (0-12) College (1-4 or 5+) unemployed COMPL 18. MOTHER'S NAME (First, Middle, Melden Surname)
Barbara K. Ali 17. FATHER'S NAME (First, Middle, Last) Leroy C. Jennings, Sr. notified at BE 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 3404 St. Ambrose Ave. Balto., Md. 2 21215 Leroy Jennings, Sr. 9 20c. LOCATION — City or Town, State 29e_METHOD OF DISPOSITION
1 Burlel 2 Cremation 3 Removal from State 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or must King Memorial Park Balto., Md. 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE medical examiner James A. Morton & Sons R 1701 Laurens St. Balto., Md. 21217 sumes 23. PARTY. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cerdiac or respiratory arrest, shock, or heart feliure. List only one ceuse on each line. Approximeta Interval Between Onset and Death IMMEDIATE CAUSE (Final Death # Brain disease or condition resulting in death) event, QUE TO (OR AS A CONSEQUENCE OF): tracerebral hemorrhag traumatic CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING RUPTURE OF RIGHT CEREBRAL CAUSE (Disease or Injury that initiated events resulting in death) LAST other DUE TO (OR AS A CONSEQUENCE OF): 0 injury, PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO MEDICAL any COMPLETION OF CAUSE ESSENTIAL HYPERTENSION (CLINICAL) 1 YES 2 1 NO shows : 1 YES 2 NO PHYSICIAN: 23 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) Item HOSPITAL: **EXAMINER?** OTHER: 1 YES 2 NO Inpatient 2 - ER/Outpatient 3 - DOA 4 Nursing Home 5 Residence 6 Other (Specify) 6 28a. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 28b. TIME OF INJURY 28c. INJURY AT WORK? 284. DESCRIBE HOW INJURY OCCURED marked, 1 Natural 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 6 Could not be 60 COMPLETED after 28 i 4 Homicide Rem 1 DECERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(e) and manner as stated. (Check only one) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date end place, and due to the cause(e) and mann 29d. DATE SIENEO (Mornin / Day, Year) TITLE OF CENTIFIER 29c. LICENSE NUMBER BE Trac 30 e 2 OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) AND THE SHOPPER 1990



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03-3146

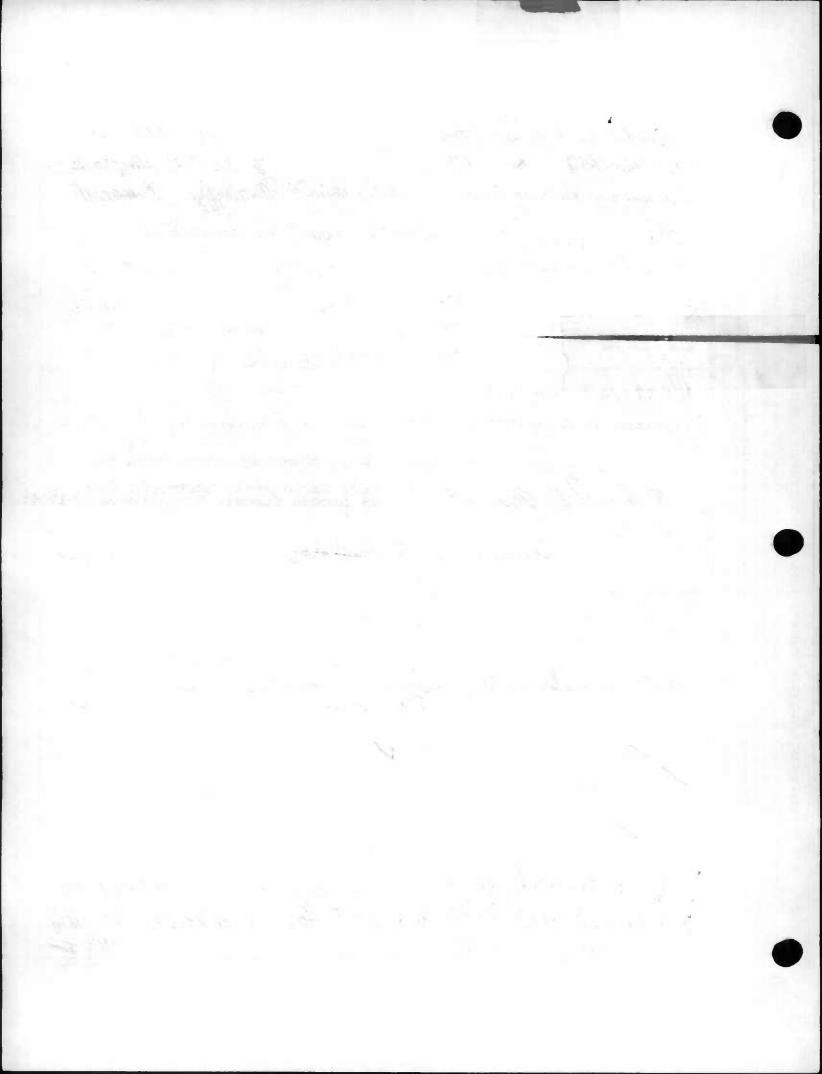
BALTIMORE, MARYLAND 21

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

FOR STATE REGISTRAR 1 -

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	1. DECEDENT'S NAME (First, Middle, Lost) ARRIE M, JONES 2. DATE OF DEATH MONTH DAY 1990									
JR.	4. SOCIAL SECURITY NUMBER 5. SEX 6. A		ER 1 YEAR IF UNDER 24 HRS.	7. DATE OF BIRTH	8. BIRTHPLA Couptry)	ACE (State or Foreign				
	176-26-0817 1 H 2 X F	97 YRS. MONTHS	DAYS HOURE MIN.	8-30-1	873 Mar	yland				
	Se. FACILITY NAME (If not Institution, give street and number) LONGUIEW NURSING HOL	96. CT 33.	TY, TOWN OR LOCATION OR D	Manchesta	9c. COUNTY OF DEAT	exoll				
5	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY	10c, CITY, TOWN	LOB LOCATION (Met	1 2 (1 10	d. INSIDE CITY				
DIRECTOR	Md Carroll		FAIRMOUNT	Kd, Hom	slend 1	LIMITS? □ YES 2 □ NO				
FUNERAL	100. STREET AND NUMBER - KOOD FAIRMOUNT RA	/	101. ZIP CODE	4	10g. CITIZEN OF WHA	T COUNTRY?				
BY	11. MARITAL STATUS 1 Never Married 2 Married 2 Wildowed 4 Divorced 12. WAS DECEDENT EV FORCES? 1 IF YES, GIVE WAR O	YES 2 NO	3. WAS DECENDENT OF HISPA If yes, specify Cuban, Maxic 1 YES 2 NO Specif	en, Puerto Rican, atc.)	14. RACE — Black, W Specify:	American Indian, Phile; etc.				
	15. DECEDENT'S EDUCATION	16a. DECEDENT'S USUAL (Give kind of work don	OCCUPATION or during most of working	16b. KIND OF BUS	SINESS/INDUSTRY					
APLE	Elementary/Sepondary (0-12) College (1-4 or 5+)	Canning:	Fretory	wife Canning Factory						
COMPL	17. FATHERY'S NAME (First, Middle, Last) ALEXANDER WALKER	2	18. MOTHER'S NAME (First, Middle, Malden Surname) Elizabeth Fritz							
TO BE	19a. INFORMANT'S NAME (Type/Pring) LONGUIEW NURSING HOM		SS (Street and Number or Rural	00	n, Siple, Zip Code)	21112				
	20a METHOD OF DISPOSITION 1 N Burial 2 Cremetion 3 Removal from State	20b. PLACE OF DISPOSITION	Name of cemetery, crematory or		CATION — City or Town,					
	4 Donation 5 Other (Specify)	Bethlehem S		-	en Rock,	PA				
	21. SIGNATURE OF FUNERAL SERVICE ACCUMENT		2. NAME AND ADDRESS OF FA	enstein Mortuary, Inc. Street, New Freedom,PA173						
	23. PART I. Enter the diseases, or complications that ca					Approximate				
ч	ahock, or heart fellure. List only one cause of IMMEDIATE CAUSE (Finel	on each line.	0 1 1			Interval Between Onset and Death				
	disease or condition a. Carun	ona D.	ladder			lyn				
_	DUE TO (OR	AS A CONSEQUENCE OF):								
2	Sequentially list conditions, If eny, laading to immediate	AS A CONSEQUENCE OF):								
S	cause. Enter UNDERLYING CAUSE (Disease or Injury	AS A CONSEQUENCE OF):								
CERTIFICATION	that initiated events resulting in death) LAST	AS A CONSECUENCE OF).								
	PART II. Other algorificant conditions contributing to det	ith but not resulting in the	underlying cause given in	Part I. 24a. WAS AN		ERE AUTOPSY FINOINGS				
EDICAL	arterioselbrote Cardia - Vascular 1 ves 2 and DF DEATH?									
Σ	Duetel 1 - YES 2 DINO									
AN	25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one)									
PHYSICIAN:	EXAMINER? 1 YES 2 DIO HOSPITAL: 1 Inpetient 2 ER/Outpetient 3 DOA 4 DOA 4 DOA 4 DOA 5 Residence 6 Other (Specify)									
	27. MANNER OF DEATH 28e. DATE OF INJ (Month, Day, Y	URY 26b. TIME OF INJURY	28c. INJURY AT WORK?	28d. DESCRIBE HOW INJURY OCCURED NO 28f. LOCATION (Street and Number or Flural Route Number,						
BY	2 Accident Investigation 28e. PLACE OF IN	JURY — At home, farm, street, f	1 YES 2 NO							
E	4 Homicide detarmined building, etc.	City or Town, State)		11011100,						
COMPLETED	29s. CERTIFIER (Check only one) 1									
E C	29b. SIGNATURE AND TITLE OF CERTIFIER		JCENSE NUMBER 29d. DATE SIGNED (Month, Day, Year)							
	246. SIGNATURE AND TITLE OF CERTIFIER		D02386 > 11/26/1980							
TO B	W.H Fround 1	NO DEATH LITEM 27 G		86	· 11/2	6/1987				
10	30. NAME AND ADDRESS OF PERSON, WHO COMPLETED CAUSE OF WITH FO AT I MD 3	OF CEATH (ITEM 27) (Type, Print) 223 MAI	NS+ Bo	750 MA	11/2 nchest	6/1987 +Md				
	30. NAME AND ADDRESS OF PERSON, WHO COMPLETED CAUSE	223 MAI			Nches	6/1987 6/1987 21/02				

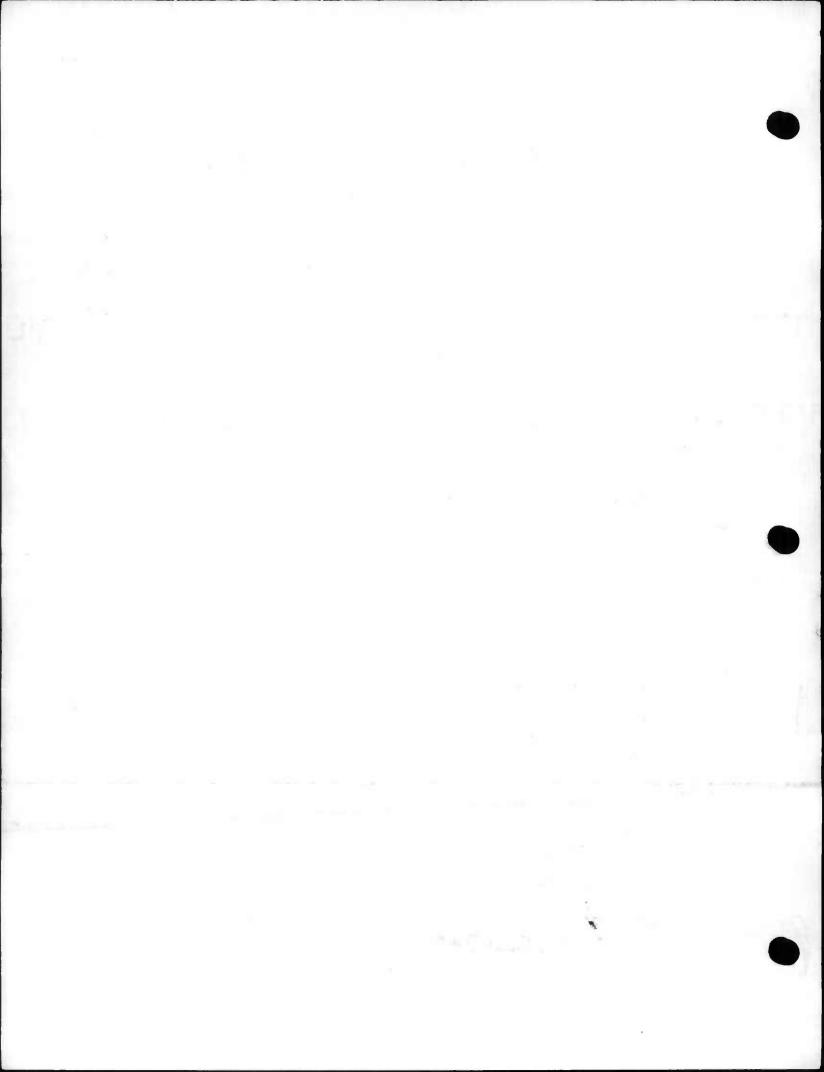


DIVISION OF VITAL RECORDS, P.O. BOX 13146,

STATE	0F	MARYLAND /	DEPARTMENT	0F	HEALTH	AND	MENTAL	HYGI	ENE
		CE	ERTIFICATE	0	F DEAT	TH		REG.	NO.

	FOR 1 - STATE REGISTRAR	STATE OF MARYLAND		IT OF HEALTH AND I	MENTAL HYGI		
	1. OECEDENT'S NAME (First, Middle, Lest)	Ju	ames		2. DATE OF DEATH	DAY 9 1	3. TIME OF DEATH
-	251-01-4342 1	SEX 6. AGE (In yrs. II	YRS. MONTHS		7. DATE OF BIRTH	2	BIRTHPLACE (State or Foreign Country) S. C.,
HOL	9e. FACILITY NAME (# not institution, give atreet CHURCH HOSPITAL RESIDENCE OF DECEDENT			Balto	EATH	9c. COUNTY	OF DEATH
- DIRECTOR	10a. STATE 10b. COUNTY MD 10a. STREET AND NUMBER		BALTI			To come	10d. INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL	518 ALLENDALE			21229			U. S. 4.
BY PU	11. MARITAL STATUS 1 Never Married 2 Merried 3 Wildowed 4 Ofvorced	. WAS DECEDENT EVER IN U.S. A FORCES? 1 YES 2 I IF YES, GIVE WAR OR DATES	ARMED 1:	8. WAS DECENDENT OF HISPAN If yes, specify Cuben, Mexics 1 YES 2 NO Specifi	n, Puerto Rican, atc.		. RACE — American Indian, Black, White, atc. Specify: Black
COMPLEIED	15. DECEDENT'S EDUCATI (Specify only highest grade con Elementary/Secondary (0-12)	npleted)	DECEDENT'S USUAL (Give kind of work don ife. Do NOT use retired	e during most of working		BUSINESS/INDUS	
	17. FATHER'S NAME (First, Middle, Last)	James	xi thiene	18. MOTHER'S NA	ME (First, Middle, Mai		lo man
O BE	100. INFORMANT'S NAME (Type/Pylon Mrs. Pattie Jam.	20.00	19b. MAILING ADDRE	ss (Street and Number or Rural		Town, State, Zip Co	. 21229
	20a. METHOD OF DISPOSITION 1 Burlel 2 Cremation 3 Remova 4 Donation 5 Other (Specify)	from State 20b. PLAC	E OF DISPOSITION	Name of cemetery, cremetory or	200	BAHO	y or Town, State
	21. SIGNATURE OF FUNERAL SERVICE LICENS	HEE Who	2	name and address of Fa James A. Mo 1701 Laurer	orton &	Sons Balto.,	, Md. 21217
	23. PARTY Enter the diseases, or com- shock, or heart failure. Lis IMMEDIATE CAUSE (Final disease or condition resulting in death)	t only one cause on aech II COLLUM MUN DUE TO (OR AS A PONS	monary	avest	th sa cardiac or r	espiratory arres	t, Approximets Interval Between Onset and Death
CERTIFICATION	Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A CONS		YI TEMM			
PHISICIAN: MEDICAL O	PART II. Other significant conditions of		t resulting in the	underlying cause given in	PEI	S AN AUTOPSY RFORMED?	24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO/ COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO
MAI	25. WAS CASE REFERRED TO MEDICAL			28. PLACE OF DEATH (C/	heck only one)		
2	EXAMINER? 1 YES 2 NO 1	IOSPITAL: Inpatient 2 - ER/Outpatient	3 DOA 4 D	ER: lursing Home 5 - Residence	8 Other (Specify)		
ВУ РН	27. MANNER OF OEATH 1 Netural 5 Pending Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	28c. INJURY AT WORK? 1 YES 2 NO	28d. DESCRIBE H	OW INJURY OCCU	RED
	3 Suicide 8 Could not be 4 Homicide detarmined	28e. PLACE OF INJURY — At building, etc. (Specify)	home, farm, street, t	actory, office	201. LOCATION (SI City or Town, S		Rural Route Number,
COMPLETED	Correct Offiny 111	N: To the best of my knowledge, on the basis of examination and/					
TO BE C	296. SONAPINE AND TITLE OF CENTIFIED	1/		29c. LICENSE NU	MBER 7	29d. DATE S	BIGNED (Month Day, Year)
	Allan B	APPLETED CAUSE OF DEATH (I	TEM 27) (Type, Print)	U. broad a	da Ba	1/6 1/	nD
	DFC 5 1990 Luk	32, REGISTRAR'S SIGNATURE	2				



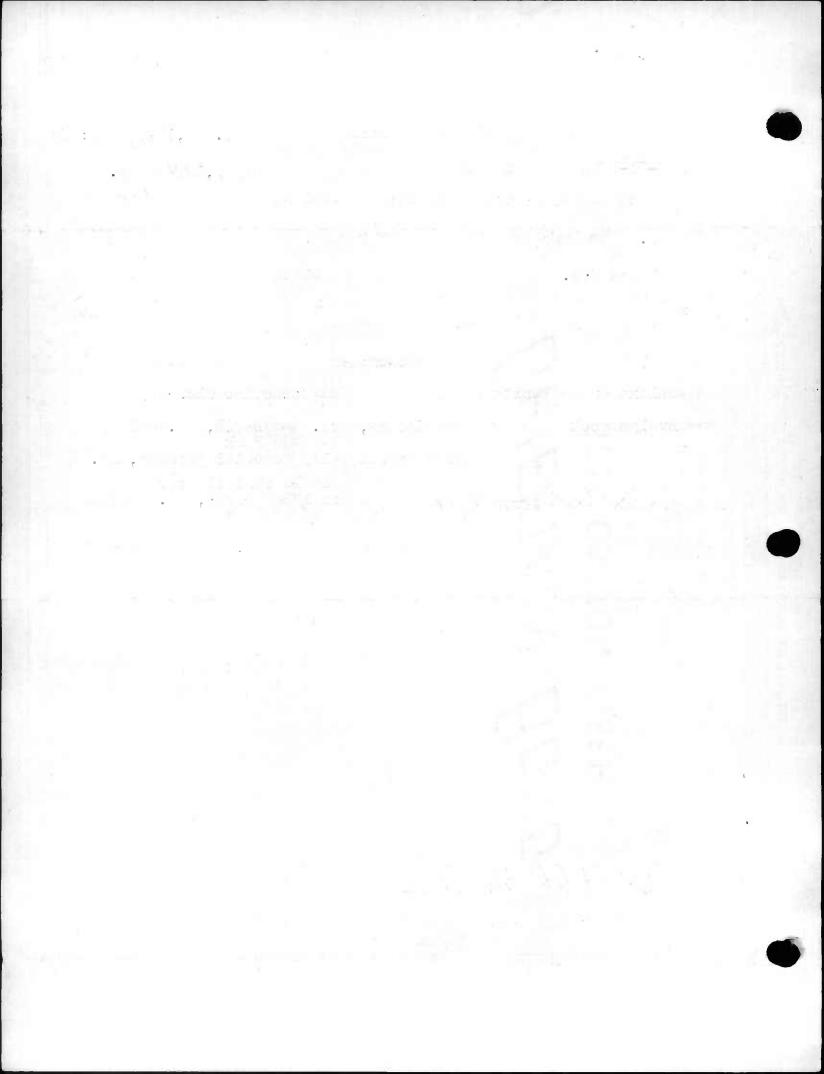


al-transit permit. Pages 1, 2, 3 should

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	Stella	Wait	kus	Kiza	as			Nov.		FAR	7:300 M
	4. SOCIAL SECURITY NUMBER 5. S	EX 6. AGE	(In yrs. last birthday)			IF UNDER		7. DATE OF BIRT (Month, Day, Y	TH S		CE (State or Foreign
	192-01-1742	M 2 St 9	2 YRS.	MONTHS	DAYS	HOURS	MIN.		1898	VIV.	
	9e. FACILITY NAME (If not institution, give street as				, TOWN O				9c. COUNT		
DIRECTOR	Garrett County M	<u>Memorial</u>	Hospit	al	0	akla	and			Garr	ett
REC	10e. STATE 10b. COUNTY		10c. CIT	Y, TOWN						10	d. INSIDE CITY LIMITS?
	WV. Tuck	er		1	Davi						YES 2 NO
FUNERAL	10e. STREET AND NUMBER				107.	ZIP CODE			10g. CITIZE		T COUNTRY?
NE	Thomas Ave.	MAS DECEDENT EVER	IN II O ADMED	100		262				USA	
BY FU	1 Never Married 2 Merried	F YES, GIVE WAR OR	2- NO		If yes, spe	elfy Cuban	, Mexicar	IC ORIGIN? (Spec n, Puerto Rican, e :	iry 100 or No.— 14	Black, W	American Indian, hite, etc.
0	15. DECEDENT'S EDUCATION (Specify only highest grade complete)		16e. DECEDENT'S	USUAL O	CCUPATIO	N t of working		16b. KIND (F BUSINESS/INDUS		
COMPLETED		lege (1-4 or 5+)	(Give kind of life, Do NOT u			t or working			TT		
MP	17. FATHER'S NAME (First, Middle, Last)		I no.	mema	ker				Home		
BE CC	Alexandra W	laitkus				Ca	athe		lombsk		
5	190. INFORMANT'S NAME (Type/Print) Evelyn Cook			mas,				Davis.	or Town, State, Zip C	262	60
	20a METHOD OF DISPOSITION 1	20	b. PLACE OF DISPO								
	4 Donation 5 Other (Specify)	rom State	Mononga	hela	a Va	lly	Men	norial	Donor	a, P	a.
	21. SIGNATURE OF FUNERAL SERVICE LICENSE	6		22.	NAME AN	ADDRES	S OF FAC	unera]	Home		
_ 3	& Solut &	Phone	Lo			x 18		Davis		26	260
	23. PART I. Enter the diseases, or comp shock, or heert fellure. List to immediate CAUSE (Finel disease or condition resulting in death) M s.	etastatic	esch line.	arcin		Je Di dyn	19, 4001	T de Cerdiec Of	Tespitatory energy	rt.e	Approximets interval Between Onset and Death 12 mo
CERTIFICATION	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events		A CONSEQUENCE O								
ERTI	resulting in deeth) LAST										
	PART ii. Other significant conditions con	ntributing to death	but not resulting	in the ur	nderiying	csuse g	Iven in	Part i. 24a, W	AS AN AUTOPSY	24b, WE	RE AUTOPSY FINDINGS
MEDICAL								P	ERFORMED?	CC	AILABLE PRIOR TO MPLETION OF CAUSE
0									YES 2 XNO		DEATH?
								_			X
SA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?					ACE OF DE	EATH (Che	ock only one)			
SIC		SPITAL: Inpatient 2 ER/Out	tpatient 3 🗆 DOA	4 Nur		5 🗆 fle	sidence	8 Other (Speci	fy)		
BY PHYSICIAN	27. MANNER OF DEATH 1 Netural 8 Pending 2 Accident Investigation	28e. DATE OF INJURY (Month, Day, Year)		JURY M	28c. INJU WOI 1 X		NO NO	28d. DESCRIBE	HOW INJURY OCCU	RED	
	3 Suicide 8 Could not be 4 Homicide determined	26e. PLACE OF INJUR building, etc. (Spe	IY — At home, farm, ec/fy)	street, fac	tory, office			28f. LOCATION (City or Town	Street and Number of , State)	Rural Rout	e Number,
COMPLETED	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: 0 MEDICAL EXAMINER: On										nd manner se stated.
BE (296. SIGNATURE AND TITLE OF GERTINER	AL	100			29c. LICE					orith, Day, Year)
10	30. NAME AND ADDRESS OF PERSON WHO COI	HOLETED CAUSE OF T	EATH OTHER	Def-at		D30	035	MD	P 11-	23-9	0
	Donald R. Richter,	M.D. Rt	#1 Box 3		0akl	and,	Mar	yland 2	21550		
		32. REGISTRAN'S SIG									



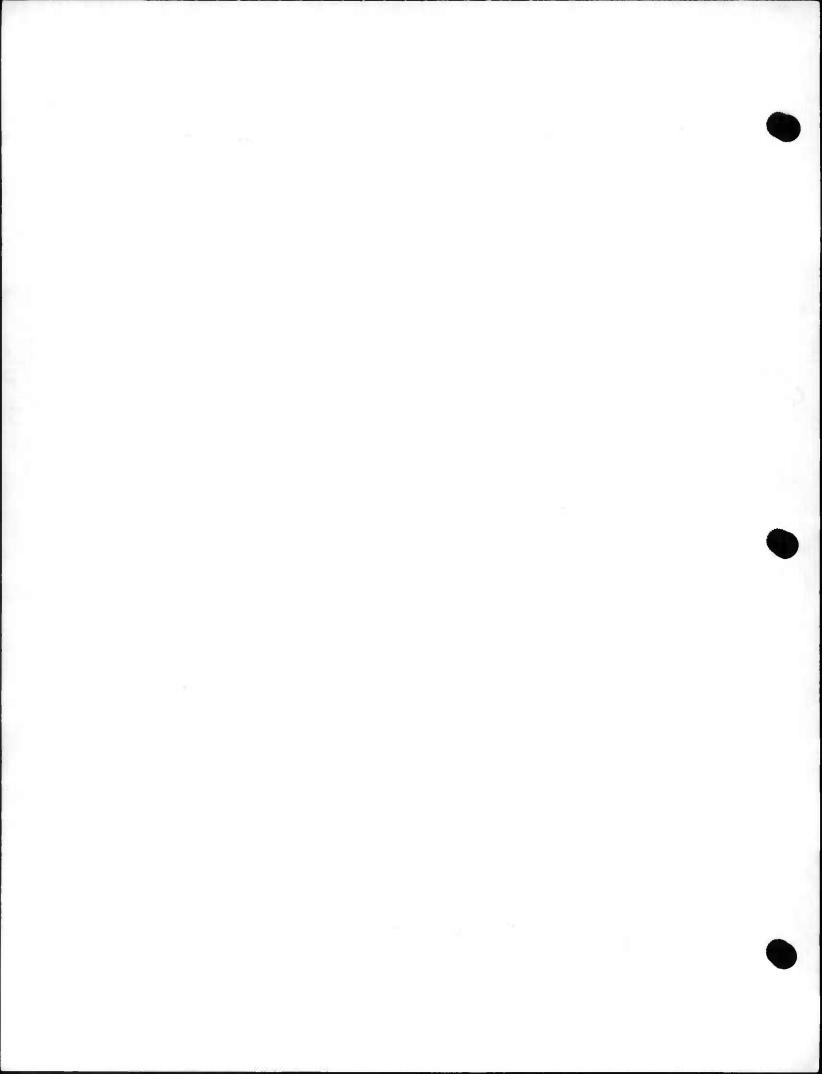
i	0	
	medical	Γ
	the	
	event,	
	er traumatic event, the med	MATION
	other	1
-	5	Ò
-	injury, or oth	20
	amy	0
-	shows	- BAEC
WIGHT A TOUR STILL TOU	ORTANT: If item 28 is marked, or how as shows any injury, or other traumatic event, the medical e	MOITAGINITED INCIDIAN. MAIOIONING VO GITTI ISSUED IN
ĺ	hed,	2
1	I III ar	2
ante	28 18	1
200	tem	1
9	=	3
WILD IN	ORTANT: If	3
B	DR	Ų

1 -	STATE REGISTRAR	STATE OF N		RTIFICA	TE OF	DEATH		REG. NO.			
1. D	DECEDENT'S NAME (First, Middle, Last)	Gloria	Jean Kn	ysiak			MONTH	OF DEATH DA		a. 90	TIME OF DEATH
	social security number 2/4-54-6686	5. SEX 1 M 2 F	8. AGE (in yrs. last		NDER 1 YEAR THS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE ((Month	OF BIRTH Day, Year)		BIRTHPL. Country)	ACE (State or Foreign
	FACILITY NAME (If not institution, give:			9b.	_	R LOCATION OF DE			9c. COUNTY	OF DEAT	1.00
RE	SIDENCE OF DECEDENT 10b. COUNT	Υ			WN OR LOCAT			la a la d		10	d. INSIDE CITY
	STREET AND NUMBER	ALTIMO			101	ZIP CODE		point	22	. 1	YES 2 NO
10	530 500 MARITAL STATUS ☐ Never Merried 2 ☐ Merried ☐ Wildowed ※☐ Divorced		T EVER IN U.S. ARM	MED	If yes, spe	ENDENT OF HISPAR acity Cuben, Mexice 2 NO Specifi	NIC ORIOIN en, Puerto F		or No — 14.	. RACE -	American Indien, /hite, atc.
	15. DECEDENT'S EDI (Specify only highest grade Elementary/Secondery (0-12)		(Giv	EDENT'S USUA THE kind of work of Do NOT use retir	ione during mo. red.)	N st of working	16b.	KIND OF BUS	SINESS/INDUS	TRY	
5	FATHER'S NAME (First, Middle, Last) Thomas George.	Curuma	2500 0	DLSOD	Lea	16. MOTHER'S NA		liddle, Melden Fishe			
	INFORMANT'S NAME (Typo/Print) Arna L. Makowski	suxugre.				nd Number or Rural	Route Numb	er, City or Tow			
20e	a. METHOD OF DISPOSITION Buriel 2 X Cremation 3 Ren Donellon 5 Other (Specify)	noval from State		OF DISPOSITION	N (Name of cer	netery, cremetory or temat		20c. LO	cation - city	y or Town	
21.	SIGNATURE OF FUNERAL SERVICE L	CENSEE			22. NAME AN	D ADDRESS OF FA	CILITY			001	C
23	3. PART I. Enter the diseases, or					Les S.Ze					Approximata
IM dir re:	B. PART I. Enter the diseases, or shock, or heart failure. IMEDIATE CAUSE (Finel sease or condition suiting in dasth) equantially list conditions, sny, leading to immediata suse. Enter UNDERLYING AUSE (Disease or injury lat initiated events suiting in death) LAST	a. List only one cau a. Due to Due to C.		DUENCE OF):	ntar the mo						Approximata interval Between
iM distriction of the control of the	shock, or heart failure. IMEDIATE CAUSE (Finel sease or condition southing in dasth) equantially list conditions, sny, leading to immediata suse. Enter UNDERLYING AUSE (Disease or injury lat initiated events	a. DUE TO b. DUE TO c. DUE TO d. DUE TO	O (OR AS A CONSEO O (OR AS A CONSEO O (OR AS A CONSEO O (OR AS A CONSEO O (OR AS A CONSEO	DUENCE OF): DUENCE OF): DUENCE OF):	e underlying	de of dying, suc	n Part I.		AUTOPSY	24b, W	Approximata interval Betwee Onset and Deat
IM distriction of the control of the	shock, or heart failure. IMEDIATE CAUSE (Finel issess or condition suiting in dasth) equantially list conditions, sny, leading to immediate susse. Entar UNDERLYING AUSE (Disease or injury lat initiated events soulting in death) LAST	a. DUE TO b. DUE TO c. DUE TO d. DUE TO HOSEPTAL:	O (OR AS A CONSEO O (OR AS A CONSEO O (OR AS A CONSEO O (OR AS A CONSEO O (OR AS A CONSEO	DUENCE OF): DUENCE OF): DUENCE OF):	the underlying	de of dying, suc	n Part I.	24a. WAS AN PERFOI 1 UYES :	AUTOPSY	24b, W	Approximata interval Between Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death
IM distriction of the control of the	shock, or haert failure. IMEDIATE CAUSE (Finel sease or condition suiting in dasth) equantially list conditions, sny, leading to immediate suse. Enter UNDERLYING AUSE (Disease or injury lat initiated events resulting in dasth) LAST ART II. Other aignificent conditions and the condition of th	a. DUE TO b. DUE TO c. DUE TO d. HOSPITAL: 1 Dispatient 2 28e. DATE Of	USE ON EACH III.	DOA OT	28. IN.	g cause given in ACE OF DEATH (C) The 5 - Residence	Part I.	24a. WAS AN PERFO! 1 YES :	AUTOPSY	24b. W AN CO O 1	Approximata interval Between Onset and Death Onset and Death Error Tomport Format of the Completion of Cause F DEATH?
IM did res	shock, or haert failure. IMEDIATE CAUSE (Finel sease or condition suiting in death) equantially list conditions, sny, leading to immediata suse. Enter UNDERLYING AUSE (Disease or injury lat initiated events suiting in death) LAST ART II. Other significent conditions in death) LAST WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO MANNER OF DEATH 1 Matural 5 Pending investigation	a. DUE TO b. DUE TO c. DUE TO d. DUE TO d. HOSPITAL: 1 Dispatient 2 28e. PLACE Of	DE ER/Outpetient 3 F INJURY DE INJURY — At hol	DOA OT INJURY	26. PINER: 28c. IN. WK	g ceuse given in ACE OF DEATH (C) THE S Residence HURY AT HYES 2 Z NO	heck only or	24a. WAS AN PERFOI 1 YES 2	AUTOPSY RMED?	24b. W A C C O 1	Approximata interval Betweer Onset and Death Onset and Death Programme Cons
IM distriction of the control of the	shock, or heert failure. IMEDIATE CAUSE (Finel sease or condition suiting in dasth) equantially list conditions, sury, leading to immediate surse. Enter UNDERLYING AUSE (Disease or injury lat initiated events resulting in dasth) LAST ART II. Other algnificent conditions in dasth) LAST ART II. Other algnificent conditions in dasth) LAST ART II. Other algnificent conditions in the conditions in dasth) LAST ART II. Other algnificent conditions in the cond	a. DUE TO b. DUE TO c. DUE TO d. DUE TO d. HOSPITAL: 1 Dispatient 2 28e. PLACE Of	USE ON EACH III.	DOA OT INJURY	26. PINER: 28c. IN. WK	g ceuse given in ACE OF DEATH (C) THE S Residence HURY AT HYES 2 Z NO	heck only or	24a. WAS AN PERFOI 1 YES 2	AUTOPSY RMED? 2 NO	24b. W A C C O 1	Approximata interval Between Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset
IM did re:	shock, or haert failure. IMEDIATE CAUSE (Finel sease or condition suiting in dasth) equantially list conditions, sny, leading to immediate suse. Enter UNDERLYING AUSE (Disease or injury attinitiated events soulting in dasth) LAST ART II. Other algnificent conditions and the condition of the	a. DUE TO b. DUE TO c. DUE TO d. DUE TO d. HOSPITAL: 1 L'Inpatient 2: 28e. PLACE 6 building	JOR AS A CONSEO OF THE PROPERTY OF INJURY OF INJURY — At hor, etc. (Specify)	DOA OT INJURY The part of the	the underlying the un	g ceuse given in ACE OF DEATH (C) Residence IURY AT PKS 2 NO	heck only or S Other 28d, Det	24a. WAS AN PERFOI 1 YES 2	AUTOPSY RMED? L NO INJURY OCCUR and Number or	24b. W AR CO O 1	Approximata interval Between Onset and Death Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Death Onset and Death Dea
IM did re:	shock, or haert failure. IMEDIATE CAUSE (Finel sease or condition suiting in dasth) equantially list conditions, sny, leading to immediate suse. Enter UNDERLYING AUSE (Disease or injury att initiated events suiting in dasth) LAST ART II. Other algnificent conditions and the condition of the	a. DUE TO b. DUE TO c. DUE TO d. DUE	JOR AS A CONSEO OF THE PROPERTY OF INJURY OF INJURY — At hor, etc. (Specify)	DOA OT INJURY The part of the	the underlying the un	g ceuse given in ACE OF DEATH (C) Residence IURY AT PKS 2 NO	heck only or B Othe 281. LOC City te to the care e time, date	24a. WAS AN PERFOI 1 YES 2	I AUTOPSY AMED? I NO INJURY OCCUR and Number or	24b. W AN CO O 1 1 PRED Counse(a) a SionyED (A)	Approximata interval Between Onset and Death Onset and Death Part of the Number, Indiana and Indiana a

proved by the arterior provides and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit, Pages 1, 2, 3 should be detached for use as the burial-transit permit, Pages 1, 2, 3 should be detached for use as the burial-transit permit, Pages 1, 2, 3 should be detached for use as the burial-transit permit. any injury, or other traumatic event, the medical examiner must be notified at once. equites that the death certificate be executed within TO THE HOSPITAL DR ATTENDING PHYSICIAN The INDIVIDUAL DIRECTOR, After this condition to filed within 72 hours after death with the Same and IMPORTANT: If Item 28 is marked, or Item

31. DATE FILED DEC

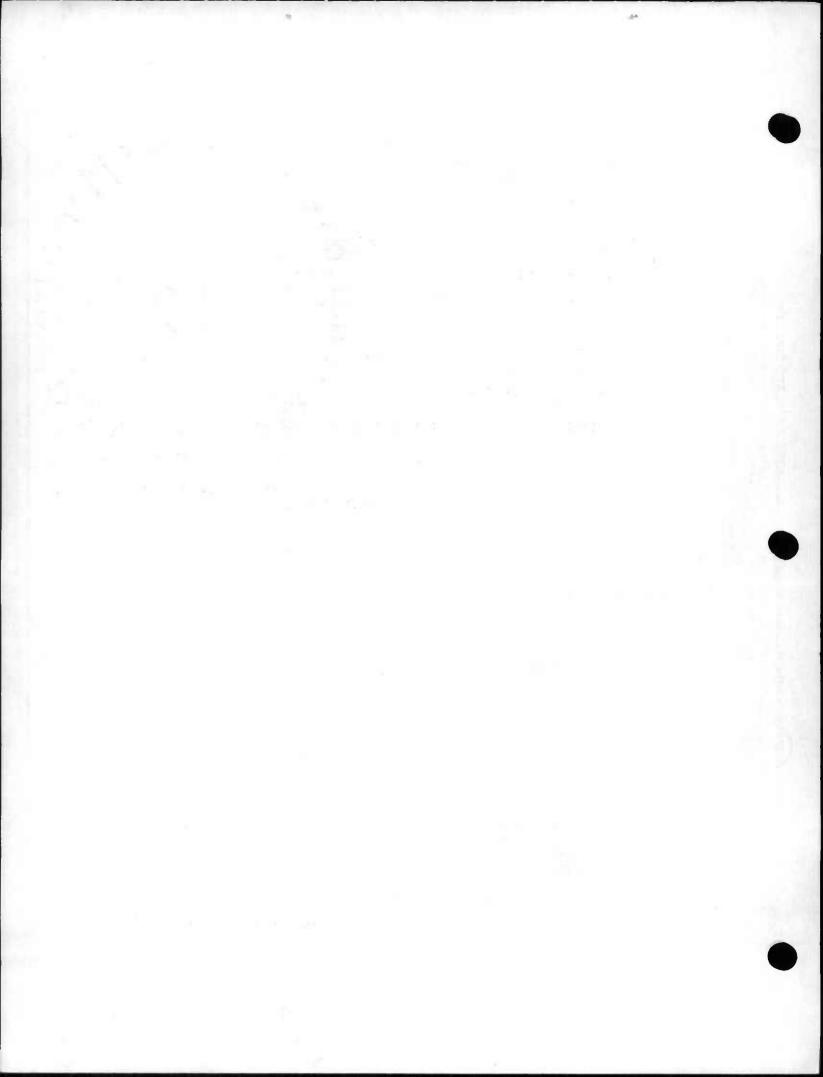
	FOR 1 - STATE REGISTRAR	STATE OF MARYL		TMENT OF H		MENTAL HYGIEN REG. NO	E 9	0 33364
1	DECEDENT'S NAME (First, Middle, Lest) MELVIN HOWA	ARD KIGHT				2. DATE OF DEATH		3. TIME OF DEATH
æ	4. SOCIAL SECURITY NUMBER 214-22-2716 9e. FACILITY NAME (If not institution, give st	M 2 F	(in yrs. last birthday) YRS.		IF UNDER 24 HRS. HOURS MIN. R LOCATION OF DE	7. DATE OF BIRTH (Morth, Day, Year)	6.	BIRTHPLACE (State of Foreign Country) Baltimore
DIRECTOR	St. Agnes Hospit: RESIDENCE OF DECEDENT 100. STATE Md 10b. COUNTY			Balti y, town on Locat ltimore				10d. INSIDE CITY LIMITS? TY YES 2 \(\subseteq \text{NO} \)
FUNERAL I	100. STREET AND NUMBER 2645 Marbourne AV	Venue		101	21230			N OF WHAT COUNTRY?
BY FUN	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER I FORCES? 1 A YES IF YES, GIVE WAR OR D		If yes, sp		IIC ORIGIN? (Specify Yen, Puerto Rican, etc.)	e or No— 14.	RACE — American Indien, Black, White, stc. Specify: WHite
COMPLETED	15. DECEDENT'S EDUI (Specify only highest grade Elementary/Secondery (0-12)		(Give kind of life. Do NOT u	usual occupation work done during mode retired.) COntrol	st of working	16b. KIND OF BU	omery V	
BE COM	17. FATHER'S NAME (First, Middle, Last) ALfred T. Kight	t				ME (First, Middle, Maider • Koontz	Surneme)	
10	190. INFORMANT'S NAME (Type/Print) Melba Smith					e, BAltime		
	20. METHOD OF DISPOSITION 1 Surial 2 Cremation 3 Rem 4 Donation 5 Other (Specify) 21. SIGNATURE OF FULL AL SERVICE LIC	M	b. PLACE OF DISPO other place)	ge Memor 22. NAME A Hubb	ial Park D ADDRESS OF FA	ral Home	Baltim	
CERTIFICATION	23. PART I. Enter the diseases, or shock, or heert fellure. IMMEDIATE CAUSE (Finsi disease or condition resulting in dasth) Sequentially list conditions, if sny, leading to immediats cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	e. Due to (OR AS b. DUE TO (OR AS c. Ocula fema	A CONSEQUENCE O	not enter the mo		Avenue, has cardiac or response		
	PART II. Other significent condition	ds contributing to deeth	but not resulting	in the underlyin	g cause given in		N AUTOPSY RMED?	24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATN	HOSPITAL: 1 Inpatient 2 ER/Our 20e. DATE OF INJURY		OTHER: 4 Nursing Hor	LACE OF DEATN (Ch	eck only one) 6 Other (Specify) 28d. DESCRIBE NOW	IN III DV OCCU	9FD
BY	1 Natural 5 Pending Investigation 3 Suicide 9 Could not be 4 Homicide	(Month, Day, Year)	RY — At home, farm,	M 1 🗆	YES 2 NO	201. LOCATION (Stree City or Town, Stat	t end Number or	
COMPLETED	one) 2 MEDICAL EXAMINE	7/ //			death occured at the	time, date and place,	end due to the	cause(e) and menner ee stated.
TO BE	29b. SIGNATURE AND TITLE OF CERTIFIE	44			29c. LICENSE NU	MBER	29d. DATE S	BIGNED (Month Day, Year)



DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO THE HOSPITAL DIRECTOR ATTENDING PHYSICAL INTEGRATION OF THE ACCOUNT OF THE HOSPITAL DIRECTOR ATTENDING PHYSICIAN. THE ACCOUNT OF THE FUNERAL DIRECTOR ATTENDING PHYSICIAN OF THE ACCOUNT OF THE FUNERAL DIRECTOR ATTENDING THE ACCOUNT OF THE ACCOU mounts that the death certificate be executed within 2- yours after death. Page 6 may be retained by the hospital or attending physician.

	FOR STATE REGISTRAR	E OF MARYLAN		TMENT OF H			HYGIENE REG. NO.			
1	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF	OEATH		3. 1	TIME OF DEATH
	Hannah		В.	Ki	na	MONTH 1 1 —	28-90		R	11:41PM M
- 1	4. SOCIAL SECURITY NUMBER 5. SEX	8 AGE (In)	yrs, last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF			RTHPL A	CE (State or Foreign
		2X) F 85	YRS.	MONTHS DAYS	HOURS MIN.	July	Dev. Year)	1905	ountry)	aryland
	9a. FACILITY NAME (If not institution, give street and n	umber)		9b. CITY, TOWN O	R LOCATION OF DE	ATH		9c. COUNTY C	F OEATH	1
۲ ا	524 N. Charles Stree	t		В	altimore	City				00 10 1
DIRECTOR	RESIDENCE OF DECEDENT									
#	10a. STATE 10b. COUNTY		10c. CIT	Y, TOWN OR LOCAT	ON				10d	I. INSIDE CITY LIMITS?
	Maryland			Baltimor	е		_		1 <u>X</u>	YES 2 NO
4	10a. STREET AND NUMBER			- 101.	ZIP CODE			10g. CITIZEN	OF WHAT	COUNTRY?
H	524 N. Charles S	treet			21201			U.S.	. A.	
FUNERAL	FOR	DECEDENT EVER IN U			ENDENT OF HISPAN cify Cuber, Mexican				RACE - /	American Indian,
E E	I I never merried 2 I merried	ES, GIVE WAR OR DATE	2 X NO ES		2 NO Specify		an, euc.)			White
	3 Wildowed 4 Divorced									
1	15, DECEDENT'S EDUCATION (Specify only highest grade completed		6a. OECEDENT'S (Give kind of	USUAL OCCUPATION Work done during mode one retired.)	N it of working	16b. K	IND OF BUS	INESS/INDUST!	RY	
4		(1-4 or 5+)		emaker		- 1	Oran	n Home		
E I	12 4		HOM	emaker						
COMPLETED	17. FATHER'S NAME (First, Middle, Last)	Desaleman			16. MOTHER'S NAI				-1 7	
BE	George H.	Buckman			Flore	ence	Н	. 1	Rhod	es
5	19a. INFORMANT'S NAME (Type/Print)		14.4	ADDRESS (Street a						
-	Nelson S. Williams					rive,				nd 21204
	20a. METHOD OF DISPOSITION 1 ☑ Burial 2 ☐ Cremation 3 ☐ Ramoval from	State 20b. F	PLACE OF DISPO	SITION (Name of cen	netery, cremetory or	0.0		CATION — City		
	4 Donation 5 Other (Specify)	St.	. Thomas	s Cemete			Gar	rison,	Mar	yland
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE				D ADDRESS OF FA		1 11			
	· Wallace S.	Brook	1,21		Towson Fi					
	23. PART I. Enter the diseases, or complice									Approximats
- 1	shock, or heart failure. List only	y Ona ceuse on asc	ch ilna.							Interval Between Onset and Death
- 1	iMMEDIATE CAUSE (Final disease or condition 7)	rterioscle	arotic	cardiova	coular d	icoac	_			
	resulting in death) s	DUE TO (OR AS A C			scurar u	Tacası	<u> </u>			
,										
RTIFICATION	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A C	ONSEQUENCE O	F):					-	
₹	cause. Enter UNDERLYING									
Ě	CAUSE (Disease or injury that initiated events	DUE TO (OR AS A C	CONSEQUENCE O	PF):						
	resulting in death) LAST									
<u> </u>	PART II. Other significant conditions contri	buting to death but	not resulting	in the underlying	ceuse given in	Part i 2	24a. WAS AN	AUTOPSY	24b WF	RE AUTOPSY FINDINGS
₹				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			PERFOR		AM	AILABLE PRIOR TO IMPLETION OF CAUSE
MEDIC						— I i	1 YES 2	XXNo	OF	DEATH?
						- 1.	TAYONE	OTT 011	1 [TES XX NO
Ž							INSPE	CTION		
ᅙ		PITAL:		OTHER:	ACE OF DEATH (Ch					
PHYSICIAN:		patient 2 ER/Outpat			5 X Basidence					
표	27. MANNER OF DEATH 28 XIXXNetural 5 Pending	a. DATE OF INJURY (Month, Day, Year)	28b. TII	JURY WO	RK?	28d. DEŞC	HIBE HOW II	NJURY OCCUR	EU	
B	2 Accident Investigation	- DI ACE OF IN HIRW	At here from		YES 2 NO	204 1 0047	FIGAL (Dames of	and Alicenhau ar E	hand On the	Alumbar
	3 Suicide 6 Could not be 4 Homicide determined	 PLACE OF INJURY – building, etc. (Specif) 	y)	street, factory, orne	•	City or	Town, State)	and Number or F	IUI III PIUUR	e Nomber,
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To MEDICAL EXAMINER: On the									
Š	MEDICAL EXAMINER: On the	basis of examination	and/or investigati	on, in my opinion, o	leath occured at the	time, date a	and place, an	d due to the ca	iuse(s) si	nd manner as stated.
ш	296. BRHATURE AND TITLE OF CENTURES				29c. LICENSE NUI	MBER		29d. DATE SI	GNED (M	onth, Day, Year)
10 8	1(1/V >> >>>	_			OCM	E		11	L-29	- 90
F	36. NAME AND ADDRESS OF PERSON WHO COMP	LETED CAUSE OF DEAT	TH (ITEM 27) (Typ	e, Print)						
	ANN M. DIXON,MD			11 Penn	Street, B	altimo	ore,M	2120		VC
	Description of the second seco	, REGISTRAR'S SIGNA	TURE					×		
	DFC 5 1990 July	avidno Band	Later .							
										DHMH-16 Rev 1/89



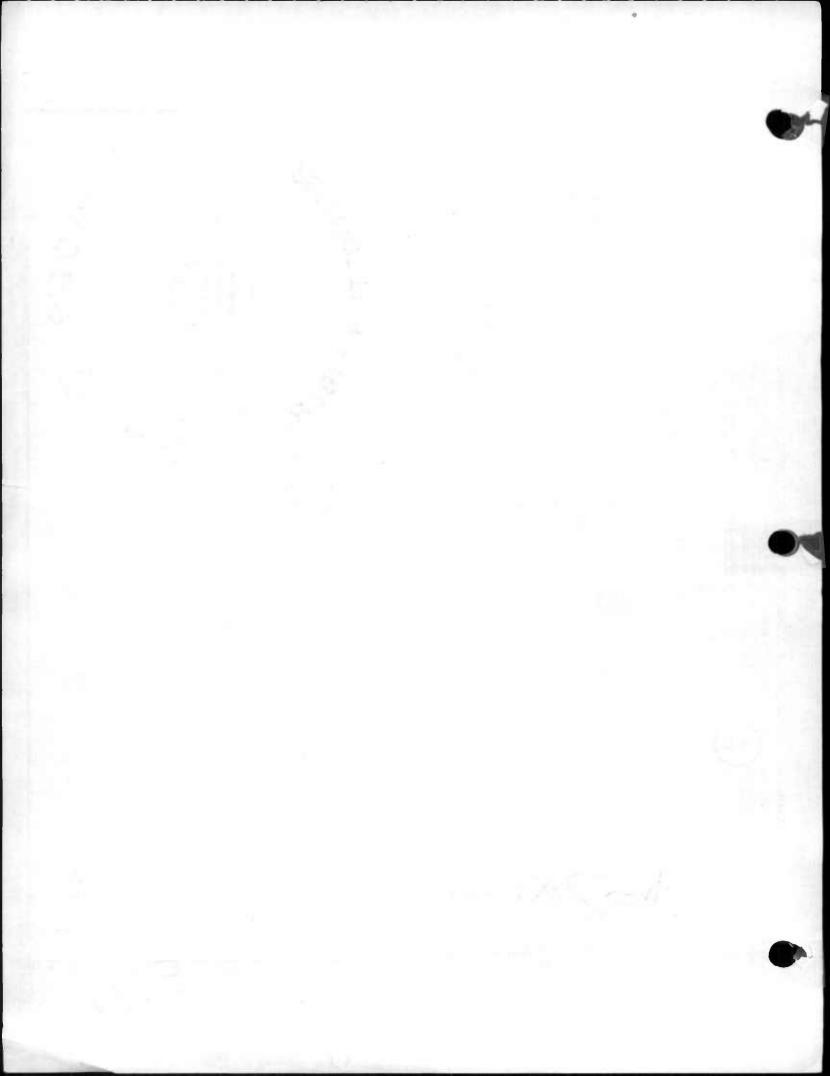
TO THE HOSPITAL OR ATTENDING PHYSICAN. The law impures that the death certificate be executed within 4-x, yours after death. Plage 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this contract the signed by the attending physician and completely flied in by the funeral director, page 5 should be detached for use as the bunist-transit permit. Pages 1, 2, 3 should be flied within 72 hours after death with the medical examiner must be notified at once.

ITEMS:23 thru 28f per ME G-670'12/24/90 cm

1. DECEDENT'S NAME (Firs	t, Middle, Last)		100						2. DATE	OF DEATH	AY	YEAR	3. TIME OF DEATH
u. = m ±84	Anto	onio	1116	Locus	t					29-90		Tapart	3:53AM
4. SOCIAL SECURITY NUM	BER	5. SEX	6. AGE (In yrs.		IF UNDER	1 YEAR	IF UNDE	MIN.	7. DATE ((Month	Dey, Year)	11	8. BIFTIN	
216-86-97		1 🛭 M 2 🗆 F	24	YRS.						Dey, Year)			Md
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755 W. Lex	CEDENT	1 Street				Ba1	tlmo	re C	lty				
Md Md	10b. COUNT	Υ			ltimo	ore			400				10d. INSIDE CITY LIMITS? 1 YES 2 NO
701 W. Mu		Street				10:	212					S A	WHAT COUNTRY?
11. MARITAL STATUS 1 X Never Married 2 3 Widowed 4 Div		12. WAS DECEDED FORCES? IF YES, GIVE	NT EVER IN U.S. 1 YES 2V WAR OR DATES	ARMED		If yes, sp	ecify Cub		in, Puerto F	? (Specify Ye lican, etc.)	s or No—		E — American Indian, k, Whita, atc. #9:Black
	CEDENT'S EOU nly highest grade (0-12)			OECEDENT'S (Give kind of life. Do NOT u	work done	CCUPATION OF THE COURT OF THE C	ON osl of work	ing	16b.	KIND OF BU	ISINESS/IN	OUSTRY	
17. FATHER'S NAME (First, i	Middle, Lest)						18. MO	HER'S NA	ME (First, A	fiddle, Maider	Sumame)		
odis Loc	ust									Jack			- 10P
Augustine J				196. MAJLIN 701	W. I	s (Street) Mu 1 b	erry	Str	eet l	Balti	nore,	Md	19"
20e, METHOD OF DISPOSI	TION	oval from State		CE OF DISPO				matory or emet	erv		atons		
4 Donation 5 Othe				We	steri	11 50	ar c	CIIIC	Cly	0	000113		C ,114
21, SIGNATURE OF PUHEN	AL: SERVICE LI	censee	ch		22.	Mar 430	nd addr	/H W	lest h Av	enue			
21. SIGNATURE OF FUHEA 23. PART I. Enter the	diseases, or heart fallure.	CENSEE Complications the List only one can also constituted to the List on the List	use on each I	death. Do	not anter	Mar 430	nd addr	/H W	lest h Av	enue			Approximate Interval Batw Onset and Do
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10g, STATE

MARYLAND

10e. STREET AND NUMBER

DIRECTOR

4. SOCIAL SECURITY NUMBER

219-10-8385

9e. FACILITY NAME (If not institution, give street and number)

FRANKLIN SOUARE HOSPITAL

10b. COUNTY

IF UNDER I YEAR

10c. CITY, TOWN OR LOCATION

DUNDALK

10f. ZIP COOF

MARY EMMA LITZAU

8. AGE (In yrs. last birthday)

5. SEX

BALTIMORE

1 M 2 F

OF VITAL RECORDS.

FUNERAL 4029 ST. AUGUSTINE 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES Y NO IF YES, GIVE WAR OR DATES 11 MARITAL STATUS 1 Never Merried 2 Merried 1 TES 2 NO Specify: BY 3 Widowed 4 Divorced COMPLETED 18e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION (Specify only highest grade complete College (t-4 or 5+) Elementary/Secondery (0-12) 6YEARS COOK N/A BALTIMORE, MARYLAND Page 6 may be retained by the ha 17. FATHER'S NAME (First, Middle, Last) te **TESSA** NOT KNOWN BE notified 19e. INFORMANT'S NAME (Type/Print) 2 NELSON AUGUSTINE LANE A EMMA pe 20e. METHOD OF DISPOSITION
1 XBurial 2 Cremation 3 Removal from State 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or must 4 - Donation 5 - Other (Specify) BELDATE MEMORIAL PARK 12-5-90 21. SIGNATURE-OF FUNERAL SERVICE LICENSPE 22. NAME AND ADDRESS OF FACILITY 7922 WISE AVENUE signed by the attending physician and completely filled in by the Health and Mental Hygiene prior to burial, cremation, or removal. medicai 23. PART I. Enter the diseases, or complications that of used the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest, shock, or heart fellure. List only one cause on each line. IMMEDIATE CAUSE (Finsi the disease or condition resulting in deeth) . Urosepsis executed within event, QUE TO (OR AS A CONSEQUENCE OF) BOX 13146, Diabetes Mellitus traumatic CERTIFICATION Sequentielly list conditions, DUE TO (OR AS A CONSEQUENCE OF) If any, leading to immediate ceuse. Enter UNDERLYING The law requires that the death certificate be Dementia CAUSE (Diseese or Injury other DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in deeth) LAST -Injury, MEDICAL PART il. Other significent conditions contributing to deeth but not resulting in the underlying cause given in Part i. any Shows a has been s Dept. of H PHYSICIAN: 23 25. WAS CASE REFERRED TO MEDICAL r this certificate his with the State [HOSPITAL:
1 | Ainpatient 2 | ER/Outpatient 3 | DOA OTHER: t TYES 2 X NO HOSPITAL OR ATTENDING PHYSICIAN: 6 27. MANNER OF DEATH 28c. INJURY AT WORK? 28e. DATE OF INJURY 28b. TIME OF INJURY is marked, 1 X Natural t YES 2 NO BY After 2 Accident PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 3 Suicide 8 Could not be DIRECTOR: / COMPLETED 28 4 Homlelde 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end piece, end due to the cause(e) end menner as stated. FUNERAL C 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, end due to the ceuse(e) and menner ee stated. 296. SIGNATURE AND TITLE OF CENTIFIER THE BE 223 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF OEATH (ITEM 27) (Type, Print) Michael Suter, M.D. 9000 Franklin Square Drive 32. REGISTRAR'S SIGNATURE Brode

BEG NO 2. DATE OF OEATH 3. TIME OF DEATH December 2, 1990 11:40 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign IF UNDER 24 HRS. JAN. 17. MARYLAND 1913 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Baltimore County ROSSVILLE 10d. INSIDE CITY 1 YES XX NO 10g, CITIZEN OF WHAT COUNTRY? 21222 U.S.A. 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No-If yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. RACE — American Indien, Black, White, etc. Specify: WHITE 18b. KIND OF BUSINESS/INDUSTRY RESTAURANT 18. MOTHER'S NAME (First, Middle, Maiden Surname) EMMA JANE GREEN 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) BALTIMORE. MARYLAND 21222 20c. LOCATION - City or Town, State BEL AIR, MARYLAND DUDA-RUCK FUNERAL HOME OF DUNDALK INC. DUNDALK. Approximate Interval Between Onset end Desth 24e. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO 1 YES 2 NO 28. PLACE OF DEATH (Check only one) ng Home 5 - Residence 8 - Other (Specify) 28d. DESCRIBE HOW INJURY OCCURED 281. LOCATION (Street end Number or Rural Route Number, City or Town, State) 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 12 N/A 2

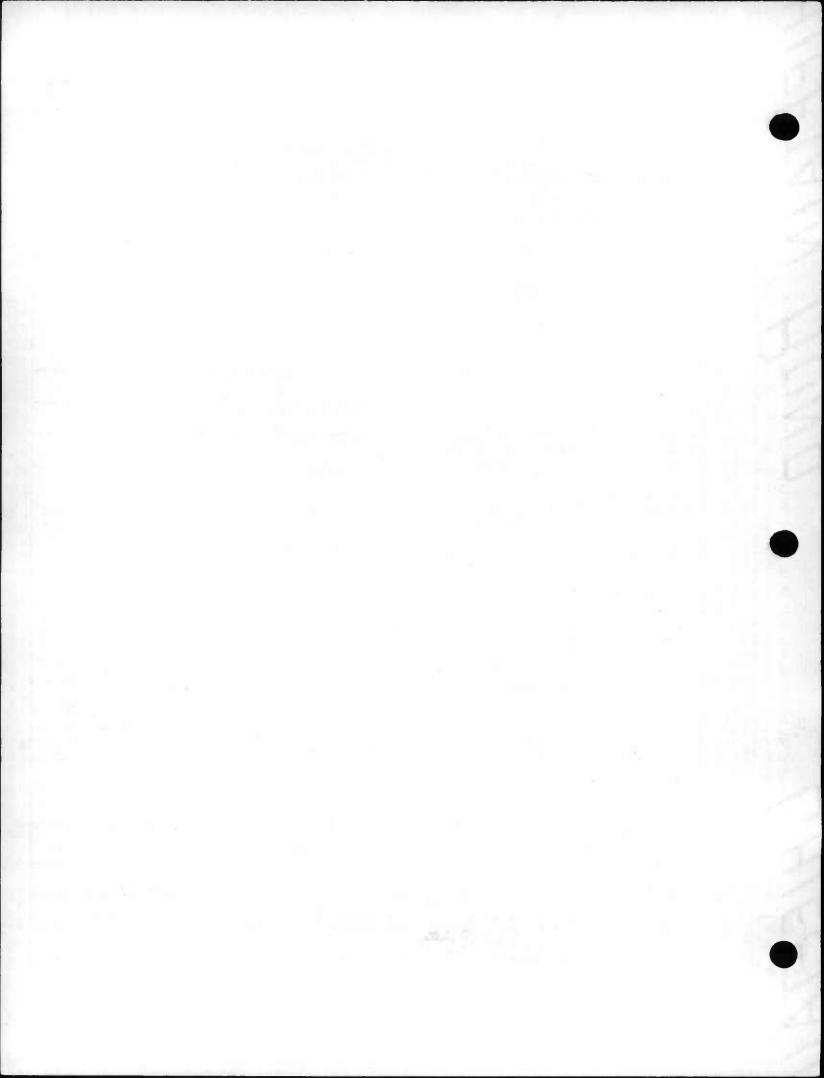
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2x nours after death. Page 6 may be retained by I	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at
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3	F	W	K
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=0	1 - FOR STATE REGISTRAR	STATE OF I	MARYLAND C	/ DEPAR					MENTA	L HYGIEI	NE C	90	33368
	1. DECEDENT'S NAME (First, Middle, Lass Mary M.	Lucas							2. DAT	of DEATH	^{AY} 199	(YEAR	3. TIME OF DEATH 11:45 a _M
	4. SOCIAL SECURITY NUMBER 216-48-3936	6. SEX	6. AGE (In yrs. I	-	IF UNDER	DAYS	IF UNDE	MIN.	7. DATI	of BIRTH	922	Count	HPLACE (State or Foreign ny) W York
ron	9a. FACILITY NAME (If not institution, give 4222 Harford RESIDENCE OF DECEDENT							IDN DF DE	ATH			NTY DF C	
DIRECTOR	10a, STATE 10b, COUP	VTY			ry, TOWN Balt			City					10d. INSIDE CITY LIMITS? 1 X YES 2 ND
FUNERAL	4222 Harfor					10	21.	214			10g. CIT	USA	WHAT COUNTRY?
BY	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDED FORCES? IF YES, GIVE	NT EVER IN U.S. A 1 YES 2 2 WAR DR DATES	ARMED SND	13.	WAS DEC If yes, sp 1 TES	CENDENT Hecity Cub	OF HISPAN an, Maxica Specify	IIC DRIG n, Puerto :	N? (Specify Y Ricen, etc.)	ea or No-		E—American Indian, k, White, atc. White
COMPLETED	15. DECEDENT'S EI (Specify only highest gra Elementary/Secondary (0-12) 12 grade		+)	GIVE KIND OF U	work done se retired.)	during mo	DN ost of work	ing	16	E KIND OF B		DUSTRY	
	17. FATHER'S NAME (First, Middle, Last) George Moe	ller						Mary		Middle, Maide ite	n Surname)		
TO BE	19a. INFORMANT'S NAME (Type/Print) Peter Lucas									nber, City or To			0
	20a. METHOD OF DISPOSITION 1 Burial 2 Cremation 3 Re 4 Donation 5 Other (Specify)	emoval from State	20b. PLAC other Gre	e of Dispo	SITION (N	ame of ce	meleny ca	metory or		20c I	OCATION —	City or T	
	21. SIGNATURE OF FUNERAL SERVICE	LICENSES			22	Bra	dle	ess of fa y – As	hto		eral	Но	me, Inc. 1222
	23. PART I. Enter the diseases, of shock, or heart failur IMMEDIATE CAUSE (Final disease or condition resulting in death)	e. List only one ca	use on each li	ne.	Ca							reat,	Approximeta interval Between Onset and Death
NTION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	b	O (OR AS A CONS	-20000000									
CERTIFICATION	CAUSE (Disease or injury that initiated events resulting in death) LAST	c. DUE TO	O (OR AS A CONS	EDUENCE (OF):								
MEDICAL	PART II. Other algnificant condition	iona contributing to Dement		t resulting	in the u	nderlyin	ng cause	given in	Part I.	24e. WAS / PERFI 1 YES	N AUTOPSY DRMED?	24	b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 ND
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:	☐ ER/Outpatient	3 🗆 DOA	OTHE 4 Nu	R:	- 1	DEATH (Ch		one) her (Specify)			
	27. MANNER OF DEATH 1 Netural 5 Pending investigation	11000	F INJURY Day, Year)	28b. TII		28c. IN.	JURY AT ORK? YES 2			ESCRIBE HOV	INJURY O	CURED	
TED BY	2 Accident investigated 3 Suicide 6 Could not i 4 Homicide determined	28e. PLACE	OF INJURY — At I, etc. (Specify)	home, farm,	street, fa	ctory, offic	ce		28f. LC	CATION (Street by or Town, Sta	t and Numbe	or Plural	Ploute Number,
COMPLET	Torridon, dring	YSICIAN: To the best of											(s) and manner as stated.
BE	296. SIGNATURE AND TITLE OF CERTIF	I do me	- 110				29c. L/	CENSE NUI	MBER		29d. DA	TE SIGNE	0 (Month, Day, Year)
2	30. NAME AND ADDRESS OF PERSON DEBRA S WE	WHO COMPLETED CA	USE OF DEATH (T	TEM 27) (Typ	o, Print)	ARK	A	ve.	3	ALTO	uq	2	1201
	31. DATE-FRED (Models, Day, Year)		ANTO MENTAL	Ra.							•		<u>-</u>





uurs after death. Page 6 may be retained by the hospital or attending physician. In by the funeral director, page 5 should be detached for use as the buriat-transit BALTIMORE, MARYLAND 21203-3146 funeral director, filled in by the executed within DIVISION OF VITAL RECORDS, P.O. BOX 13146, the death certificate be

DIRECTOR FUNERAL BY COMPLETED 2

Pages 1, 2, 3 should

permit.

FOR STATE REGISTRAR

notified at must be other traumatic event, the medical examiner 6 by the attending physician and completely filled and Nortal Hygiene prior to burial, cremation, 6 Shows HOSPITAL DR ATTENDING PHYSICIAN: "FUNERAL DIRECTOR: After this certifical within 72 hours after death with the Sta with t marked. 28 Hem

COMPLETED

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FUNERAL I TO THE HOSPITA
TO THE FUNERA
De filed within 72
IMPORTANT: 1

requires

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH Michaelides 10:30 PM 02 990 12 7. DATE OF BIRTH (Month, Day, Year) Aug. 31, 1910 5. SEX 6. AGE (In yrs. last birthday) B. BIRTHPLACE (State or Foreign IF UNDER 1 YEAR | IF UNDER 24 HRS. Nicosia, Cyprus DAYS 1 X M 2 | F 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Baltimore 18c, CITY, TOWN DR LOCATION 10d. INSIDE CITY Baltimore 1 YES 2X ND 10g. CITIZEN OF WHAT COUNTRY? 10f. ZIP CODE 21227 U.S.A. 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-If yes, specify Cuban, Maxican, Puarto Rican, etc.) 1 U YES 2 NO Specify: 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 XNO 14. RACE — American Indian, Black, White, stc. IF YES, GIVE WAR DR DATES SpecifyWhite 16h KIND OF BUSINESS/INDUSTRY

4. SOCIAL SECURITY NUMBER 212-18-0465-A 9a. FACILITY NAME (If not institution, give street and number) St. Agnes Hospital RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10e. STREET AND NUMBER 1156 Linden Avenue 11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 15. DECEDENT'S EDUCATION (Specify only high College (1-4 or 8+) Elementary/Secondary (0-12) Waiter Restaurant 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Constantine Michaelides Kalliopi Michaels 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Argy Michaelides 1156 Linden Avenue, Baltimore, Md. 21227 20a. METHOD OF DISPOSITION
1 🔀 Burlel 2 □ Cremation 3 □ Res 20b. PLACE OF DISPOSITION (Name of cometery, crematory or 20c. LOCATION — City or Town, State Greek Orthodox Cemetery BAltimore 4 Donation 6 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Hubbard Funeral Home Inc. motion 4107 Wilkens AVenue 23. PART I. Enter the placeses, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory errest, shock, or heert fellure. List only one cause on each line. Interval Between Onset and Death IMMEDIATE CAUSE (Finel disesse or condition resulting in death) Probable DUE TO (OR AS A CONSEQUENCE OF): 15 min mobility Days CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING lentilatur Dependence CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST chemic howe PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24b. WERE AUTOPSY FINDINGS 24a, WAS AN AUTOPSY MEDICAL AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 TES 2 NO 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL:
1 Kinpetient 2 ER/Outpetient 3 DOA OTHER:
4 | Nursing Home 5 | Residence 8 | Other (Specify) 1 YES 2 NO 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending 1 YES 2 ND BY

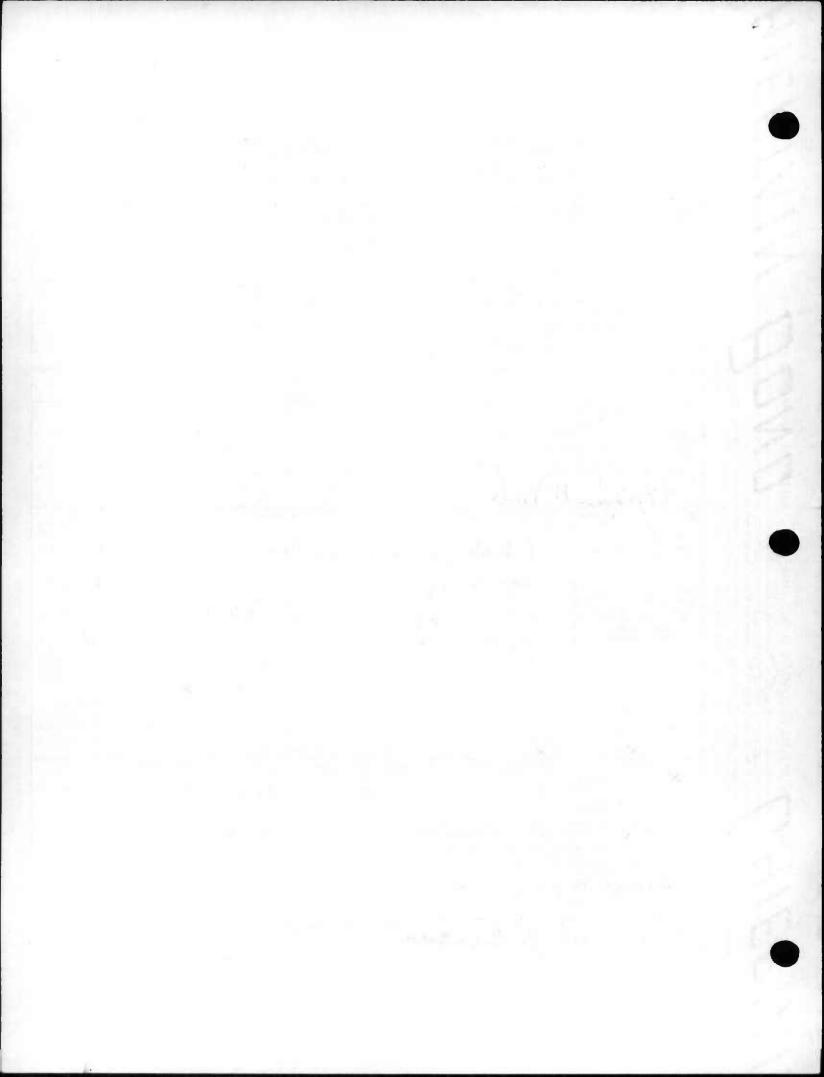
2 Accident 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28e. PLACE DF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Suicide 6 Could not be 4 Homicide

29a. CERTIFIER
1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated.

Surally My Languren My	29c. LICENSE NUMBER	29d. DATE SIGNED (Month, Day, Year) 12/2/90

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

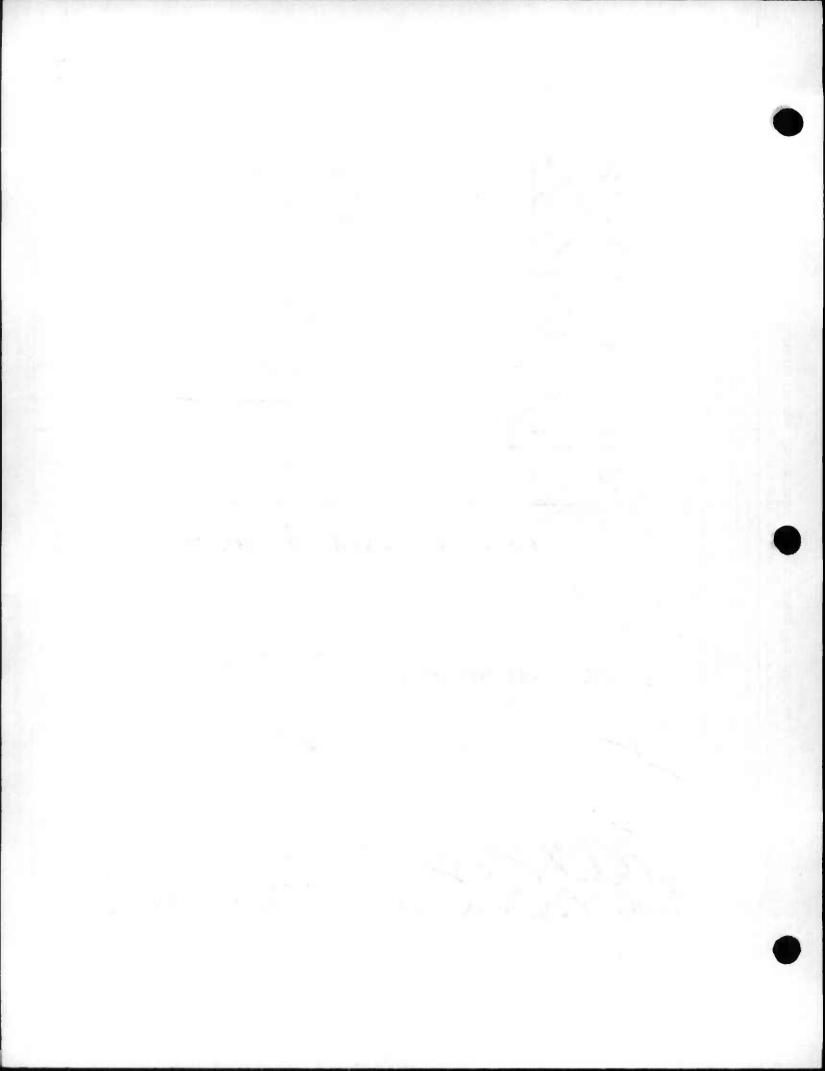
Hayward Gerald 31. DATE FILED (MORT), 1990



DIVISION OF VITAL RECORDS, P.O. BOX 13146,

*		ift. Pages 1, 2, 3 s		
DIVISION OF VIEW RECORDS, F.O. DOX 1914,	TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Zer hours after death. Page 6 may be retained by the hospital or attending physician.	3 THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 s	be filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to bunal, cremation, or removal.	MPORTANT: if item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
	TO THE H	TO THE FL	be filed wi	IMPORTA

	1 - FOR STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTMENT CERTIFICATE		MENTAL HYGI REG.		0 00010
	1. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF DEATH	DAY Y	3. TIME OF DEATH
	Robert		Natwic	<	11/23		5PM M
	4. SOCIAL SECURITY NUMBER		yrs. last birthday) IF UNDER	YEAR IF UNDER 24 HRS. DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Yea	6.	BIRTHPLACE (State or Foreign Country)
	215 03 4644	1 M 2 □ F 76	YAS.		7/10/	14	Maryland
_	9a. FACILITY NAME (If not institution, give a		9b. CITY,	TOWN OR LOCATION OF DI	EATH	9c. COUNTY	OF DEATH
DIRECTOR	2822 Glen Elyi	n Way		Bel Air		Har	ford
[[RESIDENCE OF DECEDENT 10e. STATE 10b. COUNT	Υ	10c, CITY, TOWN O	R LOCATION			10d. INSIDE CITY
<u>E</u>	MD	Harford					LIMITS?
	10e. STREET AND NUMBER	Harlord	Bel	101. ZIP CODE		10a CITIZEN	OF WHAT COUNTRY?
RA		la at a un Di					
FUNERAL	734 W. Ring F	12. WAS DECEDENT EVER IN 1	IIS ARMED 13 1	2 1 0 1 3	NIC ORIGIN? (Specifi		SA. RACE — American Indien.
	1 Never Merried 2 Married	FORCES? 1 YES	2 NO I	yes, specify Cuben, Mexico	en, Puerto Rican, etc.		Black, White, atc.
B	3/	IF YES, GIVE WAR OR DAT	25	YES 2 NO Specif	у:		Specify: White
	16. DECEDENT'S EDU		16a. DECEDENT'S USUAL OC	CUPATION	16b. KIND OF	BUSINESS/INDUS	TRY
E	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 8+)	(Give kind of work done of life. Do NOT use retired.)	luring most of working			
4		Ves	Manager		Ret	ail Sa	les
COMPLETED	17. FATHER'S NAME (First, Middle, Last)	70,		18. MOTHER'S NA	AME (First, Middle, Me	iden Sumame)	
BE	Henry Frank	Natwick		Laur	a Hous	ton	
10 B	19e. INFORMANT'S NAME (Type/Print)			(Street and Number or Rural			
F	Barry Natwic	k Son	2822 Gl	en Elyn Wa	y Bel	air, MD	21013
	20s. METHOD OF DISPOSITION 1 Buriel 2 Cremetion 3 Rem		PLACE OF DISPOSITION (No other piece)	me of cemetery, crematory or	200	LOCATION — City	y or Town, State
	4 Donation 5 Other (Specify)						
	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE Ronald V	Vade, Dir 22.	NAME AND ADDRESS OF FA	STA!	TE ANAT	OMY BOARD
	May Wille	12/3/	90 65	5 W.Balto	.St., B	altimor	e,MD 21201
	23. PART (. Enter the diseases, or			the mode of dying, suc	ch as cardiac or r	eapiratory arrest	
	shock, or heart failure. IMMEDIATE CAUSE (Final	List only one cause on each					Interval Between Onset and Death
	disease or condition	ADENOC	ARCINO	nA of	COLO	N	12 4R
	resulting in death)		CONSEQUENCE OF):				//-
z		h.					
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A	CONSEQUENCE OF):				
S	CAUSE (Disease or injury	C					
TF.	that initiated events resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE OF):				
ER		d					
AL C	PART II. Other algnificant condition			derlying cause given in	Part I. 24s. WA	S AN AUTOPSY	24b. WERE AUTOPSY FINDINGS
S	LIVER	METAS	N4515			RFORMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE
ED						.5 2	OF DEATH?
2							T TES E NO
PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL	T		26. PLACE OF DEATH (C)	Helick only one)		
SIC	EXAMINER?	HOSPITAL: 1 Inpatient 2 ER/Outpa	oTHE	Sing Home & Residence	8 Other (Sneeth)		
ΗX	27. MANNER OF DEATH	28e. DATE OF INJURY	28b, TIME OF	28c. INJURY AT		OW INJURY OCCUI	RED
YP	1 Natural 6 Pending	(Month, Day, Year)	INJURY	WORK? 1 YES 2 NO			
BY	2 Accident Investigation 3 Suicide 6 Could not be	28e. PLACE OF INJURY	At home, farm, street, fact	ory, office			Rural Route Number,
TEC	4 Homicide determined	building, etc. (Special	ny)		City or Town,	State)	
COMPLETED	25a. CERTIFIER 1 CERTIFYING PHYS	SICIAN: To the best of my knowle	edge, death occurred at the t	lme, date and place, and du	e to the cause(s) and	manner as stated	
ME	- Tourist may	IER: Sh the basis of examination					
0(295. SIGNATURE AND TITLE OF CERTIFIE	100		29c, LICENSE NU	IMBER	294 DATE 6	BIGNED (Month, Day, Year)
BE	14 yuw	y /w		D317	75	▶ //	128/90
9	30, NAME AND ADDRESS OF PERSON W	HO COMPLETED CAUSE OF DEA	ATH (ITEM, 27) (Type. Print)	21/2 - 5	00 40	1 N	
	Broshw 1	=DWARDS	, mi).	Auso	NUMBER	wy	7047
	31. DATE FILED (Molth, Day, Yat)	Suna Davidson	TURE		7		



SALLIMORE, MARILAND ZIZOS-3146	within 24 mours after death. Page 6 may be retained by the hospital or attending physician.) THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should if fled within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	vent, the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOA 13149,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-mours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fi be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - FOR STATE REGISTRAR	STATE OF MAR				HEALTH AND		HYGIENE REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last) Mahasin			N	lee1	-	2. DATE OF MONTH	DEATH DAY	28,	EAR	1ME OF DEATH 4:30PM
	4. SOCIAL SECURITY NUMBER		GE (In yrs. las		UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF (Month, E	BIRTH	8.	_	CE (State or Foreign
	577-42-7866	1 🗆 M 2x 🗆 F 5	8	YRS.	NTHS DAYS	HOURS MIN.	1-12	2-32			ENN
	9a. FACILITY NAME (If not institution, give at	treet and number)		9b	CITY, TOWN	OR LOCATION OF D	EATH		9c. COUNTY	OF DEATH	
9	Physicians Memo	rial Hos	pital		LaP	lata			Cha	arle	s
5	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY	,		10c. CITY, TO	OWN OR LOCA	TION				10d	. INSIDE CITY
DIRECTOR	MD CHARL	ES		PO	MFRET					1ME	LIMITS?
	10e. STREET AND NUMBER					f. ZIP CODE	10g. CITIZEN			OF WHAT	COUNTRY?
EE	2731 PRESTON LA.					20675 Us					
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT EVE FORCES? 1 7	R IN U.S. AR	MED	13. WAS DECENDENT OF HISPA If yes, specify Cuben, Mexic					RACE — / Black, Wi	American Indien,
BY	1. Never Merried 2 Merried 3 Widowed 4 Divorced	IF YES, GIVE WAR O	R DATES			B 2 NO Spec		ent etc.) MO		Specify:	
	15, DECEDENT'S EDUC	CATION	CEDENT'S USI	IAL OCCUPAT	IDN	16b. KIND OF BUSINESS/INDU				BLACK	
	(Specify only highest grade Elementary/Secondary (0-12)	Coffege (1-4 or 5+)	(G	ive kind of work Do NOT use re	done during m		- 22				
2	12	College (I= or 5+)		INSTRU	CTOR		DA	TER			
COMPLET	17. FATHER'S NAME (First, Middle, Last)					16. MOTHER'S N	AME (First, Mid	idie, Maiden Su	irneme)		
BE	JAMES BOLDEN					MAF	RGARET	BOLDE	N		
0	19a. INFORMANT'S NAME (Type/Print)					and Number or Rura			State, Zip Co	de)	
-	THOMAS C. NEEL					LA., POME					
	20a, METHOD OF DISPOSITION 1 Description 1 Description 2 Description 3 D	oval from State	other pl	ace)		emetery, crematory or			TION — City		State
	4 Donation 8 Other (Specify)	CENSEE	G.	EORGE	7	GTON CEM			LPHI,	-	
	+ Hand a	e Ma	too	_		ersal Mor					.,N.W. C. 20011
CERTIFICATION	Sequentielly list conditions, if eny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	c	AS A CONSE	QUENCE OF):	ja	rcre	ne	/			
PHYSICIAN: MEDICAL CE		as contributing to dea	te,					PERFORMED? 1 YES 2 NO		AM CO	RE AUTOPSY FINDINGS ILLABLE PRIOR TO MPLETION OF CAUSE DEATH? YES 2 NO
A	25. WAS CASE REFERRED TO MEDICAL				28.	PLACE DF DEATH (C	Check only one)				
Sic	EXAMINER? 1 YES 2 IND	HOSPITAL:	Outpatient 3	DOA 4	THER:	me 5 🗆 Residence	8 🗆 Other (Specify)			
H	27. MANNER OF DEATH	28e. DATE OF INJU	IRY Nar)	28b. TIME O	F 28c. II	JURY AT	28d. DESC	RIBE HOW IN.	JURY OCCUP	RED	
BY	1 Natural 6 Pending 2 Accident Investigation				M 1	YES 2 ND					
	3 Suicide 6 Could not be 4 Homicide datermined	28e. PLACE OF IN. building, etc.	IURY — At he (Specify)	ome, farm, stre	et, factory, off	Ice	281. LOCAT City or	TON (Street an Town, Stete)	d Number or	Rural Route	Number,
COMPLETED	000)	ICIAN: To the best of my I									d menner ee stated.
ш	296: SIGNATURE AND TITLE OF GENTIFIE	7	111			29c. LICENSE N	UMBER		29d. DATE fi	HONED (M)	Day, Year)
0	Aux II	itake	La	MI)	D-08	370		111	128/	28
5	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUSE O	F DEATH (ITE	M 27) (Type, Pri	int) 118	LaGra	nge A	venue	POB	13	17
	Paul E. Pritch	ett,M.D.			La	Plata,	Md.	20646	5		
- 1											
	31. DATE FILED (Month, Pay, Year)	32. REGISTRAR'S	SIGNATURE								
	31. DATE FILED (Aforth, Pay, Year).		SIGNATURE	Bul so							



TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2 meters after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunia-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Degt. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21203-3146

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

8422 Newcomb, Annie P. 1- STATE REGISTRAR

STATE OF MARVI AND

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	HEGISTHAH			CERTIFICATE OF DEATH				HEG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)						2. DATE OF DEATH	W U	year 3. T	IME OF DEATN	
	ANNIE		Ρ.	NE	WCOMB		15	(0	05	8:00 A.M	
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. It		IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTN (Month, Day, Year)		Country)	E (State or Foreign	
	214-12-9013	1 ☐ M 2 💢 F	72	YRS.	IONINS DATS	HOOMS MIN.		18	SOUTH	CAROLINA	
	9a. FACILITY NAME (If not institution, give st	reet and number)			96. CITY, TOWN	OR LOCATION OF DE	ATH	9c. COUNT	Y OF DEATH		
e l	UNION MEMORI	AL HOS	PITAL		BA	LTIMORE	CITY				
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY		·	10c CITY	TOWH OR LOC			10d. INSIDE CITY			
E	MARYLAND			100. 0171,	BALTIM			LIMITS?			
	10e. STREET AND NUMBER				1,	of, ZIP CODE		10n CITIZE	1 (A) YES 2 NO		
FUNERAL	3939 ROLA	ND AVENU	E						USA	4.1111	
2	11, MARITAL STATUS	12. WAS DECEDEN		RMED	13 WAS DI	CENDENT OF HISPAN	IIC ORIGIN? (Specify Yes	or No. 1	A BACE — A	merican Indian.	
	1 Never Married 2 Married	FORCES? 1	YES 2 X	NO	If yes, s	specify Cuban, Maxican	n, Puarto Rican, atc.)		Black, Wh Specify:	ita, etc.	
BY	3\\X\\Widowed 4 \Brightarrow Divorced	11 120, 0112 1	an on bales		1	Specify				HITE	
COMPLETED	15, DECEDENT'S EDUC (Specify only highest grade		16a, D	ECEDENT'S U	SUAL OCCUPAT	ION	16b. KIND OF BUS	SINESS/INDU	STRY		
딟	Elementary/Secondary (0-12)	College (1-4 or 5	- 0	e. Do NOT use	retired.)	rost of Working					
Ā	12TH		HOUS	SEWIFE							
8	17. FATHER'S NAME (First, Middle, Last)						ME (First, Middle, Maiden	Surname)			
BE	FRED TART			NORA GREY							
2	19a. INFORMANT'S NAME (Type/Print)		1	19b. MAILING ADDRESS (Street and Number or Aural Route Number, City or Town, 1909 BANK STREET, BALTIMORE, M.						11001	
-	H. WARREN NEWCOM			1909	BANK S	STREET, BA	ALTIMORE, I	MARYL	AND Z	21231	
	200 METHOD OF DISPOSITION 1 Duriel 2 Cremation 3 Remo	oval from State	other i	20b. PLACE OF OISPOSITION (Name of cemetery, crematory or other place) MEADOWRIDGE MEMORIAL PARK				20c. LOCATION — City or Town, State ELKRIDGE, MARYLAND			
	4 Donation 5 Other (Specify)		_ MEAI	OWRID		NIAL PARE		RIDGE,	MARY	LAND	
	21. SIGNATURE OF FUNERAL SERVICE LIC		1)			Z, JR. FUN	ERAL I	HOME		
	a year	n De	1	1			AVENUE, BA			21211	
	23. PART i. Enter the diseases, or o				ot enter the n	node of dying, suc	h ss cerdlec or resp	iratory srre	st,	Approximata Intervai Between	
	Onset and Death										
	disease or condition resulting in death)	· PM	ecuron	40	oval	or de	052)				
	disease or condition resulting in death) e. Previous and er apsurous out or apsurous out to (or as a consequence of): Sequentially list conditions b. Averus the Hyporic Brain damage										
Z	Sequentieily list conditions,	a Try	evasil	le t	1400011C	Bearn	. damas	<u> </u>			
Ĕ	if any, leading to immediate cause. Enter UNDERLYING	DUE TO	(OR AS A CONS	EOUENCE OF)	: '1		6				
5	CAUSE (Disease or injury	DUE TO	(OR AS A CONS	FOLIENCE OF							
Ē	that initiated events resulting in deeth) LAST										
CERTIFICATION		d									
		_	A Part	- 4 /	resulting in the underlying ceuse given in Par			AUTOPSY		RE AUTOPSY FINDINGS ILABLE PRIOR TO	
EDICAL	Congestive	Hear	X	Dilure	2		1 YES :	NO		MPLETION DF CAUSE DEATH?	
ME	J						_	/	1 [YES 2 YO	
										/	
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			26. OTHER:	PLACE OF OEATH (Ch	eck only one)				
YSI	1 TES 2 XHO		☐ ER/Outpatient			ome 5 🗆 Rasidenca	8 Other (Specify)				
PH	27. MANNER OF DEATN 1 Netural 5 Pending	28a. DATE Of (Month, I		28b. TIME INJU	RY \	NJURY AT VORK?	28d. OEŞCRIBE NOW	INJURY OCCI	URED		
B	2 Accident Investigation					YES 2 NO					
6	3 Suicide 8 Could not be	28e. PLACE (building	of INJURY — AI I	home, farm, st	reet, factory, of	fice	28f. LOCATION (Street City or Town, State		or Rural Route	Number,	
H											
P	Critick oray	CIAN: To the best o	l my knowledge,	deeth occurred	d at the Ilme, de	ita and place, and due	to the cause(s) and ma	nner aa stste	d.		
COMPLET	one) 2 MEDICAL EXAMINE	R: On the basis of	examination and/o	r Investigation	, in my opinion	, death occured at the	time, data and place, as	nd dua to the	cause(a) and	d menner as stated.	
ш	29b. SIGNATURE AND TITLE OF CERTIFIE	1	. /	. 1		29c. LICENSE NUI	MBER	29d. DATE	SIGNEO (Mo	nth, Day, Year)	
0	myscalaste	01	Int Me	define	Intern	~		12	4/00	3 Am	
5	30, NAME AND AODRESS OF PERSON WH	O COMPLETED CAL	SE OF DEATH (IT	EM 27) (Type,	Print)	4.450 73			100	4 40	
1	MY Bakest	el t	\sim	Us	~DN /	Mem H	usphal		Ball	10, 641)	
	31. DATE FILEO (Month, Day, Year)	32. REGISTR	AR'S SIGNATURE				}				
	INFO 5 10	ion L.C	Marida	Banda	12.						



THEO ERRORERS HOSPETAL ROLL OF THE CETT

samulation for the

FOR

TO BE COMPLETED BY FUNERAL DIRECTOR

REGISTRAR CERTIFICATE OF DEATH REG. NO.
4. SOCIAL SECURITY NUMBER 6. SEX 6. AGE (in yrs. lest birthdsy) 6. AGE (in yrs. lest birthdsy) 6. AGE (in yrs. lest birthdsy) 6. AGE (in yrs. lest birthdsy) 7. DATE OF BIRTH (Month, Day, Vest) 8. BIRTHPLACE (State or Foreign Country) 8. BIRTHPLACE (State or Foreign Country) 8. BIRTHPLACE (State or Foreign Country) 8. BIRTHPLACE (State or Foreign Country) 8. BIRTHPLACE (State or Foreign Country) 8. BIRTHPLACE (State or Foreign Country) 8. BIRTHPLACE (State or Foreign Country) 8. BIRTHPLACE (State or Foreign Country) 8. BIRTHPLACE (State or Foreign Country) 8. COUNTY OF DEATH 8. BIRTHPLACE (State or Foreign Country) 8. BIRTHPLACE (State
4. SOCIAL SECURITY NUMBER OG9-01-3626 1 M 2 M F 80 YRS. 6. AGE (In yrs. lest birthdey) 80. FACILITY NAME (If not institution, give street and number) 90. FACILITY NAME (If not institution, give street and number) 91. CITY, TOWN OR LOCATION 92. COUNTY OF DEATH MarylandManor Convalescent Ctr Glen Burnie 106. STATE 106. COUNTY 106. STATE 106. STATE 106. STATE 106. STREET AND NUMBER 7575 E. Howard Road 107. SEX 108. AGE (In yrs. lest birthdey) 10 LINDER 1 YEAR 15 UNDER 1 YEAR 16 UNDER 1
9e. FACILITY NAME (if not institution, give street and number) 9e. COUNTY OF DEATH MarylandManor Convalescent Ctr Glen Burnie RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY MD Anne Arundel Co Glen Burnie 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 7575 E. Howard Road 10 YRK 9e. COUNTY OF DEATH 9e. COUNTY OF DEATH 9e. COUNTY OF DEATH 10 MarylandManor Convalescent Ctr Glen Burnie 10d. Inside City Limits? 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? USA
98. FACILITY NAME (if not institution, give street and number) 99. CITY, TOWN OR LOCATION OF DEATH MarylandManor Convalescent Ctr Glen Burnie RESIDENCE OF DECEDENT 108. STATE 109. COUNTY MD Anne Arundel Co Glen Burnie 106. STREET AND NUMBER 7575 E. Howard Road 99. COUNTY OF DEATH 99. COUNTY OF DEATH 99. COUNTY OF DEATH 106. CITY, TOWN OR LOCATION 106. CITY, TOWN OR LOCATION 106. STREET AND NUMBER 107. ZIP CODE 109. CITIZEN OF WHAT COUNTRY? USA
RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? 10d. INSIDE CITY LIMITS? 10d. INSIDE CITY LIMITS? 10d. STREET AND NUMBER 10d. STREET AND NUMBER 7575 E. Howard Road 10d. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS?
RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? 10d. INSIDE CITY LIMITS? 10d. STREET AND NUMBER 7575 E. Howard Road 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? USA
MD Anne Arundel Co Glen Burnie ½ YES 2 NO 100. STREET AND NUMBER 7575 E. Howard Road 21061 USA
10e. STREET AND NUMBER 7575 E. Howard Road 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? USA
7575 E. Howard Road 21061 USA
11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No.— 14. RACE — American Indian,
1 Never Married 2 Married FORCES? 1 YES 25 NO If yes, specify Cuben, Mexican, Puerto Rican, etc.) Black, White, etc.
3 ₩ Wildowed 4 □ Divorced IF YES, GIVE WAR OR DATES 1 □ YES X X NO Specify: Specify: White
15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION 18b. KIND OF BUSINESS/INDUSTRY
(Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5 +) (Give kind of work done during most of working life. Do NOT use retired.)
Retired Waitress
17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Meiden Surname)
LEON GREGG MARY SAMUEL
19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)
Hope Schroder Daughter 1242 Pine Hill Drive, Annapolis, MD 21401
20e. METHOD OF DISPOSITION 20b. PLACE OF DISPOSITION (Name of cemetery, cremetory or other place) 20c. LOCATION — City or Town, State
Donation 5 Other (Specify)
21. SIGNATURE OF FUNERAL SERVICE LICENSEE BORald Wade, Dir. 22. NAME AND ADDRESS OF FACILITY STATE ANATOMY BOARD
655 W.Balto St, Baltimore, MD 21201
25. PART I. Enter the diseases, or complications that ceused the death. Do not anter the mode of dying, such as cerdiec or respiratory arrest, Approximate
shock, or heart failure. List only one cause on aech line. IMMEDIATE CAUSE (Final One) and Death of the cause on aech line.
disease or condition ACUTE MY OCAKINAL INTARCITOR.
resulting in death) S. OUE TO (OR AS A CONSEQUENCE OF):
Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING
Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):
Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury) DUE TO (OR AS A CONSEQUENCE OF): LAPTERIO SCLEROTIC CARDIO DUE TO (OR AS A CONSEQUENCE OF): VASCULAR DUETASE C. DUETO (OR AS A CONSEQUENCE OF):
Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): 245. WAS AN AUTOPSY FINDINGS
Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): A SCULAR DISEASE. DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): A SCULAR DISEASE. DUE TO (OR AS A CONSEQUENCE OF):
Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF):
Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): 244. WAS AN AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH OF COMPLETION OF CAUSE OF DEATH OF COMPLETION OF CAUSE OF DEATH OF COMPLETION OF CAUSE OF DEATH
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Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONS
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONS
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Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONS
Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): A S CULAR DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): A S CULAR DUE TO (OR AS A CONSEQUENCE OF): A S CULAR DUE TO (OR AS A CONSEQUENCE OF): A S CULAR DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): A S CULAR DUE TO (OR AS A CONSEQUENC
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Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONS
Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONS
Sequentially list conditions, if any, leading to immediate acuse. Enter UNDERLYTING CAUSE (Disease or Injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): AS COULD IN PART II. DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): AS COULD IN PART II. 24a. WAS AN AUTOPSY PINDING AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH (Check only one) 25b. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 VES 2 NO
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CARDIO — DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A

32. ARGISTRANT SICHUMORE

BALTIMORE, MARYLAND 21203-3146 DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a function of the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT. If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

DHMH-18 Rev 1/89

W. Franciski Amerikansky i i

The county former, Pages 1, 2, 3 should			
nse an			
ne tuneral director, page 5 should be detached for	95	examiner must be notified at once.	
tending physician and completely niled in by tr	al Hygiene prior to burial, cremation, or removi	or other traumatic event, the medical	

	FOR STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTM			MENTAL HYGIE					
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. 1	TIME OF DEATH		
	DANIEL JOHN O'TOOI					DECEMBER	1 100		5:00 A M		
	4. SOCIAL SECURITY NUMBER		MO MO	UNDER 1 YEAR NTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH		Country)	CE (State or Foreign		
	217-20-6005 9s. FACILITY NAME (If not institution, give str		0	CITY TOWN O	R LOCATION OF DE	11-29-19	_	NEW Y			
BO BO	VA MEDICAL CENTER	oot and namedy		ORT HOW			9c. COUNTY OF DEATH BALTTMORF.				
딦	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY		10c, CITY, T			10d. INSIDE CITY					
DIRECTOR	MARYLAND BALT	IMORE	FORT	D		1[
¥.	10e. STREET AND NUMBER			ZIP CODE		10g. CITIZEN OF WHAT COUNTRY?					
분	2601 POPLAR ROAD	P.O. BOX 337			1052			TATES			
BY PUNERAL	11. MARITAL STATUS 1. Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 X YES IF YES, GIVE WAR OR DAT WORLD WAR	2 NO	If yes, spe		IC ORIGIN? (Specify Yn, Puerto Ricen, etc.)	64 Of NO 14	Black, WI Specify:	American Indian, nite, stc.		
9	15. DECEDENT'S EDUC (Specify only highest grade of	ATION completed)	N at of working	16b. KIND OF 8	USINESS/INDUS		11664 1				
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)	iffe. Do NOT use re	,	MINDVED	1/	CAL 16				
8	NOT KNOWN 17. FATHER'S NAME (First, Middle, Lest)	NWORKER 18. MOTHER'S NAI	ME (First, Middle, Maide								
	JAMES O'TOOLE										
TO BE	19a. INFORMANT'S NAME (Type/Print)				nd Number or Rural F	Route Number, City or R		Zip Code)			
۲	JAMES C. O'TOOLE							MARYLAND 21219			
	20e. METHOD OF DISPOSITION 1	wat from State	PLACE OF DISPOSITION OF PROPERTY OF THE PROPER				OCATION — CIT LTIMORE				
	21. SIGNATURE ON THERIAL SERVICE LICE	1. Fiely	/	DUDA-F		ERAL HOME JUE DUNDA					
	23. PART I. Enter the diseases, or c shock, or heart fellure. I IMMEDIATE CAUSE (Final disease or condition resulting in death)	List only one cause of ea	ch line.	antar tha mo	de of dying, auc	h as cardiac or res	piratory arres	t,	Approximate interval Between Onset and Death		
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST										
PHYSICIAN: MEDICAL C	PART II. Other algorificant condition: ATHEROSCLEROTIC			the underlying	g cause givan in	Ivan in Part I. 24a. WAS AN AUTOPSY PERFORMED?			RE AUTOPSY FINDINGS ALLABLE PRIOR TO MPLETION OF CAUSE DEATH? YES 2 NO		
AN	25. WAS CASE REFERRED TO MEDICAL			28. PI	ACE OF DEATH (Ch	eck only one)					
SIC	EXAMINER? 1 YES 2 NO	HOSPITAL:		THER:	e 5 🗆 Residence	8 Other (Specify)					
ΉΥ	27. MANNER OF DEATH	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME (OF 28c. INJ		28d. DEŞCRIBE HOV	V INJURY OCCU	RED			
BY F	1 Netural 5 Pending 2 Accident Investigation			M 1 🗆	YES 2 NO						
	3 Suicide a Could not be 4 Homicide determined	26s. PLACE OF INJURY building, etc. (Spec		et, factory, offic	•	28f. LOCATION (Stre City or Town, Str		Rural Rout	e Number,		
COMPLETED	onei	CIAN: To the best of my knowl R: On the basis of examination							nd manner as stated.		
BE	29%. SIGNATURE AND TITLE OF CERTIFIER	Kane	CHN		29c, LICENSE NUI	01	29d. DATE S	SIGNED (M	orth, pay, Year)		
5	30. NAME AND ADDRESS OF PERSON WH MARCIA KANE, M.D.,				ARD, MD	21052					
	DFC 5 1990	32. REGISTRAR'S SIGN.	ATURE								

ne mk

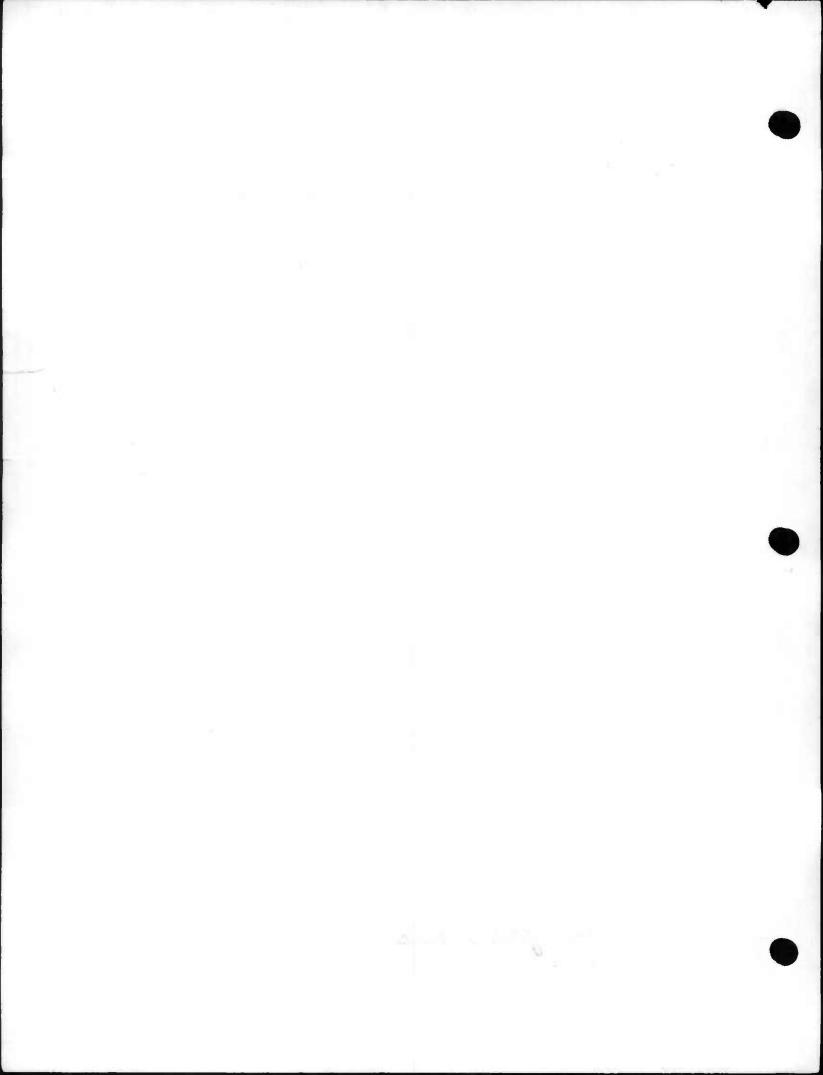
TO THE HOSPITAL, OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-mours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FINEFAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlat-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlat, cremation, or removal.

IMPORTANT: If them 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR CERTIFICATE OF DEATH REG. NO.									
	1. DECEDENT'S NAME (First, Middle, Last) (WILLIAM ANDITTS) 2. DATE OF DEATH MONTH DAY YEAR 3. TIME OF DEATH MONTH DAY 3 / 90 535 A	м								
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. lest birthdey) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day; Year) 1 M 2 F 67 YRS. 67 YRS. 12 - 16 - 23									
R	96. FACILITY NAME (If not institution, give street and number) CHURCH HOSPITAL CORPORATION 9b. CITY, TOWN OR LOCATION OF DEATH 8c. COUNTY OF DEATH 8c. COUNTY OF DEATH									
KI	RESIDENCE OF DECEDENT									
DIRECTOR	100. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? MD BALTIMORE CITY 1 X YES 2 \(\$\text{\$\tex{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$									
3	10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY?	\dashv								
FUNERAL	2432 ASHLAND AVENUE 21205 USA									
BY FU	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Wildowed 4 Divorced 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 Merried If yes, specify Cuben, Mexican, Puerto Rican, etc.) 13. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yea or No-Black, White, etc.) 14. RACE — American Indian, Black, White, etc. Specify: B L A C K									
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) (Glaw kilned of work done during most of working life. Do NOT use retired.) 18b. KIND OF BUSINESS/INDUSTRY (Glaw kilned of work done during most of working life. Do NOT use retired.)	\neg								
Elementary/Secondary (0-12) College (1-4 or 5 +) CONSTRUCTION WORKER										
S	17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Meiden Surmame)									
BE	WILLIAM CLAY PITTS CATHERINE ALLENDER	_								
101	198. INFORMANT'S NAME (Type/Print) KATHERINE PITTS 199. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2432 ASHLAND AVE BALTIMORE, MD. 21205									
	20s. METHOD OF DISPOSITION 1XI Burlel 2 Cremation 3 Removal from State 4 Donetion 6 Other (Specify) 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or GARRISON FOREST VET. CEM. OWINGS MILLS, MD.									
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY	\dashv								
	WM.C. MARCH F.H 1101 E. NORTH AVE.									
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, Approximate									
	shock, or heart failure. List only one cause on each line. Interval Betwee Onset and Deadlesse or condition resulting in death) a. Cardiac Stands fell.									
	DUE TO (OR AS A CONSEQUENCE OF): Caudio Vascular Disease									
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause, Entar UNDERLYING DUE TO (OR AS A CONSCOUENCE OF): A 1									
FIC	CAUSE (Disease or Injury that Initiated events oue to (or as a consequence of):	\dashv								
ERT	resulting in death) LAST									
	PART II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 24s. WAS AN AUTOPSY PREFORMED? AMALABLE PRIOR TO	38								
EDICAL	1 VES 2 NO COMPLETION OF CAUSE OF DEATH?									
Σ	1 TES 2 NO									
Z										
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL: OTHER:	\dashv								
14S	1 YES 2 NO 1 Inpatient 2 ER/Outpatient 3 DOA 4 Nursing Home 5 Residence 8 Other (Specify) 27. MANNER OF DEATH 28s. DATE OF INJURY 28b. TIME OF 28c. INJURY AT 28d. DESCRIBE HOW INJURY OCCURED	_								
BY PI	1 D Netural 6 Pending (Month, Day, Veer) NJURY WORK? 2 Accident Investigation									
	2 Suicide 3 Suicide 4 Homicide 28e. PLACE OF INJURY — At home, farm, street, factory, office building, stc. (Specify) 28f. LOCATION (Street and Number or Rural Route Number, City or Yown, State)									
COMPLETED	29s. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and menner as stated.									
8										
BE	296. SIGNATURE AND TITLE OF CERTIFIER 296. LICENSE NUMBER 296. DATE SIGNED (Month, Day, Year) 126. 594 12. 3/96									
임	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)									
	CHURCH HOSPITAL 100 N BROADWAY DR. BOKHARR									
	31. DATE PUE (PONT), DOS 16999 31 ACCISTANTS SIGNATURE S									



1 - FOR 1 - STATE REGISTRAR	STATE OF MARYLA		TMENT OF		MENTAL HYGIEN		90 3337			
1. DECEDENT'S NAME (First, Middle, Last)	Hildren	L Lo	uise		2. DATE OF DEATH	ony G	year 9 25 A.			
The second of th	SEX 6. AGE (In	yrs. last birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 12/23/1		BIRTNPLACE (State or Foreign Country) Pennsylvan			
99. FACILITY NAME (If not institution, give street Homewood Hosp		N.Cha		Balti		Y OF DEATN				
HOMEWOOD HOSE RESIDENCE OF DECEDENT 100. STATE 100. COUNTY MD Balt	imore	10c. CITY	, TOWN OR LOCA		atonsvil	10d. INSIDE CITY LIMITS? 1 1 YES 2 NO				
10e. STREET AND NUMBER Meridan Nursir 11. Marrial STATUS 1. Never Married 2. Married	ng Home		10	f. ZIP CODE		EN OF WHAT COUNTRY?				
11. MARITAL STATUS	1 Never Married 2 Married FORCES? 1 YES 2				NIC ORIGIN? (Specify Yearn, Puerto Rican, etc.)	sa or No— 1	4. RACE — American Indian, Black, White, etc. Specify: White			
15. DECEDENT'S EDUCATI (Specify only highest grade com Elementary/Secondary (0-12)		Ille. Do NOT us	vork done during me	ost of working	16b. KIND OF BU					
17. FATHER'S NAME (First, Middle, Last) CHARLES HE	NRY BENNE		011	16. MOTNER'S NA	ME (First, Middle, Meidel BEL Zobas	n Surname)	SMAIL			
CHARLES HE	INT DENNE	7	ADDRESS (Street		Route Number, City or Tox					
20a. METHOD OF DISPOSITION 1	from State 20b.	PLACE OF DISPOS other place)	SITION (Name of ce	metery, crematory or	20c. L	DCATION — CI	ty or Town, State			
21. SIGNATURE OF FUNERAL SERVICE LICENS	Ronald W	lade, Di	22. NAME A	W. Bal	CUTYSTATE toStreet	ANATO, Balt	OMY BOARD o,MD 21201			
23. PART I. Enter the diseses, or com ahock, or heert failure. List IMMEDIATE CAUSE (Finel disese or condition resulting in death)	only one cause on ee	the death. Do not line.			h as cerdiac or reap	piratory arre	st, Approximata interval Betwee Onset and Deet			
	DUE TO (OR AS A HYP	extension	m.							
Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):									
resulting in death) LAST										
PART II. Other algorificent conditions of	ontributing to death bu	t not resulting	n the underlyin	g couse given in		PAMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO			
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	OSPITAL:			LACE OF DEATH (Ch	neck only one)					
1 USS 2 OCNO 1)	Inpetient 2 ER/Outpe 26a, DATE OF INJURY (Month, Day, Year)	28b, TIM	E OF 28c. IN	JURY AT ORK?	6 Other (Specify) 28d. DESCRIBE HOW	INJURY OCCU	URED			
2 Accident Investigation	28e. PLACE OF INJURY building, etc. (Specific	At home, ferm, s		YES 2 NO	261. LOCATION (Street City or Yown, State	t and Number o	er Rural Route Number,			
290. CERTIFIER (Check only	YSICIAN: To the best of my knowledge, death occurred at the time, date and piece, and due to the cause(a) and manner as stated. INER: On the basis of axamination and/or investigation, in my opinion, death occurred at the time, date and piece, and due to the cause(a) and manner as stated.									
- II				death occurso at the			cause(a) and manner as stated.			
296. SIGNATURE AND TITLE OF CERTIFIER	vong.			29c. LICENSE NU			cause(a) and manner as stated. SIGNED (Month, Day, Year) / 2/ 2/ 5=			

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within any mount of eath. Page 6 may be retained by the hospital or attending physician.

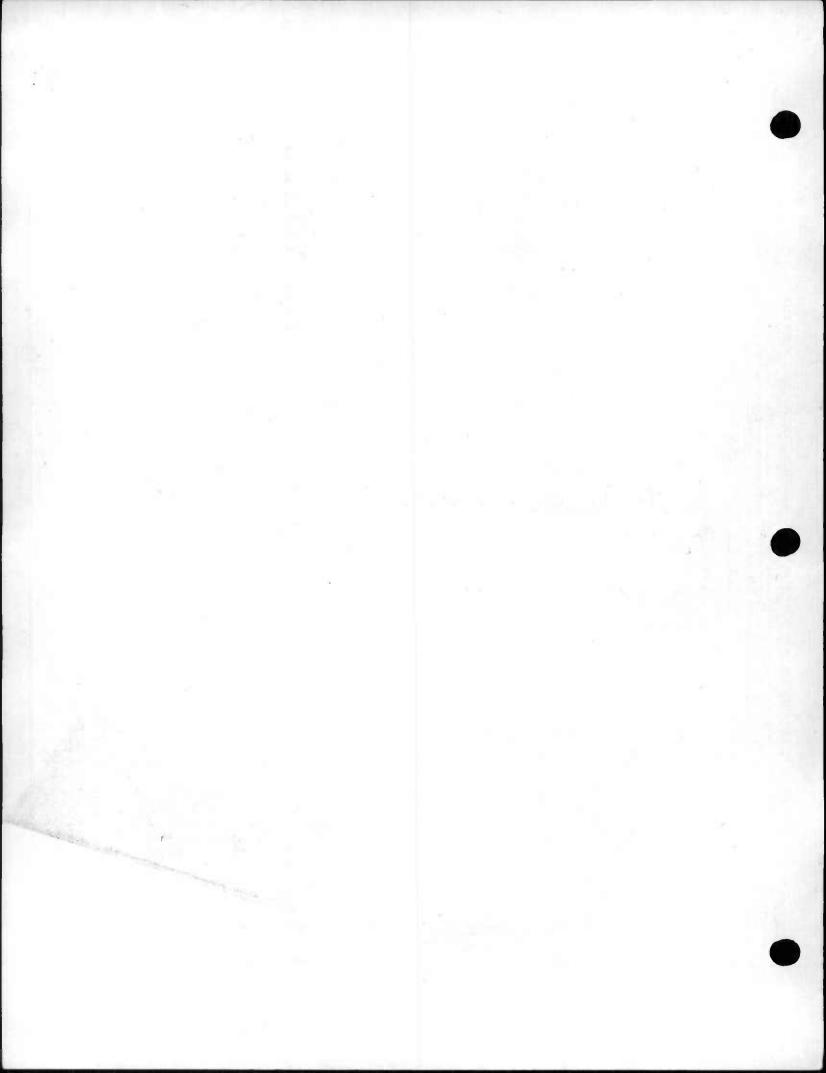
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be netified at once. DIVISION OF VITAL RECORDS, P.O. BOX 13146,

31. DATE FILED (Month, Day, Year)
DEC 5 1990

32. REGISTRAR'S SIGNATURE

BALTIMORE, MARYLAND 21203-3146



HE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within course after death. Page 6 may be retained by the hospital or attending physician.

HE THERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be after him 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

**PARTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

1 . . .

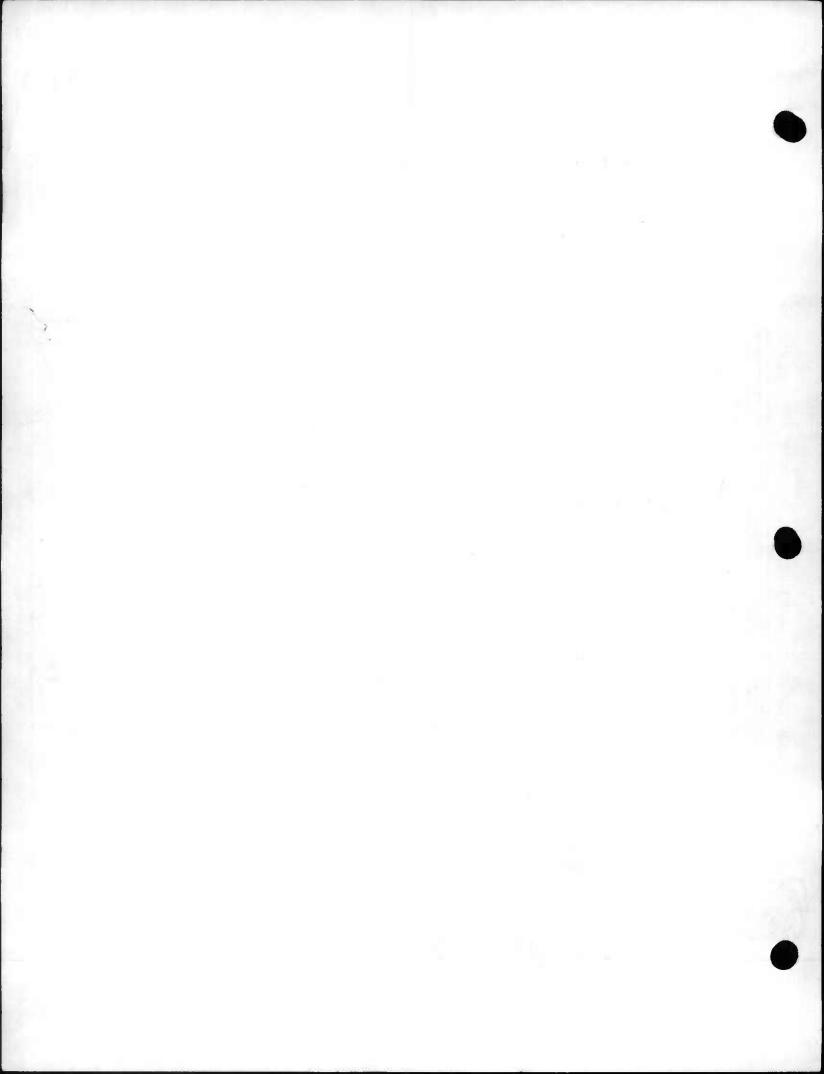
ITEMS:23 thru 28f per ME G-670 12/21/90 cm

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

33377 90

REGISTRAR		CERTIFIC	CATE OF DEATH	REG.	NO.	
1. DECEDENT'S NAME (First, Middle, Last)	,			2. DATE OF DEATH		3. TIME OF DEATH
Otis (Ottis	/		Price Jr.			11:36PM N
218-44-1450	X 64 2 □ F		IF UNDER 1 YEAR IF UNDER 24 HRS ONTHS DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Yea 8 26	47	IRTHPLACE (State or Foreign ountry)
734 W. Fayette St		S	Baltimore (9c. COUNTY	
RESIDENCE OF DECEDENT						
Md.		10c. CITY,	Balto. Md.			10d. INSIDE CITY LIMITS? 13 YES 2 NO
10e. STREET AND NUMBER			10f. ZIP CODE	6		OF WHAT COUNTRY?
3324 Brighton St.	2. WAS DECEDENT EVER I		2121			JSA
1 Never Married 2 Married 3 Nidowed 4 Divorced	FORCES? 1 YES	2 XNO	13. WAS DECENDENT OF HISI If yes, specify Cuban, Mex 1 YES 2 NO Spe	Ican, Puerto Rican, etc.)	RACE — American Indian, Black, White, etc. Specify: Black
15. DECEDENT'S EDUCA (Specify only highest grade of		16a. DECEDENT'S US	rk done during most of working	16b. KIND OF	BUSINESS/INDUST	ΥΥ
Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT use	retired.)			
17. FATHER'S NAME (First, Middle, Last)			18. MOTHER'S	iden Surname)		
Otis Price Sr		5 mm 10 mm		a Gorham		
190. INFORMANT'S NAME (Type/Print) Cora White		19b. MAILING A	3324 Brighton		Town, Stelle, Zip Cod 1216	9)
20a. METHOD OF DISPOSITION 1 Å Burlal 2 ☐ Cremation 3 ☐ Ramov	al from State	other place!	TION (Name of cemetery, cremetory	or 20c	LOCATION — City	or Town, Stata
4 Donation 6 Other (Specify)		Md.	National Mem.		Laure	Md.
21. SIGNATURE OF FUNERAL SERVICE LICE	ISEE	1	22. NAME AND ADDRESS OF			
* Aula	Marc	6	Wm. March 4300 Wabas	Funeral H	ome	
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST		A CONSEQUENCE OF):				
PART II. Other significent conditions	contributing to death i	out not resulting in	the undarfying ceuse given	PER	B AN AUTOPSY RFORMED?	24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE
				XXX	S_2	OF DEATH? XXX YES 2 □ NO
	HOSPITAL:		26. PLACE OF DEATH			
YES 2 NO	28a. DATE OF INJURY		Nursing Home 5 Peelden			
1 Netural 5 Pending	(Month, Day, Year)	4/90 286. TIME INJUI	OF 28c. INJURY AT WORK? M 1 YES 2 NO	UNKNO	OW INJURY OCCURE	
2 Accident Investigation 3 Suicide 8 Could not be	28e. PLACE OF INJURY building, etc. (Spe	f — At home, farm, str	**		reet and Number or R	
4 Homicide determined	FOUND AT			BALTIMOR	/) LL VV	FAYETTE STREE
enel .			at the time, date and place, and in my opinion, death occured at			use(s) and manner as stated.
290 SIGNATURE AND TITLE OF CERTIFIED	Holle (h	29c. LICENSE OCME			SNED (Month, Day, Year) L-25-90
MARIO F. GOLLE		EATH OF THE METS (SIDE)	111 Penn St	reet,Balt	imore,MD	21201
31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGN					
DEC 5 1000	Lulia Nacida	1- Randell				

DHMH-16 Rev 1/89



BALTIMORE, MARYLAND 21203-3146 surs after death. Page 6 may be retained by the hospital or atta TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2. Jours after death. Page 6 may be retained by the hospital at TO THE FUNEFAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached to be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notifled at once. DIVISION OF VITAL RECORDS, P.O. BOX 13146,

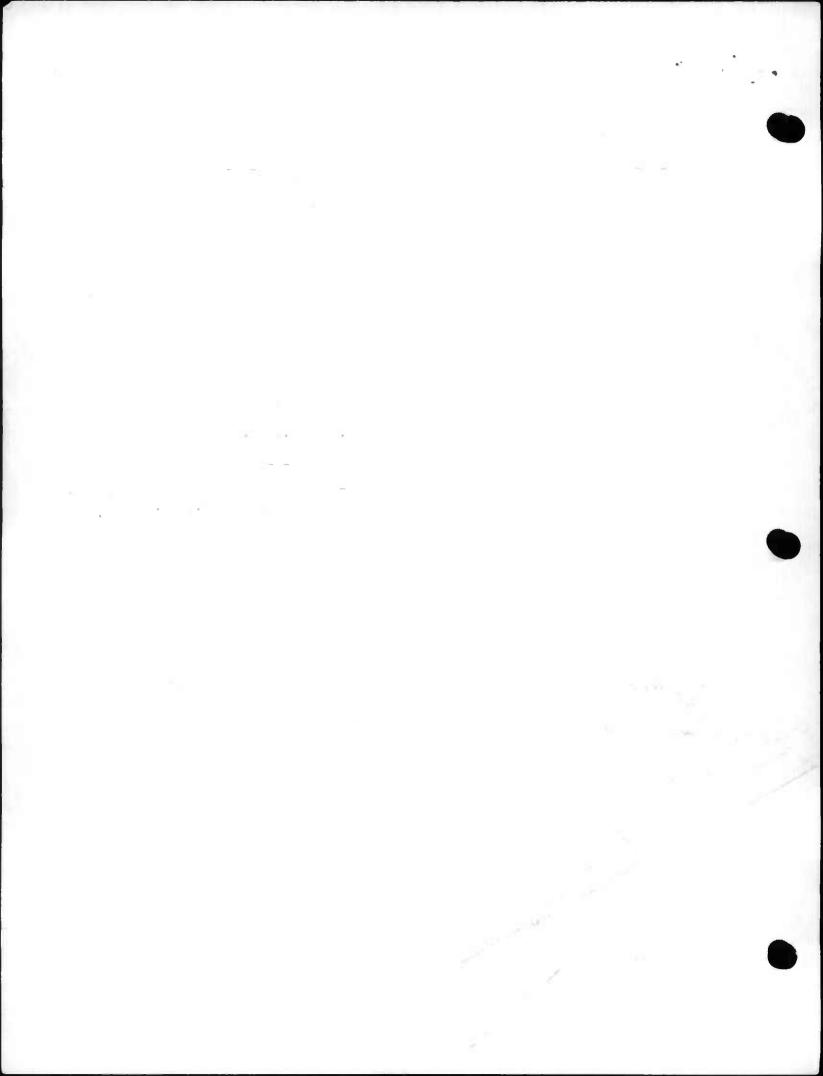
-transit permit. Pages 1, 2, 3 should

FOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1. CONTO DE CONTROL SUM CONTRO	1 - STATE REGISTRAR				CERTIF	ICATE	OF DE	ATH		REG. NO				
CATHERINE RATIA PALMORE 18 - SOCIAL SECURITY MARKET 18 - SOCIAL SECURITY MARKET 18 - SOCIAL SECURITY MARKET 18 - SOCIAL SECURITY MARKET 18 - SOCIAL SECURITY MARKET 18 - SOCIAL SECURITY MARKET 18 - SOCIAL SECURITY MARKET 18 - SOCIAL SECURITY MARKET 18 - SOCIAL SECURITY MARKET 19 - SOCIAL SECURITY MARKET 19 - SOCIAL SECURITY MARKET 10 - SOCIAL SECURITY MARKET 10 - SOCIAL SECURITY MARKET 10 - SOCIAL SECURITY MARKET 10 - SOCIAL SECURITY SECURITY 10 - SOCIAL SECURITY SECURITY 11 - SOCIAL SECURITY SECURITY 11 - SOCIAL SECURITY SECURITY 12 - SOCIAL SECURITY SECURITY 13 - SOCIAL SECURITY SECURITY 14 - STREET AND RUMBER 15 - SOCIAL SECURITY SECURITY 16 - SOCIAL SECURITY SECURITY 17 - SOCIAL SECURITY SECURITY 18 - SOCIAL SECURITY SECURITY 19 - SOCIAL SECURITY SECURITY 19 - SOCIAL SECURITY SECURITY 10 - SOCIAL SECURITY SECURITY 10 - SOCIAL SECURITY SECURITY 10 - SOCIAL SECURITY SECURITY 10 - SOCIAL SECURITY SECURITY 10 - SOCIAL SECURITY SECURITY 10 - SOCIAL SECURITY SECURITY 10 - SOCIAL SECURITY SECURITY 10 - SOCIAL SECURITY SECURITY 10 - SOCIAL SECURITY SECURITY 10 - SOCIAL SECURITY SECURITY 11 - SOCIAL SECURITY SECURITY 12 - SOCIAL SECURITY SECURITY 13 - SOCIAL SECURITY SECURITY 14 - SOCIAL SECURITY SECURITY 15 - SOCIAL SECURITY SECURITY 16 - SOCIAL SECURITY SECURITY 17 - SOCIAL SECURITY SECURITY 18 - SOCIAL SECURITY SECURITY 19 - SOCIAL SECURITY SECURITY 10 - SOCIA	1. DECEDENT'S NAME (Firs	t, Middle, Last)										VELO	3. TIME OF DEATH	
1. Section of Name of	CATH	ERINE	RITA	PALAI	NGE				(/	5,	5		5:10	M
218—44—58.57	4. SOCIAL SECURITY NUM	BER		8. AGE (In yrs. last birthday)			-				6. BIRTI		ign
Section Part American Part American Part Par	218-44-883	7	1 🗆 M 2 🗸 F	74	YRS.	MONTHS D	AYS HOURS	MIN.						
THE STREET OF DECEDENT INS. STREET AND INMENTS 91 Short Road It was recorded by the street of the	9e. FACILITY NAME (If not	institution, give a	treet and number)			9b. CITY, TO	OWN OR LOCA	TION OF O						
MACHENIA Baltimore	Francis Sc RESIDENCE OF DE	Ott Kei	y Medica	l Cer	rter	Balt	<u>imore</u>				N/A	\		
11. MARTAL STATUS 12. WAS DECEDENT EVER IN U.S. ANNED 13. WAS DECEDENT OF PERSONNE CONCENT (Specify Vac or No. 1) 14. AACE — A ANNED 15. WAS DECEDENT OF PERSONNE CONCENT (Specify Vac or No. 1) 15. WAS DECEDENT OF PERSONNE CONCENT (Speci	10. STATE Maryland	Balt	imore		Dun	ty, town on i	LOCATION				LIMITS?			
11. MARY ALL STATUS Content of the power o														
Close years (prince and completed) College (14 or 5 1) Colle	11. MARITAL STATUS 1 Never Merried 2	Married	12. WAS DECEDE FORCES? IF YES, GIYE	NT EVER II 1 YES WAR OR D	N U.S. ARMED 2X NO ATES	If yo	S DECENDENT es, specify Cu	OF HISPA	an, Puarto R		E — American Indien ck, White, stc. city:	,		
Binematery (1-2) College (1-4 or 5 +) Homemark et Home	15. DE (Specify or	CEDENT'S EDU	CATION completed)		16a. DECEDENT'	S USUAL OCCI	JPATION	rkina	16b.	KIND OF BU	SINESS/IN	NDUSTRY		
17. PRINTS NAME (First, Microsis, Last) Not Known	Elementary/Secondary			i+)	life. Do NOT	use retired.)	mg most or wo	nung		Home				
See, MERCHANT'S NAME (FigurePrint) See, MAILAN ADDRESS (Street and Number or Pural Robes Number (City or Town, State, Zip Code) MAILAN ADDRESS (Street and Number or Pural Robes Number (City or Town, State, Zip Code) MAILAN ADDRESS (Street and Number or Pural Robes Number (City or Town, State, Zip Code) MAILAN ADDRESS (Street and Number or Pural Robes Number (City or Town, State) See, MAILAN ADDRESS (Street and Number or Robes) See, MAILAN ADDRESS (Street And Number or Robes) See, MAILAN ADDRESS		Middle, Last)					18. M	OTHER'S NA	AME (First, M	liddle, Meiden	Surname)			
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20s. METIOD OF DISPOSITION (Notes of camelory, cramatory or Constitute Control of Contro	present the second			-31,545	11							Zip Code)		
1 Survive 2 Commentation 2 Removal from States Control Places) Control Places Control Plac										21222				
21. SIGNATURE OF FUNERAL SERVICE LICENSES 22. NAME AND ADDRESS OF FACILITY DUID AREA RUCk FUNDTAL Home of Dundalk, Tinc. PART II. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest, entering in death) And 21922 And 11922 rlel 2 Cremet	lon 3 - Rem	oval from State		other place)		111111111111111111111111111111111111111								
Duda-Ruck Funeral Home of Dundalk, Inc. 7922 Wisa Avenue Ralta Md 21222 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest, interval Between Chalse (fineld disease or condition) resulting in death) But for (an as a consequence on): Sequentially list conditions, if any, leading to immediate CALISE (fineld disease or torry that initiated events resulting in death) DUE TO (an as a consequence of): Due To (an as a consequence of): Due To (an as a consequence of): Due To (an as a consequence of): Due To (an as a consequence of): Due To (an as a consequence of): Due To (an as a consequence of): Due To (an as a consequence of): Due To (an as a consequence of): Due To (an as a consequence of): Due To (an as a consequence of): Due To (an as a consequence of): Due To (an as a consequence of): Due To (an as a conse				— [<i>G</i>)	<u>reenmoun</u>	T Crem	ME AND ADD	12-3 BESS OF F	-1990	Ba	ltim	ore,	Marylano	
23. PART I. Enter the diseases, or complications that cause on each line. IMMEDIATE CAUSE (Fine) Interest Cause (The Cause) Interest Cause	600													
an book, or heert fellure. List only one cause on each line. Interval Between Onest and Death disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or Injury that inhitiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): 24s. Were Autropsy Photowork And Autropsy Performed In Part I. PARTY II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY PHOWORS AND AUTROPSY PHOWORS	~~~	N 1	. 00	1 CC		792	2 Wisc	Ave	nue B	alta	Md	21	222	
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EXAMINER? 1 YES 2 No. 1 Ni Inpatient 2 ER/Outpettent 3 DOA A Name AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Typs, Print)	A /	A COLL									AVAILABLE PRIOR TO COMPLETION OF CA OF DEATH?	O NUSE		
EXAMINER? 1 YES 2 No. 1 No Inpatient 2 ER/Outpetient 3 DOA 4 Nursing Home 5 Recidence 6 Other (Specify) 27. MANNER OF DEATH 1 Netural 6 Pending Investigation 3 Suicide 6 Could not be determined 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 29e. CERTIFIER (Check only One) 2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, desth occurred at the time, date end place, end due to the cause(a) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 29d. DATE SIGNED (Month, Day, Year) 29d. DATE SIGNED (Month, Day, Year) 29d. DATE SIGNED (Month, Day, Year) 29d. DATE SIGNED (Month, Day, Year) 29d. DATE SIGNED (Month, Day, Year) 29d. DATE SIGNED (Month, Day, Year)														
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3 Sulcide 4 Homicide 5 Could not be determined 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the best of my knowledge, death occurred at the time, date end place, end due to the cause(a) end menner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Morith, Day, Year) 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 4 Homicide 5 City or Town, Strate 6 City or Town, Strate 7 City or Town, City or Town 7 City or Town 7 City o	1 Netural 6		26e. DATE ((Month,	Day, Year)	28b. T	NJURY	WORK?		28d. DES	CRIBE HOW	INJURY C	CCURED		
(Check only one) 2 MEDICAL EXAMINER: On the basis of my knowledge, death occurred at the time, date end place, end due to the cause(a) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 4 D D D D D D D D D D D D D D D D D D	3 Suicide 6	Could not be	26e. PLACE building	OF INJURY g, etc. (Spe	Y — At home, farm	, street, factory	y, office		281. LOC	281. LOCATION (Street and Number or Rural Route Number, City or Town, State)				
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Typo, Print) K. Kanik M.D. Dept of Medicine F5K, Mand	(Check only												(a) and manner ae sta	nted.
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) K. Klanik M.D. Dept Of Medicine F5K, Mand	29b. SIGNATURE AND TITI	E OF CERTIFIE	R O		-		29c. I	LICENSE NO	UMBER		29d. D.	ATE SIGNE	D (Month, Day, Year)	_
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) K. Klanik M.D. Dept Of Medicine F5K, Mand		MAA	M. 15	ull	ano 1	ND	r		- 03		•	0		1
	30. NAME AND ADDRESS	()	M D	Do	EATH (ITEM 27) (Ty		oclin	7	t	-sk	-	11/	LA	1
	31. DATE FILED (Month, Da	7 -7 -1	32. REGISTI	RAR'S SIGI	NATURE		1000	1		71	/	100	4 /100	7

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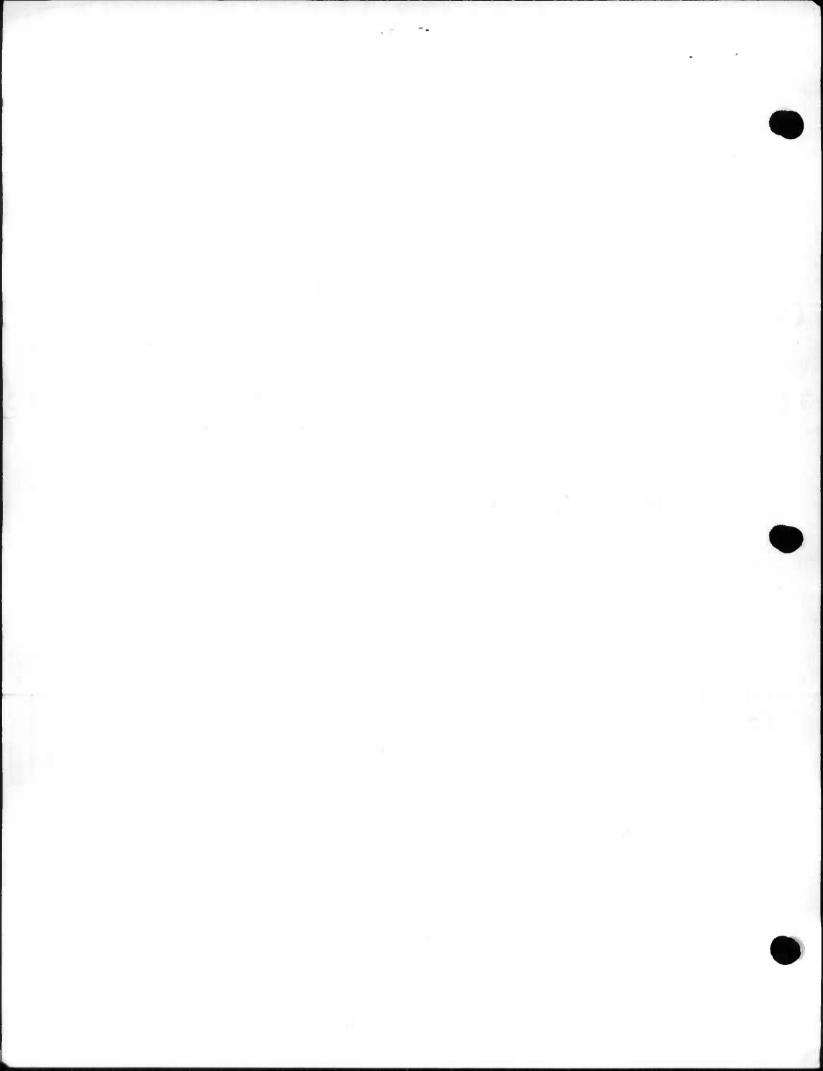


BALTIMORE, MARYLAND 21203-3146 DIVISION OF VITAL RECORDS, P.O. BOX 13146,

rus that the death certificate be executed within 24-flours after death. Page 6 may be retained by the hospital or attending physician.

In the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be must be detached for use as the burial-transit permit. Pages 1, 2, 3 should be attended by the attending physician prior to burial, cremation, or removal. shows any injury, or other traumatic event, the medical examiner must be notified at once. TO THE FIGSPITAL OR ATTENDING PHYSICIAN- TO THE NUMERAL DIRECTOR: After this certification within 72 hours after death with the Signaportanity. It item 28 is marked, or liver FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	1. DECEDENT'S NAME (First, I	Middle, Last)							2. DATE (OF DEATH	MY	YEAR	3. TIME OF DEA	гн					
	Catherine	M. Pa	sco						12		4	90	9:00	AM					
1	4. SOCIAL SECURITY NUMBE	R	5. SEX	6. AGE (In yrs. les		IF UNDER		IF UNDER 24 HRS.	7. DATE C	F BIRTH Day, Year)		8. BIRTH Countr	PLACE (State or Fe	oreign					
	215-54-4352		1 🗆 M 2 💢 🖟	83	YRS.	IONTHE	DAYS	HOURS MIN.	5	16	07		to. Md.	_					
	9a. FACILITY NAME (If not inst	itution, give at	treet and number)		1	9b. CITY,	TOWN 0	OR LOCATION OF DE	ATH		- 1	INTY OF D							
BY FUNERAL DIRECTOR	20 Beech Dr	DENT				E	Balt	imore			E	Balto	•						
8		10b. COUNTY	1		10c. CITY,	TOWN O	R LOCAT	ION					10d. INSIDE CITY LIMITS?	, -					
E	Md.	Ва	lto.			E	alt	imore					1 VES 2 X						
7	10e. STREET AND NUMBER							. ZIP CODE			10g. CI	IZEN OF V	VHAT COUNTRY?						
ER	20 Beech D	r						21220				IT	SA	- 1					
3	11. MARITAL STATUS	-	12. WAS DECEDEN	IT EVER IN U.S. AR	MED			ENDENT OF HISPAN			a or No	14. RACI	E American Indi	en,					
F	1 Never Married 2 A			YES 2421	10			ecity Cuban, Maxica 24 NO Specifi		ican, etc.)			k, White, etc.						
	3 🕅 Widowed 4 🗌 Divorc	ed																	
	15. DECE (Specify only	DENT'S EDU	CATION completed)	16a. DE	CEDENT'S U	SUAL OC	CUPATIO	ON ist of working	16b.	KIND OF BU	ISINESS/IN	DUSTRY	-						
	Elementary/Secondary (0-1		College (1-4 or 5	+)															
MP	8th Gra			Н	ome M	aker													
COMPLETED	17. FATHER'S NAME (First, Mid							18. MOTHER'S NA			Surname)								
BE	Edward L.							Eli	zabet	h	В	ien							
10	19a. INFORMANT'S NAME (羽)	oe/Print)		19				and Number or Rural I											
-	Elizabeth R				4615 Valley View Avenue of DISPOSITION (Name of cometery, crematory or			enue	Balti	Lmore	Md.	-21206							
	20s. METHOD OF DISPOSITION 1 N Buriel 2 Cremation		oval from State	20b. PLACE other pi	OF DISPOSE	TION (Na	ne of cer	metery, crematory or		20c. L.	OCATION -	- City or To	own, State						
	4 Donation 5 Other (_ Gard	ens o					Bal	lto.,	Md.							
	21. SIGNATURE OF FUNERAL	SERVICE LIC	ENGEE	0				C. Mill											
1	1	7	10	42	•			Belair			Ma	2.1	206						
Z	23. PART I. Enter the dis	eases, or	omplications in	t caused the de	ath. Do no	t anter	the mo	de of dying, suc	h aa card	lac or reap	olratory e	rrest,	Approxim	nate					
	shock, or he IMMEDIATE CAUSE (Fine		Liat only one ca			11		1	_				Interval E						
	disease or condition	91	(0	reest.	0 1	00	20	166	1. 2 1	2			14	7 -					
	reaulting in deeth)		a. DUE TO	OR AS A CONSE	DUENCE OF	au	-cy	free	uc				1	·					
-			A	-CHA				V					1						
Ö	Sequentially list conditions, If any, leading to immediate																		
S	cause. Enter UNDERLYIN	IG 📗	c.																
Ĕ	CAUSE (Disease or Injur that initiated events	·	DUE TO	(OR AS A CONSE	DUENCE OF)	:													
FI	reaulting in deeth) LAST		d																
MEDICAL CERTIFICATION	PART II. Other significar	t condition	e contribution to	death but not	resulting is	the un	derluin	a cause alven la	Part I	24s. WAS A	N AUTODES		. WERE AUTOPSY I	CINIDINOS					
8	TAIT III GUIDI GIGINIOGI	oonaitio.	- contained and	dudin but not	ouditing in	tila on	uerrynn	g cause given in	1011.	PERFO	RMED?	-	AMILABLE PRIOR COMPLETION OF	OT 9					
ă			_						-	1 TYES	2 NO		OF DEATH?	CAUSE					
Σ					-				— 1				1 YES 2	NO					
PHYSICIAN:																			
S	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL: OTHER:																		
YS	1 VES NO 1 Inpettent 2 ER/Outpettent 3 DOA 4 November 1 November 2 Residence 6 Other (Specify)																		
표	27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Dey, Year) 28b. TIME OF INJURY AT WORK? 28d. DE\$CRIBE HOW INJURY OCCUREO INJURY										INJURY O	CCUREO							
	1 Netural 5 Pending M 1 YES 2 NO												2						
	2 Accident	rveitigation	00 01 105	3 Suicide 8 Could not be building, atc. (Specify) 28e. PLACE OF INJURY — At home, farm, street, factory, office City or Town, State)															
À	2 Accident In 3 Suicide 8 0	me Italia	28e. PLACE building	, atc. (Specify)		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			City										
À	2 Accident In 3 Suicide 8 0 C	Could not be atermined	building	, atc. (Specify)															
À	2 Accident 3 Suicide 8 0 4 Homicide 29e. CERTIFIER (Check only	could not be etermined	ICIAN: To the best of	, atc. (Specify) f my knowledge, de	eath occurred	d at the ti		and place, and due	to the cau		enner as si								
À	2 Accident 3 Suicide 8 0 4 Homicide 29e. CERTIFIER (Check only	could not be etermined	ICIAN: To the best of	, atc. (Specify) f my knowledge, de	eath occurred	d at the ti		e and place, and due Seath occured at the	to the cau		enner as si		e) and manner se	stated.					
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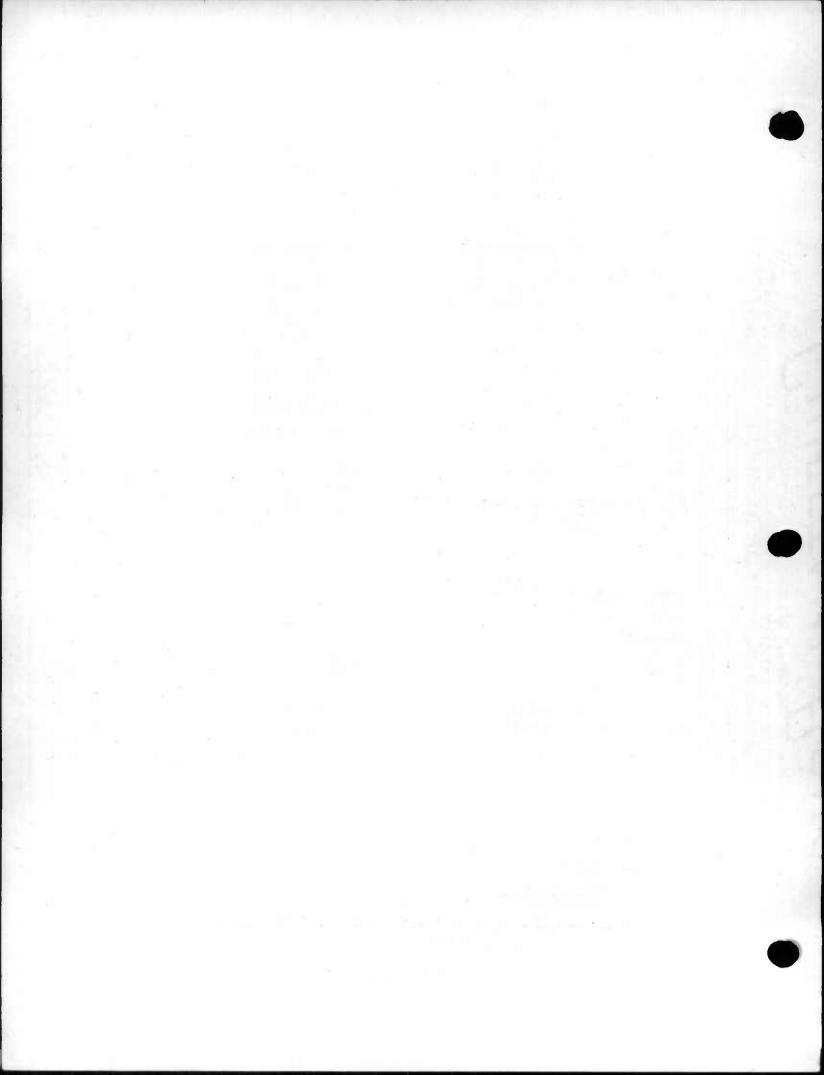


Pages 1, 2, 3 should

TO BE COMPLETED BY FUNERAL DIRECTOR

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

1. DECEDENT'S NAME (First,	Middle, Lest)									2. DATE OF DE	EATH		WEAR	3. TIME OF DEATH
Marian		ŀ	<		RI.	TCHI	E			Decemb	er 7	,199	DEAM	3:20 A
4. SOCIAL SECURITY NUMBER 16.1 14.8		5. SEX	6. AGE (In	yrs. lest bit		UNDER 1 YE	-	IF UNDER	24 HRS. MIN.	7. DATE OF BII (Month, Day,	Year)		6. BIRTH Count	**
Da. FACILITY NAME (If not ins				5		CITY, TO	WAY OF	LOCATI	ON OF O	1/29	/19	1.5	TY OF D	Penna.
Franklin	Squ		pita	1			se:		ON OF DE	EATH.			time	
On. STATE MD	10b. COUNT				10c. CITY, TO	OWN OR L	OCATIO)N						10d. INSIDE CITY LIMITS?
	В	alto Co	unty	7										1 YES 2 NO
9309 Car	nev	Road					101.	ZIP CODI	234			10g. CITI		WHAT COUNTRY?
1. MARITAL STATUS	ney	12. WAS DECEDEN	NT EVER IN	U.S. ARME	D	13. WAS	DECE	NDENT C	F HISPAN	NIC ORIGIN? (Spi	ecify Yes	or No-	14. RACI	E — American Indian,
Never Married 2 Widowed 4 Divor		FORCES?	YES	ES NO				Ify Cuba	n, Maxica Specifi	nn, Puerto Rican, y:	etc.)		Spec	white, etc. White
15. DECE	DENT'S EDU	ICATION		16a, DECEI	DENT'S USL	JAL OCCU	PATION			16b. KIND	OF BUS	INESS/IND	USTRY	
(Specify only Elamentary/Secondary (0-	highest grade	College (1-4 or 8		(Give)	kind of work NOT use re	done durin			9	77. 000				
											Hom	emak	er	
7. FATHER'S NAME (First, Mi	ddle, Lest)							18. MOTI	NER'S NA	ME (First, Middle,	Melden	Surname)		
George	Kram	ner						F	Cliz	abeth	Н	uff		
9a. INFORMANT'S NAME (7)	pe/Print)			19b. N	MAILING AO	DRESS (St	treet and	d Number	or Rural	Route Number, Cit	ly or Town	, State, Zip	Code)	
Ruth Re	imsc	hissel	Nie	ce	9309	Ca	rn	e y	Rd,	Balto,	MD	2123	3 4	
0a. METHOD OF DISPOSITE ☐ Buriel 2 ☐ Cremation ☐ Donation 5 ☐ Other	n 3 🗆 Rem	noval from State		PLACE OF other place)	OISPOSITIO	ON (Name (of ceme	itery, cren	netory or		20c. LO	CATION -	City or To	own, Stata
1. SIGNATURE OF FUNERAL		CENSEERona	ld W	ade,	Dir	22. NAN	WE AND	ADDRE	SS OF FA	CILITY STA	TE	ANA	COM	BOARD
y June	llas	Mille	de	12/3	Ro	655	5 W	est	Bal	toSt,	Bal	to.M	D 2	1201
IMMEDIATE CAUSE (Findiaeese or condition resulting in deeth) Sequentially list condition of the condition of the condition of the consect	ons, liste NG	b. Metast	OR AS A	Lung	ENCE OF): Care ENCE OF):			me						Onset and De
PART II. Other significe	nt condition	ns contributing to	death bu	t not ree	ulting in t	he under	riying	cause	given in		WAS AN PERFOR		248	D. WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH?
										_				
25. WAS CASE REFERRED TO EXAMINER?	MEDICAL	HOSPITAL:				THER:				neck only one)				
1 YES 2 NO		1 C Inpetient 2			DOA 4		c. INJU		rsidence	6 Other (Spe 28d, DESCRIB		WHIRE OF	CHBED	
1 Netural 5 🗌	Pending nvestigation	(Month, I	Day, Year)		INJUR	1	WOR		NO	200. 00001110				
3 Suicide 8	Could not be fetermined	28e. PLACE (building	OF INJURY -	— A1 home	, farm, stree	et, factory,	office			28f. LOCATION City or Tox		and Number	or Rural	Route Number,
ome)		SICIAN: To the best of												a) and manner as stated
96. SIGNATURE AND TITLE			7	1					ENGE NU					O (Month, Day, Year)
i ke	new	16	600	7	ru	W		N/				>	2.9	90
O. NAME AND ADDRESS OF	PERSON WI	NO COMPLETEO CAL		/										
George			000 F	rank]	in S	quare	e Dr	ive	_ 21	237				
NEC 5	990	Jula Davids	con-from	delle	4									
DEO - K	g	(-											DHMH-18 Ra



4. SOCIAL SECURITY NUMBER

214 44 9488

THOMAS

9a. FACILITY NAME (If not institution, give atreet and number)

5. SEX

1 M 2 F

DAYS

HOURS

9b. CITY, TOWN OR LOCATION OF DEATH

MIN.

REID

5. AGE (in yrs. lest birthday) | IF UNDER 1 YEAR | IF UNDER 24 HRS. MONTHS

45

11/23/90

7. DATE OF BIRTH (Month, Day, Year) 5 / 28 / 4.5

3. TIME OF DEATH

2:15A

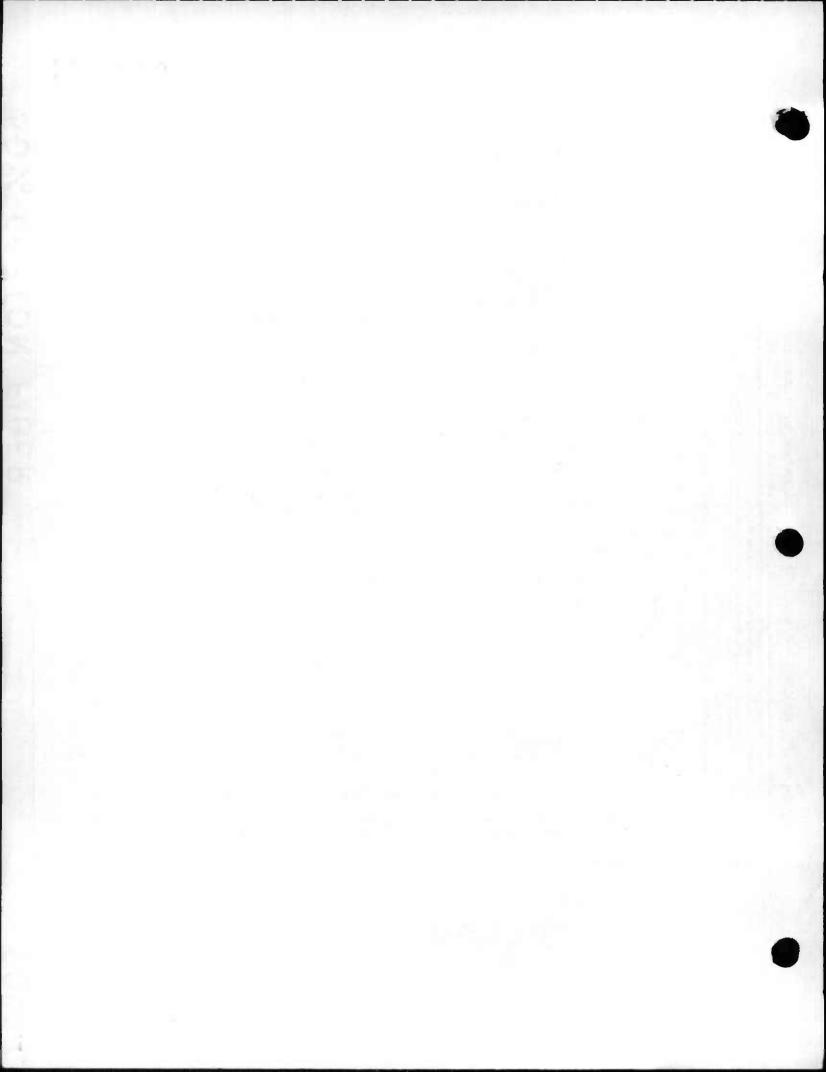
BIRTHPLACE (State or Foreign Country)

9c. COUNTY OF DEATH

		-
	1	Pages
		ermit
BALTIMORE, MARYLAND 21203-3146	TO THE HOSPITAL OR ATTENDING PHYSICIAN; The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and compiletely filled in by the funeral director, page 5 should be detached for use as the burlal-transit permit. Pages 1.
	vithin 24	pietely fil
13146	cecuted v	and comp
XOE	cate be ex	hysician
0	th certifi	ending p
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	law requires that the dea	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the
OF VITAL	HYSICIAN: The	his certificate h
NOISINI	OR ATTENDING P.	DIRECTOR: After the
	TO THE HOSPITAL (THE FUNERAL D

DIRECTOR	RESIDENCE OF DEC	ratt St Apt 6		/N OR LOCATION		10d. INSIDE CITY					
-1 12					_	LIMITS?					
96	MD 100. STREET AND NUMBER			ltimore Cit		OF WHAT COUNTRY?					
FUNERAL		St. Claire Ov	erlook Ag	ot	log. Officer	or what cooking					
Z I	11. MARITAL STATUS	att Street 12. WAS DECEDENT EVER I	N US ADMED	6 21201 13. WAS DECENDENT OF HISPANI	C ODIGIN2 (Specify Yea or No	RACE — American Indien,					
à l	1 Never Married 2 3 Wildowed 4 Divo	Merried FORCES? 1 YES	2 ND	If yes, specify Cuben, Mexican 1 YES 2 NO Specify:	, Puerto Rican, etc.)	Black, White, etc. Specify: Black					
		EDENT'S EDUCATION (highest grade completed)	16a. DECEDENT'S USUA	L OCCUPATION one during most of working	16b. KIND OF BUSINESS/INDUST	RY					
COMPLETED	Elementary/Secondary (0		ille. Do NOT use retin	rd.)							
ğ	17. FATHER'S NAME (First, M.	iddle, Lest)		18. MOTHER'S NAM	IE (First, Middle, Maiden Surname)						
ш	Thomas	Reid		Lill	y Brooks						
8	19a. INFORMANT'S NAME (7)	ype/Print)	19b, MAILING ADDI	RESS (Street and Number or Rural Pa	oute Number, City or Town, State, Zip Cod	ie)					
2	Barbara	Reid Sister	1700	Edmondson	Ave, Balto, MD	21223					
	20e. METHOD OF DISPOSITI	FON 20 Removal from State		(Name of cemetery, crematory or	20c. LOCATION — City						
	4 Donation 5 Other	(Specify) Tn State	orres precey								
	21, SIGNATURE OF FUNERA	A COMMON LANGUAGES	Wade, Dir	22. NAME AND ADDRESS OF FAC	STATE ANATO	MV BOADD					
	* mo	101 /1/1/W/		655 W Bal+	o.St,Balto,MD						
	23 DART Enter the di	leaseds or complications that cause	d the death. Do not a								
23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardisc or respiratory arrest, shock, or heart feiture. List only one cause on sech line.											
DUE TO (OR AS A CONSEQUENCE OF):											
S	Sequentially list condit			nop any		giai					
If any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or Injury											
										Ē	that initiated events resulting in death) LAS
ij		d									
		ent conditions contributing to death		underlying cause given in i	Part I. 24s. WAS AN AUTOPSY PERFORMED?	24b. WERE AUTOPSY FIND AMAILABLE PRIOR TO					
MEDICAL	Deale	etes Mellit	LOO		1 YES 2 TAND	COMPLETION OF CAUSE					
						1 TES 2 NO					
-					_						
Σ.	25. WAS CASE REFERRED T	O MEDICAL		26. PLACE OF DEATH (Chi	ck only one)						
AN: M		HOSPITAL: 1 Inpatient 2 ER/Out		HER: Nursing Home 5 Nesidence	B ☐ Other (Specify)						
SICIAN: M	EXAMINÉR?		25b, TIME OF	28c. INJURY AT	28d. DESCRIBE HOW INJURY OCCUR	ED					
PHYSICIAN:	1 YES 2 ND	Pending 28s. DATE OF INJURY (Month, Day, Year)	INJURY	WORK?							
BY PHYSICIAN:	1 Yes 2 ND 27. MANNER OF DEATH 1 Netural 5 N 2 Accident	Pending (Month, Day, Year) Investigation 28e PLACE OF INJURE	INJURY	M 1 YES 2 NO	28f LOCATION (Street and Number or I						
ED BY PHYSICIAN:	1 Yes 2 ND 27. MANNER OF DEATH 1 Netural 5 N 2 Accident	Pending (Month, Day, Year) Investigation	Y — At home, ferm, street	M 1 YES 2 NO	251. LOCATION (Street and Number or It City or Town, State)						
ED BY PHYSICIAN:	1 PYES 2 ND 27. MANNER OF DEATH 1 Netural 5 2 Accident 3 Suicide 5 4 Homicide	Pending investigation 28e. PLACE OF INJUR building, stc. (Sp.	Y — At home, ferm, street	M 1 YES 2 NO							
ED BY PHYSICIAN:	1 PYES 2 ND 27. MANNER OF DEATH 1 Netural 5 2 Accident 3 Suicide 5 4 Homicide 29e. CERTIFIER (Check only	Pending Investigation Could not be determined 28e. PLACE OF INJUR building, atc. (Sp.	INJURY Y — At home, farm, street scilly) wiedge, death occurred at	M 1 — YES 2 — NO factory, office the time, date and place, and due	City or Town, State) to the cause(e) and manner as stated.	Rural Floute Number,					
ED BY PHYSICIAN:	1 PYES 2 ND 27. MANNER OF DEATH 1 Netural 5 2 Accident 3 Suicide 5 4 Homicide 29e. CERTIFIER (Check only	Pending Investigation Could not be determined (Month, Day, Year) 28e. PLACE OF INJUR building, atc. (Spi	INJURY Y — At home, farm, street scilly) wiedge, death occurred at	M 1 — YES 2 — NO factory, office the time, date and place, and due	City or Town, State) to the cause(e) and manner as stated.	Rural Route Number,					
COMPLETED BY PHYSICIAN:	1 PYES 2 ND 27. MANNER OF DEATH 1 Netural 5 2 Accident 3 Suicide 6 4 Homicide 29e. CERTIFIER (Check only one) 2 MED 29b. SIGNATURE AND TITLE	Pending Investigation Could not be determined 28e. PLACE OF INJUR building, etc. (Sp. place of my known countries) CAL EXAMINER: On the basic of examination of CAL EXAMINER:	INJURY Y — At home, farm, street scilly) wiedge, death occurred at	M 1 — YES 2 — NO factory, office the time, date and place, and due my opinion, death occured at the 28c. LICENSE NUN	City or Yown, State) to the cause(e) and manner as stated. time, date end place, and due to the cribber 29d. DATE St	Rural Route Number, suse(a) and manner ee stat GNED (Month, Day, Year)					
BE COMPLETED BY PHYSICIAN:	1 PYES 2 ND 27. MANNER OF DEATH 1 Netural 5 2 Accident 3 Suicide 6 4 Homicide 29e. CERTIFIER (Check only one) 2 MED 29b. SIGNATURE AND TITLE	Pending Investigation Could not be determined 28e. PLACE OF INJUR building, etc. (Sp. place) TIFYING PHYSICIAN: To the best of my known countries of examinents.	INJURY Y — At home, farm, street scilly) wiedge, death occurred at	M 1 — YES 2 — NO factory, office the time, date and place, and due my opinion, death occured at the	City or Yown, State) to the cause(e) and manner as stated. time, date end place, and due to the cribber 29d. DATE St	Rural Route Number, suse(a) and manner ee stat					
BY PHYSICIAN:	1 PYES 2 ND 27. MANNER OF DEATH 1 Netural 5 2 Accident 3 Suicide 5 4 Homicide 29e. CERTIFIER (Check only one) 2 MED 29b. SIGNATURE AND TIPLE	Pending Investigation Could not be determined 28e. PLACE OF INJUR building, stc. (Sp. place of my known countries) TIFYING PHYSICIAN: To the best of my known countries of certifier OF CERTIFIER F PERSON WHO COMPLETED CAUSE OF D	injury Y — At home, farm, street scily) wiedge, death occurred at on and/or investigation, in	M 1 — YES 2 — NO factory, office the time, date and place, and due my opinion, death occured at the 29c. LICENSE NUM 21 — 30	to the cause(e) and manner as stated. Itime, date end place, and due to the cribber 29d. DATE St	Rural Route Number, suse(a) and manner ee stat GNED (Month, Day, Year) 30 - 90					
BE COMPLETED BY PHYSICIAN:	1 PYES 2 ND 27. MANNER OF DEATH 1 Netural 5 2 Accident 3 Suicide 5 4 Homicide 29e. CERTIFIER (Check only one) 2 MED 29b. SIGNATURE AND TIPLE	Pending Investigation Could not be determined 28e. PLACE OF INJUR building, stc. (Sp. place of my known countries) TIFYING PHYSICIAN: To the best of my known countries of certifier OF CERTIFIER F PERSON WHO COMPLETED CAUSE OF D	injury Y — At home, farm, street scily) wiedge, death occurred at on and/or investigation, in	M 1 — YES 2 — NO factory, office the time, date and place, and due my opinion, death occured at the 29c. LICENSE NUM 21 — 30	City or Yown, State) to the cause(e) and manner as stated. time, date end place, and due to the cribber 29d. DATE St	Rural Route Number, suse(a) and manner ee stat GNED (Month, Day, Year) 30 - 90					

DHMH-15 Rev 1/89



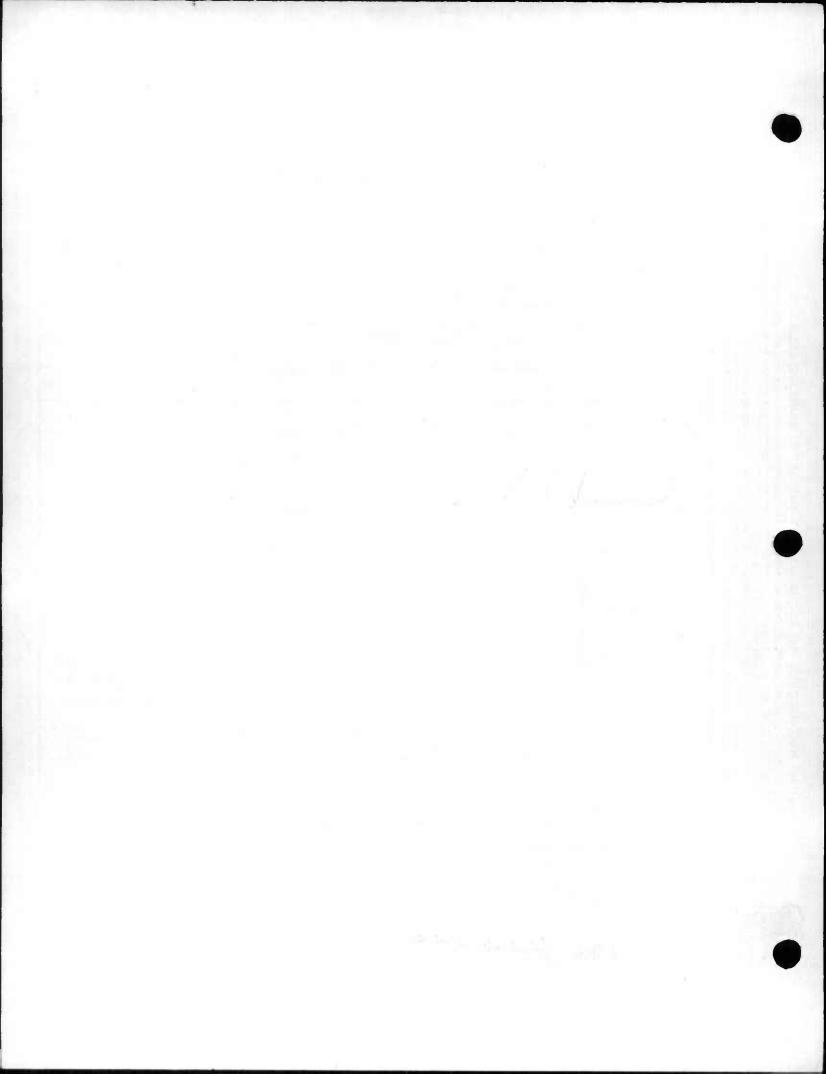
1. DECEDENT'S NAME (First Phi.		Richard	son Jr						2. DAT	E OF DEATH	DAY 2	90	3. TIME OF DEATH
4. SOCIAL SECURITY NUM 21.8464832		5. SEX 1 XM 2 F	6. AGE (In yrs. le		IF UNDER	1 YEAR DAYS	IF UNDER	24 HRS. MIN.	7. DAT. (Mor	E OF BIFTH oth, Day, Year) 6-47		8. BIRT Coun	HPLACE (State or Foreignty) Tyland
9a. FACILITY NAME (# not # Carroll (County		tal			stm.			ATH			unty of a	DEATH
RESIDENCE OF DEC 10a. STATE Md.	10b. COUNT	roll		10c. CIT	Y, TOWN O	OR LOCATI	ON						10d. INSIDE CITY LIMITS? 1 YES 2 X NO
6671 Mack		Way				101.	ZIP COD	784			10g. CI		WHAT COUNTRY? JSA
11. MARITAL STATUS 1 Never Married 2 2 2 3 Widowed 4 Div	Married orced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE V		NO NO	1		city Cuba	n, Maxica	n, Puerte	IN? (Specify 'o Ricen, atc.)	les or No	Blac	CE — American Indian, ck, White, atc. city: Black
15. DE (Specify on Elementary/Secondary (CEDENT'S EDU ly highest grade (0-12)	JCATION e completed) College (1-4 or 5	(0	Give kind of e. Do NOT u	Work done of the retired.)	during mos	it of world			C C C I			otation.
12 17. FATHER'S NAME (First, M Phillip		ardson S		SIST	ant	Cni	16. MOT	HER'S NA	ME (First	Middle, Meid Iamil	n Sumame)		rtation
19e. INFORMANT'S NAME (Type/Print) Dorothy Ricgardson 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 6671 Macbeth Way Carroll County Md									4d. 2178				
20a METHOD OF DISPOSIT 1 A Burial 2 Cremati 4 Donation 6 Othe	on 3 \square Ren	noval from State	other o	Mece)	Mem Mem	oria	al (Ceme		y A		us M	Maryland
							0.40000	SS OF FA	CHITTY				
21. SIGNATURE OF FUNERA	AL SERVICE LI	CENSEE	penes		4	611	Pai	ck H	leiç	erri hts	ck C Aven	. Jou	ones F.H 21215
23. PART I. Enter the shock, or IMMEDIATE CAUSE (Fi disease or condition resulting in death)	disease, or heert feliure.	complications the		e. Ce	not enter	611 the mos	Par de of dy	ck H	leig	hts	Aven	ue 2	Approximete interval Bet Onset and I
23. PART I. Enter the cahock, or I	disease, or neert fellure.	complications the Liet only one case s. Due to b. Due to	dse on eech lin	e. Cleouence of	oppi	611 the mos	Par de of dy	ck H	leig	hts	Aven	ue 2	Approximete interval Bets
23. PART I. Enter the cahock, or I immediate CAUSE (Fi disease or condition resulting in death) Sequentially list condition and the cause. Enter UNDERLY CAUSE (Disease or in) that initiated events	disease, or neert feliure.	complications the Liet only one can s. Due To b. Due To d.	O (OR AS A CONSI	EOUENCE C	4 not enter	611 the more	Pai	rk H	h sa ce	the state of the s	Aven	ue 2	Approximete interval Bett Onset and I
23. PART I. Enter the abook, or I immediate CAUSE (Fi disease or condition resulting in death) Sequentially list condition resulting in death) Sequentially list condition resulting in death) CAUSE (Disease or injust in the initiated events resulting in death) LAS	disease, or neert feliure. tions, ediete friNG ury strong condition	complications the Liet only one can s. Due To b. Due To d.	O (OR AS A CONSI	EOUENCE C	4 not enter	611 the mod	Pail	given in	Part I.	24a. WAS PERF 1 YES	AVEN AN AUTOPS ORMED?	ue 2	Approximete interval Bett Onset and I
23. PART I. Enter the cahock, or I immediate CAUSE (Fi disease or condition resulting in death) Sequentially list conditionary, leading to immediate. Enter UNDERLY CAUSE (Disease or injust initiated events resulting in death) LAS	disease, or neert feliure. tions, ediete filing ury ST ent conditio	complications the Liet only one can s. Due To b. Due To d.	O (OR AS A CONSI	EOUENCE C	4 not enter	611 the mod	Pail de of dy	given in	Part i.	24a. WAS PERF 1 YES	AVEN AN AUTOPS ORMED?	ue 2	Approximete interval Bett Onset and I
23. PART I. Enter the shock, or I MMEDIATE CAUSE (Fidisess or condition resulting in death) Sequentially list condition resulting in death) Sequentially list condition resulting in death) CAUSE (Disease or in) that initiated events resulting in death) LAS PART II. Other signification in the signification in death of the signification in the signification in the signification in the signification in the signification in the signification in the signification in the signification in the signification in the signification in the signification in the signification in the significant in the signi	disease, or neert feliure. tions, ediete filing ury ST ent conditio	complications the Liet only one contributing to the Liet only one contributing to the Liet only one contributing to the Lieu one con	O (OR AS A CONSI	EOUENCE COUENCE 14 not enter	611 the model th	Pall de of dy	given in	Part i.	24a. WAS PERF 1 UYES	AVEN spiretory e	y 24	Approximete interval Bett Onset and I	
23. PART I. Enter the canock, or I immediate CAUSE (Fidisess or condition resulting in death) Sequentially list condition resulting in death) Sequentially list condition resulting in death) CAUSE (Disease or in) that initiated events resulting in death) LAS PART II. Other signification in the cause. Enter UNDERLY 25. WAS CASE REFERRED EXAMINER? 1 YES 2 100 27. MANNER OF DEATH 1 Return 5 2 Accident	disease, or neert fellure. inei tlons, ediete riNG ury ST	complications the Liet only one co- s. DUE TO c. DUE TO d. HOSPITAL: 1 Inpatient 2 28e. DATE 0 (Month, insert of the control of the	O (OR AS A CONSI	EOUENCE COUENCE orther	the moderlying 26. PL Re: sling Homel 28c. INNI 28c. INNI 1 Y	Pall de of dy	given in	Part I.	24a. WAS PERF 1 YES	AVEN spiretory e	Y 24	Approximete interval Bett Onset and I	
23. PART I. Enter the shock, or I MMEDIATE CAUSE (Fidisess or condition resulting in death) Sequentially list condition resulting in death) Sequentially list condition resulting in death) Sequentially list condition resulting in death) CAUSE (Disease or in) that initiated events resulting in death) LAS PART II. Other signification in the signification of the signification of the signification of the signification of the signification of the signification of the signification of the signification of the signification of the significant	disease, or neert feliure. Inci inci inci inci inci inci inci inci	complications the Liet only one con s. DUE TO b. DUE TO c. DUE TO d	OF INJURY — At It, after, (Specify)	e. Cleouence of the course of	orther OTHER A Num ME OF JURY M street, fact	the moderlying 26. PL R: maing Hom 28c. INJI vitory, office	Pall de of dy	given in	Part i. Part i. 2ef. Lt. C. 2 b to the c.	24a. WAS PERF 1 VES One) Describe House (Specify) ESCRIBE House (a) and the same (a) and the same (b) and the same (b) and the same (b) and the same (c) and th	AN AUTOPS ORMED? 2 NO	Y 24 OCCURED Der or Rural	Approximete interval Bett Onset and E Onse

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Jeurs after death, Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal. BALTIMORE, MARYLAND 21203-3146 DIVISION OF VITAL RECORDS, P.O. BOX 13146,

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

5 1990

32. REGISTRAR'S SIGNATURE



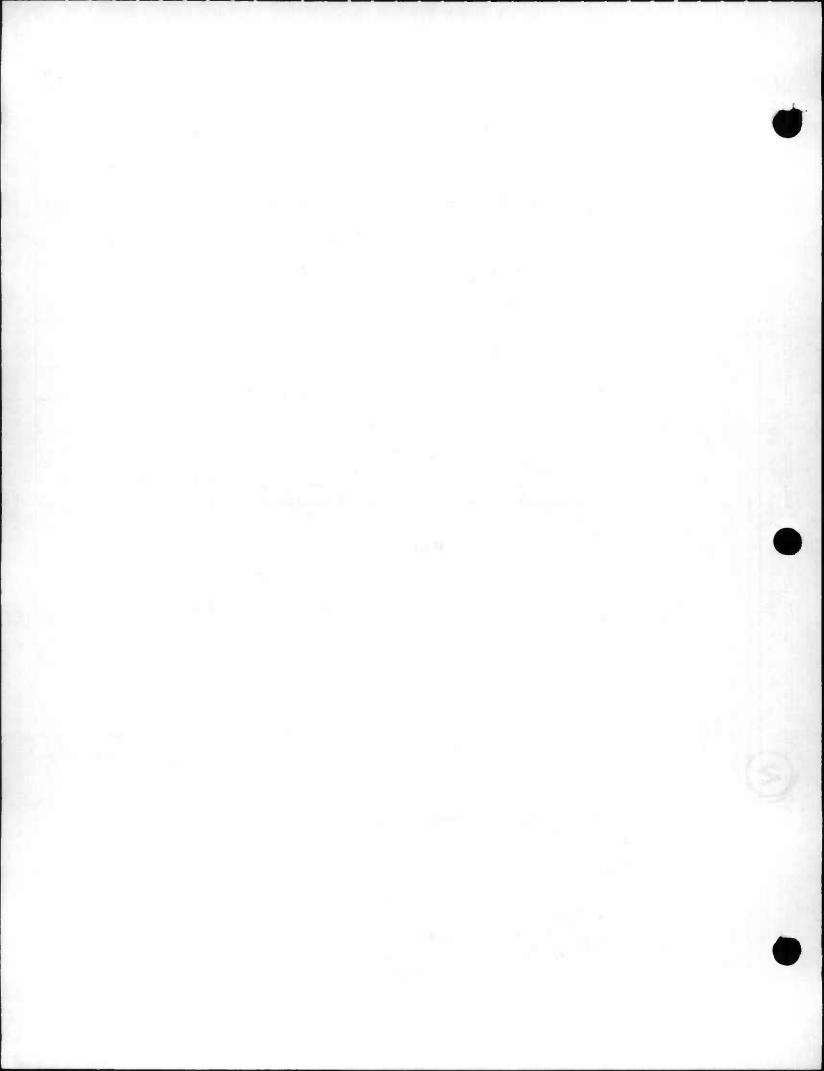
TO BE COMPLETED BY FUNERAL DIRECTOR

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

OH ATTER MIS AND THE MY REQUIRES that the death certificate be executed within ZAThours after death. Page 6 may be retained by the hospital or attending physician.	INCLUDE A SHOUTH AS BEEN SIGNED by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	how a the comment of the atth and Mental Hygiene prior to burial, cremation, or removal.	them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
CLASE TH	er leafe	State	or Item
2)	arked,
ě	OR: Age	Day of	S is m
OR AT	DIRECT	hoors a	itom 2

33383 90

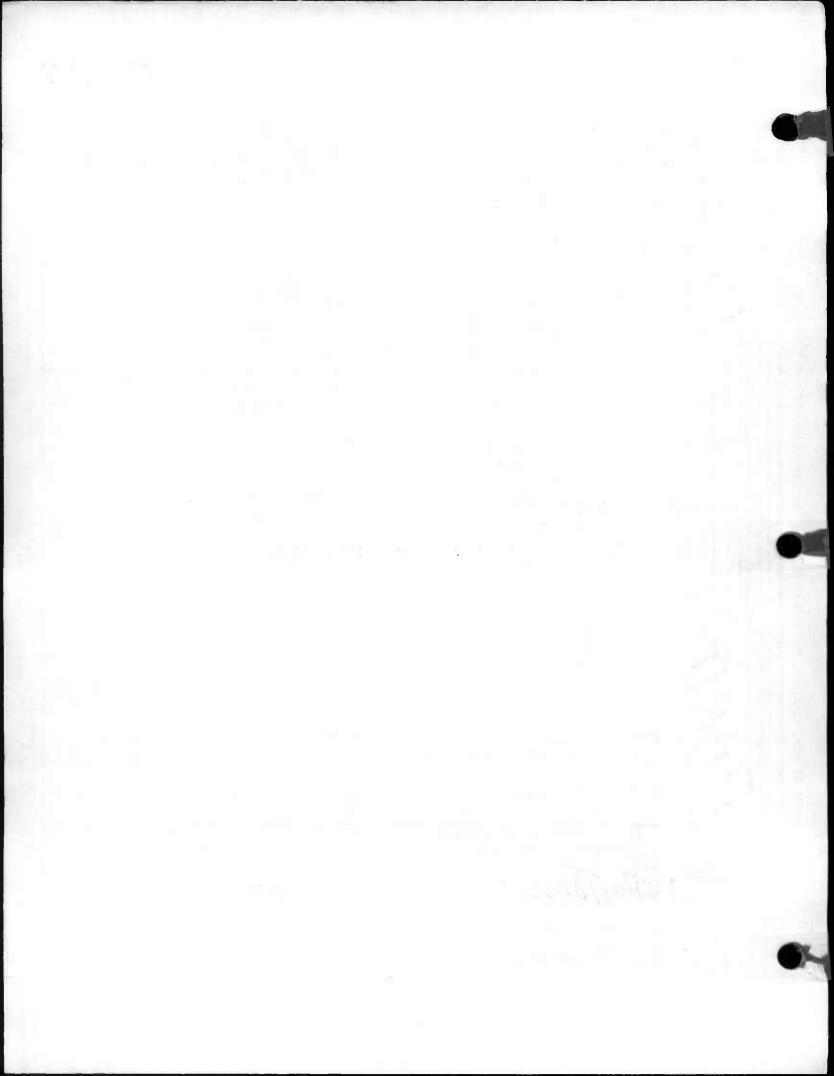
1 - STATE REGISTRAR	STATE OF MARYLA		TMENT OF H			GIENE I. NO.	90 33383
1. DECEDENT'S NAME (First, Middle, Last)	CULETO				2. DATE OF DEA	DAY	YEAR 3. TIME OF DEATH
BENJAMIN 4. SOCIAL SECURITY NUMBER	SHIELD:	yrs. lest birthday)	JBIN F UNDER 1 YEAR	IF UNDER 24 HRS.	12/1/ 7. DATE OF BIRT	/90	B. BIRTHPLACE (State or Foreign
243-09-8227	1 M M 2 □ F 80	YRS.	MONTHS DAYS	HOURS MIN.	(Month, Day, W	bar)	Country) S. CAROLINA
9a. FACILITY NAME (If not institution, give etr	eet and number)		9b. CITY, TOWN	OR LOCATION OF D			NTY OF DEATH
4811 GWYNN OAK	AVENUE (R	ES.)	BALT	IMORE (CITY		
10e. STATE 10b. COUNTY		10c. CITY	Y, TOWN OR LOCA	TION			10d. INSIDE CITY LIMITS?
MARYLAND		BA	LTIMOF	E CITY			1 X YES 2 NO
10e. STREET AND NUMBER			10	f. ZIP CODE		10g. CITI	IZEN OF WHAT COUNTRY?
4811 GWYNN OAK				21207			USA
11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 TYES IF YES, GIVE WAR OR DATE	2 NO	If yes, sp	DENDENT OF HISPA Hecity Cuben, Mexico 3 2 X NO Specific	en, Puerto Ricen, e		14. RACE — American Indian, Black, White, etc. Specify: BLACK
15. DECEDENT'S EDUC		16e. DECEDENT'S			16b. KIND (OF BUSINESS/INC	
(Specify only highest grade of Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind of w life. Do NOT us	vork done during m se retired.)	ost of working			
17. FATHER'S NAME (First, Middle, Last)				16. MOTHER'S NA	AME (First, Middle, I	Maiden Sumame)	
JULIUS RUBIN				CLAR	A SHIEI	DS	
19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street	and Number or Rural			p Code)
DESSIE L. RUB	IN	4811	GWYNN	OAK AV	ENUE: I	BALTO.	MD. 21207
20a, METHOD OF DISPOSITION 1 M Burlel 2 Cremation 3 Remo	oval from State	PLACE OF DISPOS other place) KING ME		PARK			City or Town, State 10RE, MARYLAND
21. SIGNATURE OF FUNERAL SERVICE LIC		1/_	22. NAME A	ND ADDRESS OF FA	ACILITY		
Kerry (). Duni	0	4600	LIBER	TY HEIC	HTS A	UNERAL HOME VENUE
23. PART I. Enter the diseases, or c	omplications that caused	the death. Do n	not enter the m	ode of dying, au	ch as cardiec of	reapiratory ar	Test, Approximate interval Between
IMMEDIATE CAUSE (Finel disease or condition resulting in death)	CHOLAN	GiTiS	5				Onset end Death
	DUE TO (OR AS A	CONSEQUENCE OF	f):	Ou CT	in /		
Sequentially list conditions,	DUE TO (OR AS A	CONSECUENCE OF	132 11	RUCT TRIC			
if any, leading to immediate cause. Enter UNDERLYING	MENAS	TA=10	COAS	PIC	(A()	MOME	A
CAUSE (Disease or Injury that initiated events	DUE TO (OR AS A	CONSEQUENCE OF	F):	HIVE	CINCO	21.011	
resulting in death) LAST							
					5 [
PART II. Other eignificant condition	e contributing to death bu	It not reaulting	in the underlyli	ng cause given in	n Part I. 24a. V	MAS AN AUTOPSY PERFORMED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE
					1	YES 2 NO	OF DEATH?
							1 TYES 2 NO
25, WAS CASE REFERRED TO MEDICAL			26.5	PLACE OF DEATH (C	back only one)		
EXAMINER?	HOSPITAL:	ettent 2 🗆 DOA	OTHER:			.46.4	
27. MANNER OF DEATH	28a. DATE OF INJURY	28b. TIM	E OF 28c. IN	me 5 🗌 Residence		HOW INJURY O	CCURED
1 Netural 5 Pending	(Month, Day, Year)	INJ		YES 2 NO			
2 Accident Investigation 3 Suicide 6 Could not be	28e. PLACE OF INJURY	- At home, ferm,	street, factory, off	ce	28f. LOCATION	(Street and Number	er or Rural Route Number,
4 Homicide determined	building, etc. (Spec	ny)			City or Town	r, State)	
CHECK ONLY	CIAN: To the best of my knowl	A STATE OF THE PARTY OF THE PAR					
2 MEDICAL EXAMINE	H: On the besis of examination	and/or investigate	on, in my opinion,	death occured et th	e time, date and p	lace, end due to t	the cause(a) and manner as stated.
29b. SIGNATURE AND TITLE OF CENTIFIER	laun (40		29c. LICENSE NI	DAC 9	29d. DA	TE SIGNED (Marith, Pay, Year)
30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUSE OF/DEA	TH (ITEM 27) (Type	MID 8	321 N. Fai	TALL ST	Sude 311	BATIMOLE MS21201
31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGN	ATURE	, IVII)	72(1 10.10	700012		O FILMOUP
DEC 5 1990	gylia Davidson-1	astronous .					



BALTIMORE, MARYLAND	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with July after death. Page 6 may be retained by the hosp	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	
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DIVISION OF VITAL RECORDS, P.O. BOX 13146,	requi	een s	show	
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STATE OF MARYLAND / DEPARTMENT	OF HEALTH AND	MENTAL HYGIENS
CERTIFICATE	OF DEATH	REG. NO.

	FOR STATE REGISTRAR	STATE OF MARYL		TMENT OF		MENTAL HYGIEI	_				
	1, DECEDENT'S NAME (First, Middle, Liet) John Rannie					2. DATE OF DEATH MONTH 12-1-90	DAY YE	3. TIME OF DEATH 5:15 A M			
	4. SOCIAL SECURITY NUMBER 219-12-8044	1 X M 2 □ F 6	fn yrs. last birthday) 5 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH	5 M	HRTHPLACE (State or Foreign Country) AR I LAND			
TOR	9a. FACILITY NAME (If not institution, give s VA. LOCH RAVE! RESIDENCE OF DECEDENT	The second secon		BALTIM	OR LOCATION OF DE	EATH	9c. COUNTY	OF DEATH			
DIRECTOR	10a. STATE 10b. COUNTY			Y, TOWN OR LOC TIMORE				10d. INSIDE CITY LIMITS? 1 YES 2 NO			
BY FUNERAL	100. STREET AND NUMBER 2107 GOUGH STRI				01. ZIP CODE 21231		USA				
	11. MARITAL STATUS 1 Never Married 2 Married 3 Nidowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 XYES IF YES, GIVE WAR OR D.	2 NO	If yes,		NIC ORIGIN? (Specify You, Puerto Rican, atc.) y:		RACE — American Indian, Black, Whita, etc. Specify:			
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12) 7 ½ VFARS	CATION completed) College (1-4 or 5+)		USUAL OCCUPATION OF POST OF WORK OF TOS WO	nost of working	16b. KIND OF B	USINESS/INDUST	RY			
BE COM	17. FATHER'S NAME (First, Middle, Last) JOHN RANNIE					ME (First, Middle, Meide ET FAMBA					
TO B	199. INFORMANT'S NAME (Type/Print) ARS. JEANNE RAN		2107	GOUGH	STREET	BALTO.	MD. 21	231			
	20e, METHOD OF DISPOSITION **Description 2 Commetter 3 Rem 4 Donation 8 Other (Specify)	Si		EART C	F JESUS	CEM BA		or Town, State			
	23. PART I. Enter the disease, or	resume	dei	2525	FLEET		ALTO.	MD. 21224			
	shock, or heart fellure. IMMEDIATE CAUSE (Finel disease or condition resulting in death)	e. Ca of Live	ech iine.	orly di	fferentia			interval Between Onset and Death			
ATION	Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING	b. DUE TO (OR AS A	CONSEQUENCE O	F):							
CERTIFICATION	CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE O	F):							
PHYSICIAN: MEDICAL C	PART II. Other eignificant condition	ns contributing to deeth b	ut not resulting	in the underly	ing cause given in		IN AUTOPSY DRMED? 2 NO	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO			
ICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL: OTHER:										
BY PHYS	1 YES 2 NO 27. MANNER OF DEATH 1 Natural 8 Pending Investigation	28s. DATE OF INJURY (Month, Day, Year)	28b. TIR	NE OF 28c. I	NJURY AT VORK?	8 Other (Specify) 28d. DESCRIBE HOW	INJURY OCCUR	ED			
ED	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, atc. (Spe	— At home, farm,	street, factory, of	lice	28f. LOCATION (Street City or Town, Ste		Bural Route Number,			
COMPLET	29a. CERTIFIER (Check only one) 1 MEDICAL EXAMINER: On the basis of axamination and/or investigation, in my opinion, death occurred at the time, data and placa, and due to the cause(a) and menner as stated. MEDICAL EXAMINER: On the basis of axamination and/or investigation, in my opinion, death occurred at the time, data and placa, and due to the cause(a) and manner as stated.										
TO BE C	200. SIGHATURE AND FITHE OF CERTIFIED 30. JONNE AND ADDITION OF PERSON WITH	nowun	АТИ (ITEM 27) (Турі	s, Prost)	D24	MBER 149		GNED (Month, Day, Year)			
	31. DATE FILEO (Month, Day, Year)	32. REGISTRAR'S SIGN	IATURE	72-21							
	DEC 5 1990	Julia Davidson-V	andelle.								



Pages 1, 2, 3 should

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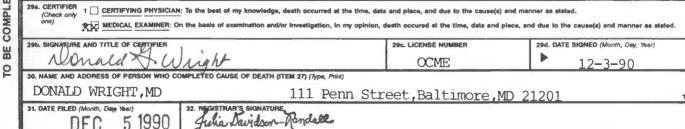
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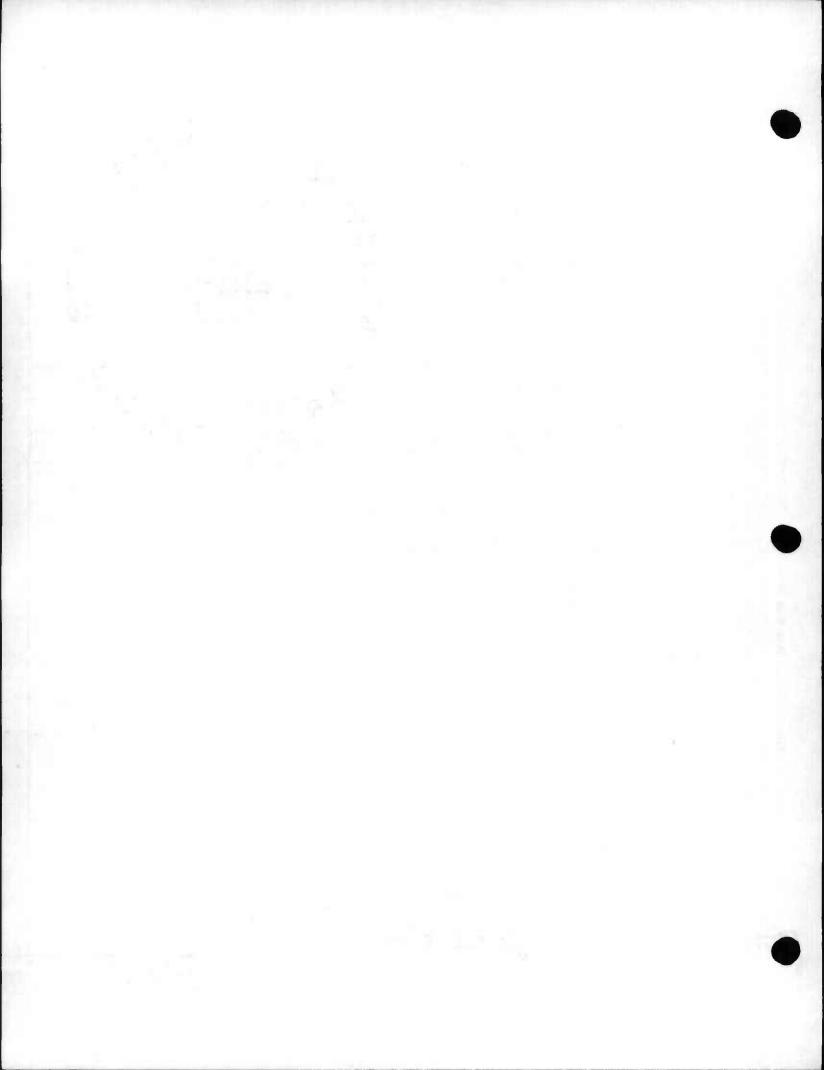
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HTANT: it item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	medic	t, the	even	nmatic	er tra	de de	7, 0	量	s an	show	1 23	Hen	0	marked	8	2 E	le	T: H	RTAN
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E FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached	ed in by	tely fill	ошре	n and o	hysicia	ding p	atten	by the	bend	been si	has	icate	Butil	After this c	OR:	ECH	DIE	RAI	E FUNI
E HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Lawours after death. Page 6 may be retained by the hospit	OULS 3	hin 2~	ed with	execut	cate be	certifi	death	it the	es tha	requir	e law	N: Ta	ICIA	ING PHYS	LEN	A	D. DR	PITA	E HOS
		,																	

90 33385 STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR 1 CERTIFICATE OF DEATH REG. NO 2. DATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 3. TIME OF DEATH YEAR Edgar Allen 12-3-90 **Spencer** 4:52AM 7. DATE OF BIRTH (Month, Day, Year) 4. SOCIAL SECURITY NUMBER IF UNDER 1 YEAR IF UNDER 24 HRS. 5. SEX 6. AGE (In vrs. last birthday) B. BIRTHPLACE (State or Foreign DAYS HOURS 1 M 2 F N.C. YRS 1 - 10 - 3258 N/A 9a, FACILITY NAME (If not institution, give atreet and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR 5614 Northwood Drive Baltimore City RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? 10a. STATE 10b. COUNTY YES 2 NO BALTIMORE CITY MD 10g. CITIZEN OF WHAT COUNTRY? FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 5614 NORTHWOOD DRIVE 21212 USA 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-14. RACE — American Indian, Black, White, etc. If yes, specify Cuban, Mexican, Puarto Rican, etc.) 1 Never Married 2 Marrie 3 Widowed 4 Divorced 1 YES 2 NO Specify: Specify BY Black COMPLETED 18a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION (Specify only highest grade complete 165 KIND OF BUSINESS/INDUSTRY Elamentary/Secondary (0-12) College (1-4 or 5+) Truck Driver Grade 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surna WHITE SUSIE JOHN RILEY SPENCER BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 MARGARET ROCK HOWARD AVE. / BROOKLYN. NY. 11233 20a. METHOD OF DISPOSITION

XIXBurial 2 □ Cremation 3 □ Removal from State 20b. PLACE OF DISPOSITION (Name of cometery, crematory or 20c. LOCATION - City or Town, State , N.C. Broad Creek-Antioch Cem. PANTEGO 4 Donation 8 Other (Specify) 22. NAME AND ADDRESS OF FACILITY 21. SIGNATURE OF FUNERAL SERVICE LICENSEE WM.C. MARCH F.H. 1101 E. NORTH AVE. 0 11 23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiec or respiratory arrest, Approximete shock, or heart fellure. List only one ceuse on each line. Interval Between **Onset and Death** IMMEDIATE CAUSE (Final disease or condition Subdural Hematoma resulting in death) DUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF) if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24b. WERE AUTOPSY FINDINGS 24a. WAS AN AUTOPSY PERFORMED? MEDICAL AVAILABLE PRIOR TO COMPLETION OF CAUSE NES 2 NO HEAD ONLY TYPES 2 | NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) EXAMINER? OTHER: 1 Inpatient 2 ER/Outpatient 3 DOA 4 - Nursing Home & Residence \$ - Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY 26c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 28b. TIME OF 1 XX atural 5 Pending M 1 YES 2 NO BY 2 Accident Investigation 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Suicide 8 Could not be determined ETED. 4 Homicide

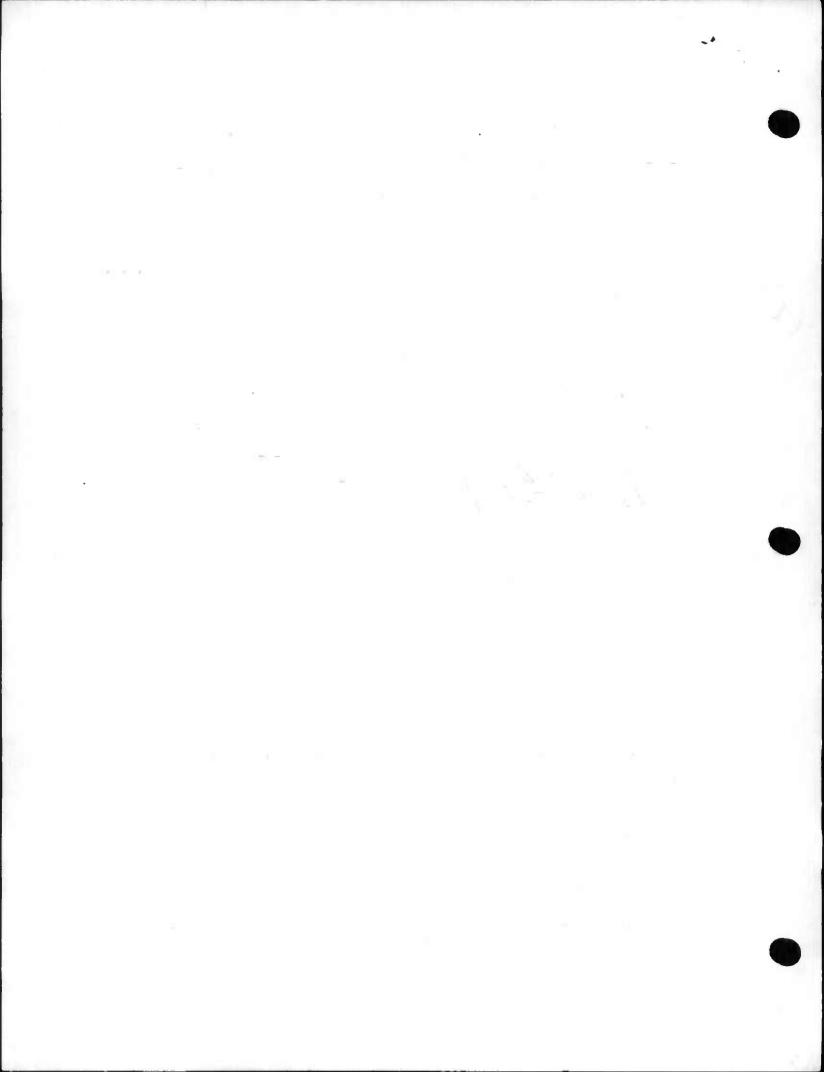






X	(fransit permit. Pages 1, 2, 3 should	
BALTIMORE, MARYLAND 21203-3M6	s after death. Page 6 may be retained by the hospital or meaning press	by the funeral director, page 5 should be detached for use the removal.	dicai examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 25 mours after death. Page 6 may be retained by the hospital or arrent or approximately	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use the first permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	REGISTRAR		CERTIFIC	AIL UP	DEATH	REG. NO).			
	1. DECEDENT'S NAME (First, Middle. Lent)	EDWIN H. S	STAUDT			2. DATE OF DEATH	7990	3. TIME OF D	eath O P m	
	4. SOCIAL SECURITY NUMBER 194-07-1882	The second secon		F UNDER 1 YEAR DNTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) JUNE 8,	8.	BIRTHPLACE (State of Country) PENNSYL		
OR	90. FACILITY NAME (If not institution, give st FRANCIS SCOTT KEY			BALTIMORE CITY						
5	RESIDENCE OF DECEDENT									
FUNERAL DIRECTOR		ALTIMORE	10c. CITY, 1		DUNDALK		10d. INSIDE C LIMITS?	KNO.		
FRAL	100. STREET AND NUMBER 2462 KEYWAY AVENUE	5		1	101. ZIP CODE 2 1 2 2 2			10g. CITIZEN OF WHAT COUNTRY? U.S.A.		
B	11. MARITAL STATUS 1 Never Married XX Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER II FORCES? 1 1 YES IF YES, GIVE WAR OR D	2 NO	If yes, s	CENDENT OF HISPAN pecity Cuben, Maxica S 2 MO Specify	IC ORIGIN? (Specify Yen, Puerto Ricen, etc.)	Black, White, a Specify:		ndlen,	
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)		life. Do NOT use i	rk done during n retired.)	done during most of working stired.)			STRY		
를	8TH GRADE	N/A	CRANE	E OPERA	ATOR	RETHLE	EHEM ST	EEL		
CON	17. FATHER'S NAME (First, Middle, Leet) CHARLES M. STAUDT					ME (First, Middle, Maidel J. HOUSET				
TO BE	198. INFORMANT'S NAME (Type/Print) ANNA V. STAUDT		196. MAILING AI 2462 KE	DORESS (Street	and Number or Rural F	BALTIMORE,	wn, State, Zip C MARY	AND 21	222	
	20e METHOD OF DISPOSITION A Buriel 2 Cremetion 3 Remo	oval from State	EADOWRIDGE	TION (Name of o	emetery, cremetory or RIAL 12-4	4-1990 DC	ORSEY,	y or Town, State MARYLAND		
	21. SIGNATURE OF HUNERAL SERVICE LIC		/	BUDA.	RUCK FUN	ERAL HOME (F DUNI			
	23. PART I. Enter the diseases, pro	omplications that cause	d tha death. Do no	t anter the m	node of dyling, such	h as cardiac or res	olratory srree	t, Approx		
	shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition reculting in daeth)	a. Sepsi							Between and Death	
- 1	resulting in dastri)	DUE TO OR AS	A CONSEQUENCE OF):						100	
TION	Sequentially list conditions, If any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF):									
FIE	CAUSE (Disease or Injury that Initiated events OUE TO (OR AS A CONSEQUENCE OF):									
SER	resulting in death) LAST	d								
EDICAL CERTIFICATION	PART II. Other significant condition	a contributing to death i	but not resulting in	the underly	ng cause given in		RMED?	24b. WERE AUTOPS AWAILABLE PR COMPLETION OF DEATH?	OT RO	
Σ						_		1 🗆 YES 2	□ №	
A	25. WAS CASE REFERRED TO MEDICAL			26.	PLACE OF DEATH (Ch	eck only one)				
SIC	EXAMINER?	HOSPITAL: 1 X Inpetient 2 - ER/Out		OTHER:	ome 5 - Residence	6 Other (Specify)				
PHYSICIAN:	27. MANNER OF DEATH	26s. DATE OF INJURY (Month, Day, Year)	26b. TIME	OF 28c. II	NJURY AT YORK?	28d. DESCRIBE HOW	INJURY OCCU	RED		
ВУ	1 Natural 6 Pending 2 Accident Investigation	(mentil pay) today			YES 2 NO					
	2 Accident investigation 3 Suicide 6 Could not be datarmined 26a. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 26t. LOCATION (Street and Number or Rural Route Number, City or Town, Stete)									
COMPLETED	one)	ICIAN: To the best of my know							na stated.	
	296, SIGNATURE AND JITES OF CERTIFIE				29c. LICENSE NUI			SIGNED (Month, Day, Y		
TO BE	Keed D. Ki	u M.D.			I STATE OF THE PARTY OF THE PAR	· was I I	> 1	2.1.90	/	
	30. NAME AND ADDRESS OF PERSON WH	RIDE M			Ife st	Baltim	aR = W	ND 2124		
	31. DATE FILED (Month, Day, Year)	2 32 MISSTRAN'S ST	SALUE OF THE PARTY	, NNU	11- 01.	Decrim	VIC 1	-1 -1		

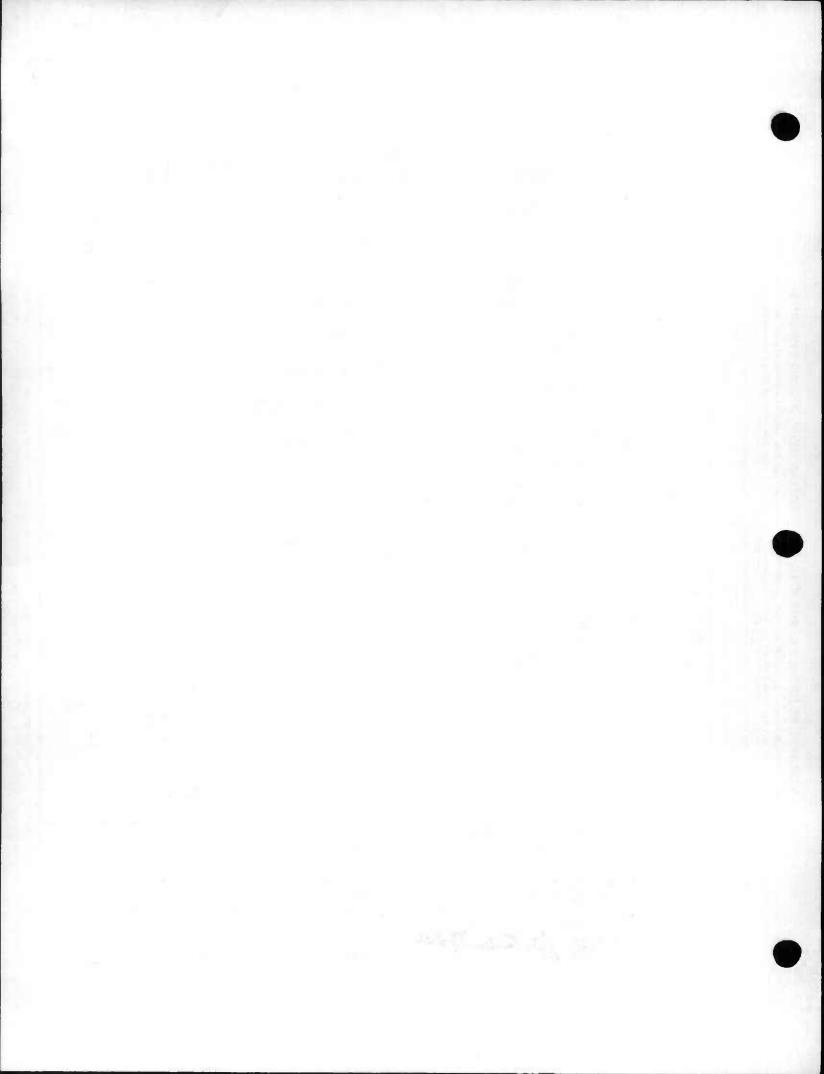


BALTIMORE, MARYLAND 21203-3146

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

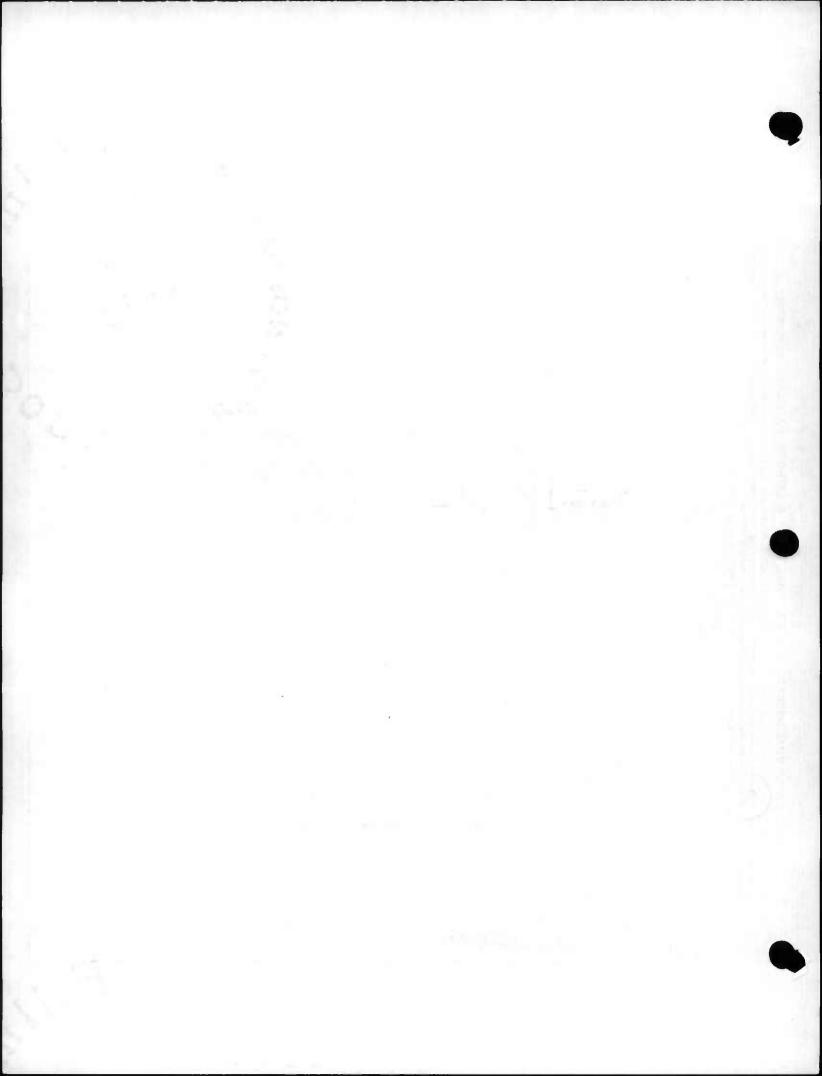
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the	be fined within 12 flows after organ with the State Dept. or recent and mental regions print to continue. So he medical examiner must be notified at once.
ertificate be execut	ng physician and or	other traumatic
s that the death co	ned by the attendi	any injury, or
N: The law require	ficate has been sig	Item 23 shows
ENDING PHYSICIA	DR: After this certi	Is marked, or
PITAL DR ATT	AL DIRECT	If Item 2
HOS	FUNER	TANT

	FOR STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTM			MENTAL	HYGIENE REG. NO.				
	1. DECEDENT'S NAME (First, Middle, Last) Ella Ire	ene Thompson	n Snowde	n		2. DATE O		9"60"	3. TIME OF DEATH		
	4. SOCIAL SECURITY NUMBER 217-30-3755	5. SEX 6. AGE (III	yrs. last birthday) III	Coun	HPLACE (State or Foreign try) Yland						
20	9a. FACILITY NAME (If not institution, give s Bon Secour Hos		9	Balt	R LOCATION OF DE	ATH	9c. C	OUNTY OF	DEATH		
DINECTOR	RESIDENCE OF DECEDENT 100. STATE 10b. COUNTY Md.	Y		OWN OR LOCAT					10d. INSIDE CITY LIMITS? 1X YES 2 NO		
LONERAL	10. STREET AND NUMBER 2522 Arunah A	venue		101	ZIP CODE		10g.	CITIZEN OF	WHAT COUNTRY?		
DI TON	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 ZNO	If yes, sp	ENDENT OF HISPAN polity Cuban, Mexical 2 NO Specify	n, Puerto Ri		- 14, RAC Blac Spe	E - American Indien, ck, White, etc. city: Black		
7	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5 +)	16a. DECEDENT'S US (Give kind of work life. Do NOT use n	k done during mo etired.)	DN st of working	16b. 1	KIND OF BUSINESS.	/INDUSTRY			
COMPLE	17. FATHER'S NAME (First, Middle, Lest) Richard Sno	wden	Housew	/ire		ME (First, Mi dith	ddle, Melden Surnam	10)			
IO BE	19a. Informant's NAME (Type/Print) Linmark Pearso	on			nd Number or Aurel F Avenue		unte Number, City or Town, State, Zip Code) Balto., Md. 21216				
	20e. METHOD OF DISPOSITION 1 X Burlel 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY 22. NAME AND ADDRESS OF FACILITY										
	21. SIGNATURE OF FUNERAL SERVICE LA	E. You	مه			rick	C. Jor s Avenu	nes F	.H. 21215		
NO	23. PART I. Enter the diseases, or complications that caused the deeth. Do not anter the mode of dying, such as cerdiac or respiratory errest, shock, or heart fellure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):										
CERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated eventa resulting in death) LAST										
MEDICAL	PART II. Other algorificent conditions contributing to death but not resulting in the underlying ceuse given in Part I. 24e. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO							ID. WERE AUTOPSY FINDINGS ANALABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 10 NO			
HISICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 Yes 2 NO 1 Inpatient 2 PER/Outpatient 3 DOA 4 Nursing Home 5 Residence 8 Other (Specify)										
I LUI	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	17. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? INJURY M 1 YES 2 DONO 28d. DESCRIBE HOW INJURY OCCURED									
3 Suicide 8 Could not be determined 28. PLACE OF INJURY — All home, farm, street, factory, office building, etc. (Specify) 28. PLACE OF INJURY — All home, farm, street, factory, office City or Town, State)									Route Number,		
COMPLE	contain army	ER: On the best of my knowle							(a) end manner as stated.		
DE C	29b. SIGN TURE AND TITLE OF CERTIFIE	or losto.	u		29c. LICENSE NUI		29d.	DATE SIGNE	(Month, Day, Year)		
	OF. NAME AND ADDRESS OF PERSON WE JACIN TO 31. DATE FILED (Month, Day, Year)	O COMPLETED CAUSE OF DEA	ATH (ITEM 27) (Type, P		n. 26	01	MADISE	no.	AVE. 2121		
	DEO 5 1000	M. Saile	Dandelle								



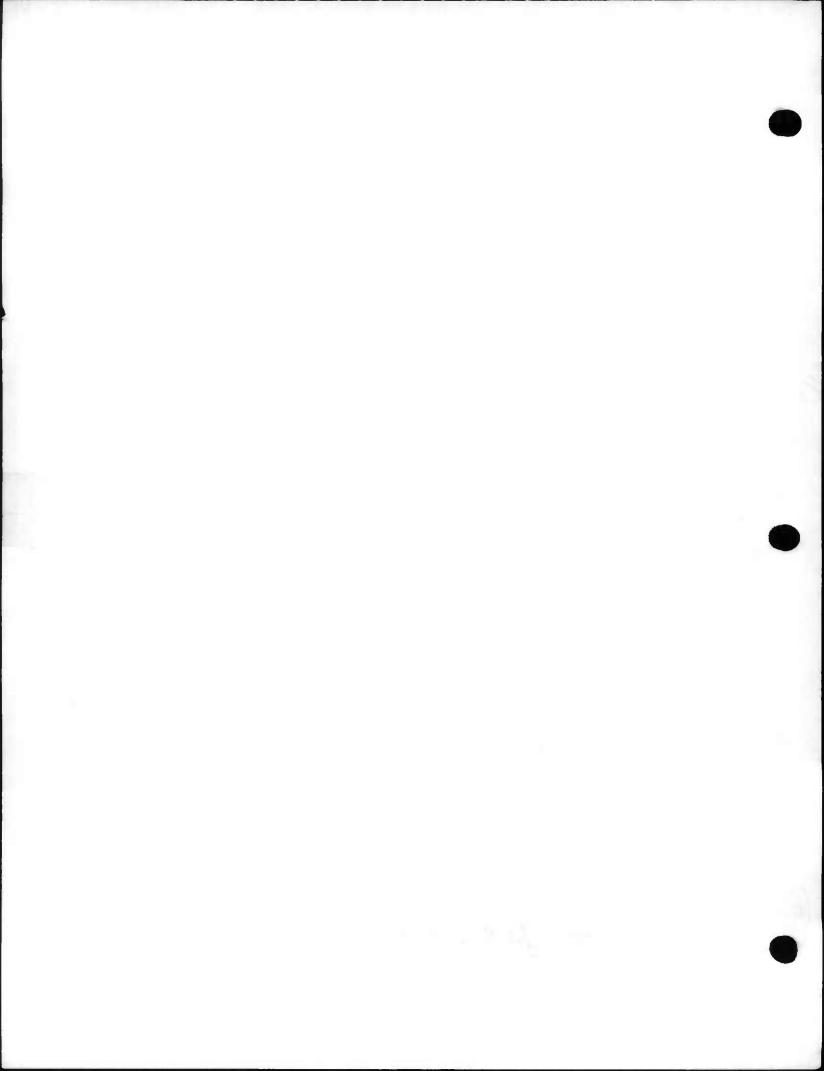
BALTIMORE, MARYLAND 21203-3146	SIGNAY: The law requires that the death certificate be executed within 2 - nours after death. Page 6 may be retained by the hospital or attending physician.	perfitcate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	n, of removal.	e medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	TO THE HOSPITAL OR ATTACONS PASSICIAN: The law requires that the death certificate be executed within a	TO THE FUNERAL DIRECTOR TO THE Certificate has been signed by the attending physician and completely fi	be filed within 72 learn transfer with State Dept, of Health and Mental Hydiene prior to burial, cremation, or removal.	IMPORTANT: If teem 20 to missed, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	FOR STATE REGISTRAR		STATE OF I		D / DEPAR					MENTA	L HYGIE		90	333	388
	1. DECEDENT'S NAME (First	t, Middle, Last)								2. DATE	OF OEATH	DAY	YEAR	3. TIME OF OE	ATH
	Joh	John A.				Stol				Dec. 3, 1990					a. M
			5. SEX	6. AGE (In yrs	i. lest birthday)	IF UNDER	DAYS	IF UNDER	MIN.	(Mont)	OF BIRTH		Count		
	212-07-280 9a. FACILITY NAME (II not in			/ (3	9h CITY	TOWN C	B LOCAT	ION OF DE	May	21.	1912	UNTY OF C	irginia	
5	5303 Herring Run Drive				<i>30.</i> 0111				City			out to t	-		
DINECTOR	10a. STATE	10b. COUNT	Y		10c. CIT	Y, TOWN C	R LOCAT	ION						10d. INSIDE CI	TY
	Maryland	,000					В	alti	more	Cit	٧			LIMITS?] NO
	100. STREET AND NUMBER						_	ZIP COD			J	10g. CI	TIZEN OF	WHAT COUNTRY	?
	5303 Her	ring R	un Drive						2	1214		Ur	nited	States	
	11. MARITAL STATUS		12. WAS DECEDEN	T EVER IN U.S	ARMED						t? (Specify Rican, etc.)	Yes or No-	14. RAC	E American In	dlen,
	1 Never Married 2 X		IF YES, GIVE Y						Specif		,		Spec	White	
- 11		CEDENT'S EDU	CATION	100	. DECEDENT'S	I IISHAL O	CCUPATIO	NA .	-	165	KIND OF	BUSINESS/II	UDLISTRY	MIII CC	
		ly highest grade			(Give kind of life. Do NOT u	work done	during mo	et of work	Ing	100	K KIND OF	DOGINESSIN	10031111		
	12	(0-12)	2		et. Of	ficer	r (L	ieut	enan	t) B	altin	nore (litv	Police	Dept.
	17. FATHER'S NAME (First, A	Middle, Last)						T .				ten Surname)		. 01100	Воро
	Joh	n		Sto	ltenbe	rg			Son	hie			(Not Kno	wn)
	19a. INFORMANT'S NAME (Type/Print)			19b. MAJLING	AODRES	S (Street a	and Numbe			ber, City or	Town, State, 2			
	Mary E.	Stolte	nberg		530	3 Her	rrin	g Rur	Dri	ve	Balt	more,	Md.	21214	
ı	20a. METHOD OF DISPOSIT	TION	ioval from Stata	20b. PL	ACE OF DISPO er place)	SITION (Na	ume of cer	metery, cre	matory or		20c.	LOCATION -	— City or T	fown, Stata	
	4 Donation 5 Othe	r (Specify)		_ Gre	en Mou				5/90					Maryla	ind_
	21. SIGNATURE OF FUNERA	AL SERVICE LI	Milto	n 🖟 Ki	night J	22.			La of		Doad	21	1214		
	m	elton	Kni	all !	L .		Leon	ard	J. Ru	ord ick,	Inc.	Balt	timor	e, Md.	
	23. PART I. Enter the cahock, or handle in the cause (Fi disease or condition resulting in death)	hsert fellure.	List only one ca		lins.	or enter	The mo	Cicl	ying, suc	a fa	rel	L ₁	errest,		Between
	if any, leading to immediate. Enter UNDERLY CAUSE (Disease or injusted initiated events	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST b. Jackson Caudiony of Caudion													
										COMPLETION O	OF CAUSE				
25. WAS CASE REFERENCE TO MEDICAL EXAMINER? 28. PLACE OF DEATH (Check only one)															
27. MANNER G. MATH 27. MANNER G. MATH 1															
								ber or Rurei	I Route Number.						
29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day,										atatad					
									e(a) and manner	as stated.					
200	41/1	11	m'			P.A	-	De	283	358		294.0	/ Z	3 / 9	,
2	30. NAME AND ADDRESS (, -						1		
			tricio I			arfor	nd R	oad	Bal	timo	re, N	aryla	ind		
	31. DATE FILED (Month, Day	10 Jul	a Saydson	Way Son	RE										



THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 12-rouns after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNESTIAL DRECTOR: After this certificate has been attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State begr. of Health and Mental Hygene prior to burial, cremation, or removal. IMPORIANT: If them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be note.

	FOR STATE REGISTRAR	STATE OF MARYLAN	D / DEPART						HYGIENI REG. NO.		90	33389
1	1. OECEDENT'S NAME (First, Middle, Last) ISAAC TAYLOR							DECEN	DEATH DA	ž, 19§	90°	11:15 a.m.
	0.47 10 0100	SEX 8. AGE (in y)	rs. lest birthday) YRS.	IF UNDER	1 YEAR DAYS	IF UNDER :	MIN.	7. DATE OF (Month, E) 3 - 0	BIRTH 4-13		BIRTHP Country)	N . C .
5	9a. FACILITY NAME (If not institution, give street THE JOHNS HOPKINS								9c. COUNT		RE CITY	
DIRECTOR	10a. STATE 10b. COUNTY	10c. CITY, TOWN OR LOCATION BALTIMORE, CITY							IDD. INSIDE CITY LIMITS?			
- 11	10e. STREET AND NUMBER			JALI		ZIP CODE				10g. CITIZE	_	IX YES 2 NO
UNEHAL		WAS DECEDENT EVER IN U. FORCES? 1 YES 2	S. ARMED				HISPAN	IC ORIGIN?		or No 14	U.S.	American Indian, White, etc.
1 84	1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE WAR OR DATE				2 XNO		i, Puerto Ric	eri, esc.)		Specify	
COMPLETED		opleted)	GANGE KIND OF WEIGHT OF WEIGHT OF KLIF	ork done o retired.)	during mos	of working		16b. K	IND OF BUS	INESS/INDUS	TRY	
OMP	5 th 17. FATHER'S NAME (First, Middle, Last)	<u> </u>	ORRETT					ME (First, Mic	dle, Maiden	Surname)		
a a	PRINCE TAYLOR 198. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS	(Street ar				<u> </u>	AYLO		
2	ALICE CARRINGT		2709	E.	CHA	SE S	ST		IMOR	E. M	D.	21213
	20a, METHOD OF DISPOSITION 1 Si Burial 2 Cremation 3 Removal 4 Donation 5 Other (Specify)	from State of	LACE OF DISPOS ther place) BUTUS		me of cem		atory or			CATION — CH		1277.09
	21. SIGNATURE OF FUNERAL SERVICE LICENS	SEE				ADDRES			1 1	.01 E	M	ORTH AVE.
	23. PART I. Enter the diseases, or com	plications that caused the	ha daeth. Do n									Approximate
	ahock, pr heart failure. List IMMEDIATE CAUSE (Final disease or condition rasulting in death)	Gestroint	ectional	herr	brrl	lage						Interval Between Onset end Deeth
Z	DUE TO (OR AS A CONSEQUENCE OF): Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF):											
RTIFICATION	If any, leading to immediate cause. Enter UNDERLYING											
CERTIF	that initiated events resulting in death) LAST	that initiated events DUE TO (OR AS A CONSEQUENCE OF):									3 years	
SAL	PART II. Other algnificant conditions of	ontributing to death but	not reaulting i	n the ur	nderiying	cause g	iven in		4a, WAS AN PERFOR	MED?	24b.	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE
MEDI									YES 2	фио		OF DEATH?
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	IOSPÍTAL:		OTHE		ACE OF O	EATH (Ch	eck only one)				
is		Inpatient 2 ER/Outpati	ant 3 DOA	- Y			aldenca	6 Other		NJURY OCCU	RED	
BY PI	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	LNI	URY M	WO	RK7 ES 2] NO	13.00 -133.2				
	3 Suicide 6 Could not be 4 Homicide determined	3 Suicide 6 Could not be 28a. PLACE OF INJURY — At home, farm, street, factory, office 28th LOCATION (Street and Number or Rural Route Number, City or Rown, State)								oute Number,		
COMPLETED	cond only	IN: To the best of my knowled On the basis of examination a										and manner as stated.
BE C	206. SIGNATURE AND TITLE OF CERTIFIER	L. 1D.				29c. LICE	NSE NU	MBER		29d. DATE	SIGNED	(Month, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WHO C	COMPLETED CAUSE OF OEAT	Н (ITEM 27) (Туре	, Print)		H	75	/ /		1/1	1/2	/ 96
	TLAN S. WITTSTEIN	600 N. WOLFE	E ST.	BAL	TIM	ORE	, M	0.	2/20	5		
	31. DATE FILED (Month, Day, Year) 1990	32 AGGISTHAT'S SIGNAT	Mandell									



TO BE COMPLETED BY FUNERAL DIRECTOR

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m 23 them my lejury, or other traumatic ever	TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION
other	TIF
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IMPORTANT: If Item 28 is marked, or Item 2	SICI
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REGISTRAR		CERTIFIC	ATE OF D	EATH	REG. N	Э.			
1. DECEDENT'S NAME (First, Middle, Lest) ${\tt Tilgh}^{\tt Md}$	an, Mabel				2. DATE OF DEATH MONTH	DAY Z	YEAR O	3. TIME OF DEATH	
4. SOCIAL SECURITY NUMBER 212 18 5380	5. SEX 6. AGE			UNDER 24 HRS.	7. DATE OF BIRTH (Morth, Day, Year) JUNE 6, 1	895	8. BIRTHI Country	PLACE (State or Foreign	
9a. FACILITY NAME (If not institution, give st	treet and number)		. CITY, TOWN OR L	OCATION OF DE			NTY OF DE		
Union Memoria:	l Hospital		Baltim	ore C	ity				
10a. STATE 10b. COUNTY		10c. CITY, To	OWN OR LOCATION	1				10d. INSIDE CITY LIMITS?	
MARYLAND		BA	LTIMORE					1 YES 2 NO	
100. STREET AND NUMBER			10f. ZII	P CODE				THAT COUNTRY?	
601 WYANOKE AVEN	12. WAS DECEDENT EVER I	N U.S. ARMED			IIC ORIGIN? (Specify Y	-	5. O	- American Indian	
1 Never Married 2 Married 3 XWidowed 4 Divorced	FORCES? 1 TYES IF YES, GIVE WAR OR D			y Cuben, Mexica NO Specifi	n, Puarto Rican, etc.)		Black Specif	BLACK	
15. DECEDENT'S EDUC (Specify only highest grade	CATION completed)	16a. DECEDENT'S USI (Give kind of work	done during most o	f working	186. KIND OF B	USINESS/INC	USTRY		
Elementary/Secondary (0-12) N/A	College (1-4 or 5 +)	DOMESTI	elred.) C WORKER		PRIVAT	re fan	II LY		
17. FATHER'S NAME (First, Middle, Last)			10	. MOTHER'S NA	ME (First, Middle, Maide	n Surname)			
GEORGE COBB				ELIZABI	ETH COBB				
19a. INFORMANT'S NAME (Type/Print)	COM				Route Number, City or To			21218	
MRS. ESTHER THOMP	20	b. PLACE OF DISPOSITI			PT. 224 1	OCATION -			
1 Buriel 2 Cremation 3 Rame 4 Donation 5 Other (Specify)	oval from State	other place)		,,,				. BALTO. CO	
21. SIGNATURE OF FUNDAM SERVICE LIC		refuse)	LEWIS T	ODDRESS OF FA	FUNERAL	HOME	212	15-6393	
- September 1		June -						, MARYLAND	
IMMEDIATE CAUSE (Final	List only one ceuse on e	a the deeth. Do not each line.	antar tha mode	or aying, suc	n ea cardiec of rea	piratory an	reat,	Approximate Interval Between Onset and Death	
disease or condition resulting in death)	a. hupol	A CONSEQUENCE OF:							
	Canaa	the hea	t of	autur	0			į	
Sequentially list conditions, if any, laading to immediate	DUE TO (OF AS	A CONSEQUENCE OF):	0						
CAUSE (Disease or injury	C	A CONSEQUENCE OF):							
thet initieted events reaulting in death) LAST	d.	A CONSEQUENCE OF J.							
PART II. Other algnificant condition	s contributing to death i	but not resulting in t	ha undariving c	ause given in	Part I. 24s, WAS /	IN AUTOPSY	24b.	WERE AUTOPSY FINDINGS	
(R) middle	loke pr	umonia			PERF	ORMED?		AVAILABLE PRIOR TO COMPLETION DF CAUSE	
Ingular 7	Doperacht	- Dial	ets			2 3000		OF DEATH?	
25. WAS CASE REFERRED TO MEDICAL	0		26 PI AC	E OF DEATH (Ch	eck only one)				
EXAMINER? 1 YES 2 NO	HOSPITAL:		THER:		6 Other (Specify)				
27. MANNER OF DEATH 1 Netural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME O	28c. INJUR' WORK	Y AT	28d. DESCRIBE HOV	/ INJURY OC	CURED		
2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide determined	28a. PLACE OF INJUR building, etc. (Spe	Y — At home, farm, atre			281. LOCATION (Stree City or Town, Ste		r or Rural R	loute Number,	
an- officien									
(Check only	CIAN: To the best of my known.) and manner as stated.	
296. SIGNATURE AND TITLE OF CERTIFIED	R			9c. LICENSE NUI				(Month, Day, Year)	
Hufon	7	MD		0397	36	1	2	22-90	
A BDALLAH KEOUN	00115	EATH (ITEM 27) (Type, Pri	int)						
31. DATE FILED (Month, Day, Year) DF C5 - 199()	32. REGISTRAR'S SIGI	NATURE Son-Randell							

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BALTIMORE, MARYLAND 21203-3146

FOR STATE REGISTRAR	STATE OF MARYLAND / DEPARTMENT OF HEALTH A CERTIFICATE OF DEATH	
ECEDENT'S NAME (First, Middle, Last)		2. DATE OF DEATH

	1. DECEDENT'S NAME (First, Middle, Last)		Tati	2				2. DATE OF DEATH MONTH	DAY 29	9°O	3. TIME OF DEATH	
	212-42-848	5. SEX	8. AGE (In yrs. lest	VRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER HOURS	24 HRS. MIN.	7. DATE OF BIRTH (Month, Day, Year)	3	Country	PLACE (State or Foreign TRGINIA	
DINECION	90. FACILITY NAME (If not institution, give st SINAI HOSPITAL RESIDENCE OF DECEDENT	reet and number)			96. CITY, TOWN BAI	TIMO			_	UNTY OF DE		
	10a. STATE 10b. COUNTY MARYLAND			10c. CIT	Y, TOWN OR LOCA BALTIMO						10d. INSIDE CITY LIMITS? 1 YES 2 NO	
	10e. STREET AND NUMBER 2121 WINDSOR G	2120			100		OF A.					
	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS OECEDEN' FORCES? 1 IF YES, GIVE W	YES 2 N		If yes, sp			IC ORIGIN? (Specify) I, Puerto Ricen, etc.)	fee or No-	Black,	- American Indian, White, etc.	
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5 +	(G	ve kind of Do NOT u	USUAL OCCUPATE work done during me se retired.)	ost of worldn		166. KIND OF B				
- CI	N/A 17. FATHER'S NAME (First, Middle, Last)			DOME	STIC WO	0.00	IER'S NAN	AE (First, Middle, Maid		FAMIL)	Y	
1	HENRY RIVES 19a. INFORMANT'S NAME (Type/Print)		198	. MAILING	ADDRESS (Street		ARY or Rural R	HARRIS	bwn, State, 2	Zip Code)		
	MR. JOHN SALTER		20b. PLACE	OF DISPO	SITION (Name of ce	metery, crem				MARYL/	AND 21207	
	Buriel 2 Cremation 3 Ramoval from State MT. AUBURN CEMETERY 12/4/90 BALTIMORE, MARYLAND											
	LEWIS T. GWYNN FUNERAL HOME 21215-6393 BALTIMORE, MARYLAND 4517 PARK HEIGHTS AVE. 23. PART I. Enter the diseases, Dr complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest. Approximate											
	23. PART I. Enter the diseases, or canock, or heart failure. I IMMEDIATE CAUSE (Final disease or condition resulting in death)	List only one cau	t caused the descent mach line	Lica	2 Arva		ing, such	n as cardiac or res	spiratory (arrest,	Approximate Interval Betwee Onset and Dea	
CENTIL IONION	Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST b. DUE TO (OR AS A CONSEQUENCE OF): DUE TO (DR AS A CONSEQUENCE OF):											
יוורטוסיוו		on	Failu	resulting	in the underlyin	g cause (given in i	Part I. 34s, was report	OHMED?	24b.	WERE AUTOPSY FINDING AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
FILISICIAN.	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 1 12 YES 2 1 NO	HOSPITAL:	ER/Outpetlant 3	□ DOA	OTHER:			6 Cher (Specify)				
מו נמ	27. MANNER OF CEATH 1 Natural 5 Pending 2 Accident Investigation	28a. DATE OF (Month, D	INJURY lay, Year)	28b. TH	JURY W	JURY AT ORK? YES 2]_ND	28d. DESCRIBE HO	W INJURY C	OCCURED		
	2 Accident 3 Suicide 6 Could not be determined 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28f. LOCATION (Street and Number or Pural Route Number, City or Town, State)										loute Number,	
COMPLEIED	29e. CERTIFIER (Check only 2 MEDICAL EXAMINER: On the basis of azamination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner as stated.											
10 DE	296, SIGNATURE AND TITUE OF CENTIFIER	6mg				29c. LIC	39	DER 707	29d. D	ATE SIGNED	CS/70	
	30. NAME AND ADDRESS OF PERSON WHY 31. DATE FILED (Nonth, Day, 19(1))	Meche 32. REGISTRA	VE VIUV	ne	l,	. 3	150	St. Paul 5	t . £	Balt.	des.	
	12 DERT 91990		Davidson	Rand	M.							

Andrew Comments

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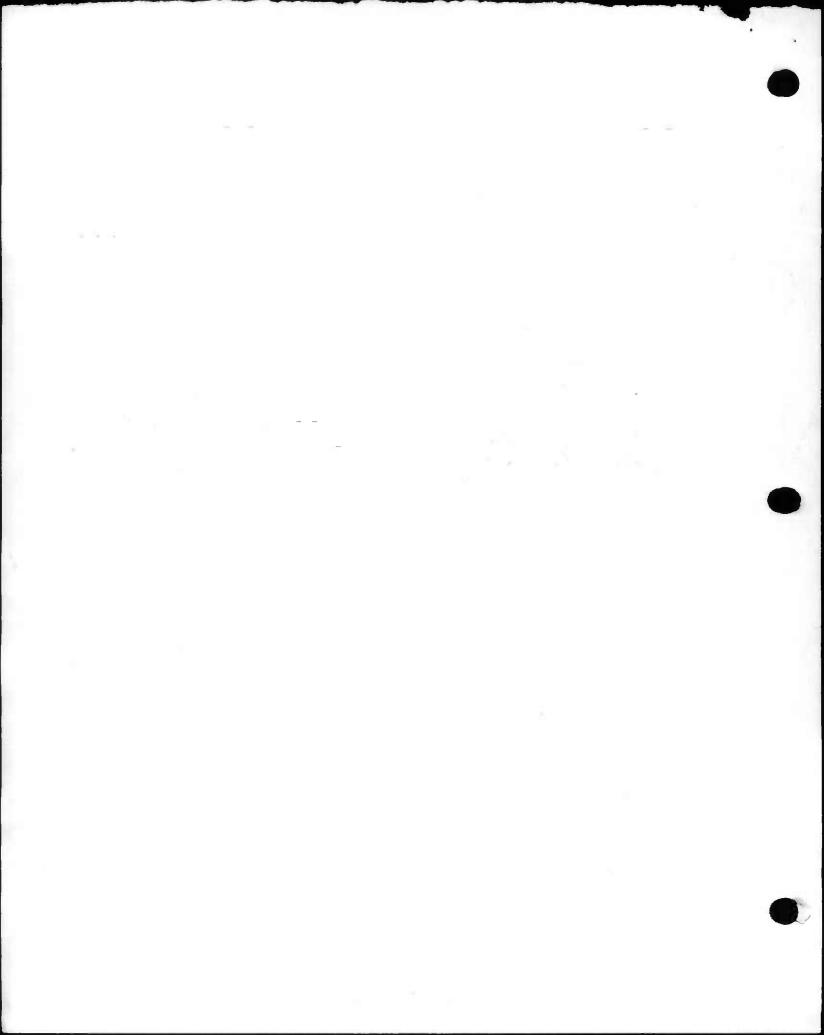
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Afransit permit. Pages 1, 2, 3 should

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BALTIMORE, MARYLAND 21203	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 25 mounts after death. Page 6 may be retained by the hospital and appropriate the property of the prope		.,
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46,	d with	I, crem	event
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	execute	buria	matic
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O. B	ertifica	giene	other
P.	seath c	mtal H	ry, or
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RE	nbe. A	f. of H	shov
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O	NDING	- Anter	is ma
VISI	ATTE	rs after	n 28
ā	AL OR	AL UIT	if iter
	HOSPIT	within /	MATE
	THE	10 THE FUNEMAL DIRECTORS After this certificate has been signed by the attending provision and compressly med in by the befiled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
	=		=

	FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM			MENTAL HYGIE	///	- 33392
	t. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH	200	3. TIME OF OEATH
ĺ		DOLORES ANN	THORNHILL			MONTH DECEMBER	2. 1990	
i	4. SOCIAL SECURITY NUMBER	6. SEX 6. AGE (UNDER 1 YEAR	IF UNDER 24 HRS.	7 DATE OF BIRTH	0.0	SIRTHPLACE (State or Foreign Country)
	218-22-3838 9a. FACILITY NAME (If not institution, give	1 □ M 2 XXF 62 YRS. MOI			HOURS MIN.	(Month, Day, Year) 9-11-192		MARYLAND
r	THE JOHNS HOPKI		30			AIR	9c. COUNTY	
DIRECTOR	RESIDENCE OF DECEDENT	NO HUSELIAL		BALTIM	ORE		BALTIM	MORE CITY
Ä	10a. STATE 10b. COUNT	ſΥ	10c. CITY, TO	OWN OR LOCAT	ON			10d, INSIDE CITY
	MARYLAND	BALTIMORE			DUNDALK			1 - YES 2 1 NO
FUNERAL	10s. STREET AND NUMBER			101.	ZIP CODE		tog. CITIZEN	OF WHAT COUNTRY?
	7534 SCHOOL AVENU		-			1222		u.s.A.
2	11. MARITAL STATUS t ☐ Never Merried	12. WAS DECEDENT EVER II FORCES? 1 YES	2 V VAO	If yes, spe	cify Cuban, Maxica	IIC ORIGIN? (Specify in, Puerto Ricen, etc.)	Yes or No- 14.	RACE — American Indian, Black, White, atc.
2	3 Widowed 4 Divorced	IF YES, GIVE WAR OR D	ATES	t 🗌 YES	NO Specify	r.		Specify: WHITE
- 1	ts. DECEDENT'S ED	UCATION	tea. DECEDENT'S US	UAL OCCUPATIO	N .	16b. KIND OF I	BUSINESS/INDUST	
EIED	(Specify only highest grad Elementary/Secondary (0-12)	le completed) College (1-4 or 5 +)	(Give kind of work life. Do NOT use re	done during mos stired.)	t of working			
COMPL	12TH GRADE	N/A	SEC	CRETARY		BETHLE	HEM STE	EL SHIPYARD
5	17. FATHER'S NAME (First, Middle, Last)					ME (First, Middle, Maid		
H H	VINCENT DEL PRETE	-				DE CRESE		
2	19a. INFORMANT'S NAME (Type/Print)					Route Number, City or 1		
	FRANK W. THORNHIL		7534 SC			BALTIMORE	LOCATION - City	
	XX Burial 2 Cremation 3 Res	moval from State	other place)		12-6-199			MARYLAND
	21. SIGNATURE OF FUNERAL BEHVICE L		L AID MLMC	22. NAME AN	D ADDRESS OF FA	CILITY		
-	1/1/2 10	h/ Fil	/					DALK INC.
\dashv	23. PART I. Enter the disesses, or	complications that cause	the death. Do not			UE DUNDA		21222
	shock, or heart failure	List Dnly one cause on a	ach lina.	antar tra mo	ia bi dying, auc	n as cardiac or re	apiratory arrest,	Interval Between
	iMMEDIATE CAUSE (Final disease or condition	R	010,00	_				Onset and Death
	resulting in death)	a. DVC1V	CONSEQUENCE OF):				ACAYS	
,		. Metast	atic L	una	Canc	ex		13 mouths
፬	Sequantially list conditions, if any, leading to immediate	DUE TO (OR AS /	CONSEQUENCE OF):)				
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or Injury	c						
	that initiated events resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE OF):					i 1
Ħ		d						
ا ہے	PART II. Other significant condition	ona contributing to death t	out not resulting in	tha underlying	cause given in	Part I. 24s. WAS	AN AUTOPSY FORMED?	24b. WERE AUTOPSY FINOINGS AMAILABLE PRIOR TO
2						100	2 XNO	COMPLETION OF CAUSE DF DEATH?
MEDIC						_		t 🗆 YES 2 NO
								/)
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? CTHER: OTHER:							
\S	1 YES 2 NO	26s. DATE OF INJURY				6 Other (Specify)		
	1 Netural 5 Pending	(Month, Day, Year)	26b. TIME C	Y WO	RK?	26d. DESCRIBE HO	W INJURY OCCUR	EU
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	29a. CERTIFIER CERTIFYING PHY	SICIAN: To the best of my know	rlades death occurred	et the time date	and place, and due	to the cause(s) and	menner on etaled	
M	anal anal	NER: On the basis of examination						zuse(e) end manner ee stated.
S	29b. SIGNATURE AND TITLE OF CERTIFI	UER .			29c. LICENSE NUI	MBER	29d. DATE SI	GNED (Month, Day, Year)
m	Glita C- Wel.	CM-					17:	190 -
2	30. NAME AND ADDRESS OF PERSON W	THO COMPLETED CAUSE OF DIER	11 11	11	1-1. K	30 May	Ment &	net Baltimore
	31. DATE FILED (Month, Day, Year)	32. REGISTRAN'S SIG	MS Hopkin	's TOS	11141 10	30 1.000		
	DEC 5 1990	golia Davidson	fandalle		19			

DHMH-16 Rev 1/89



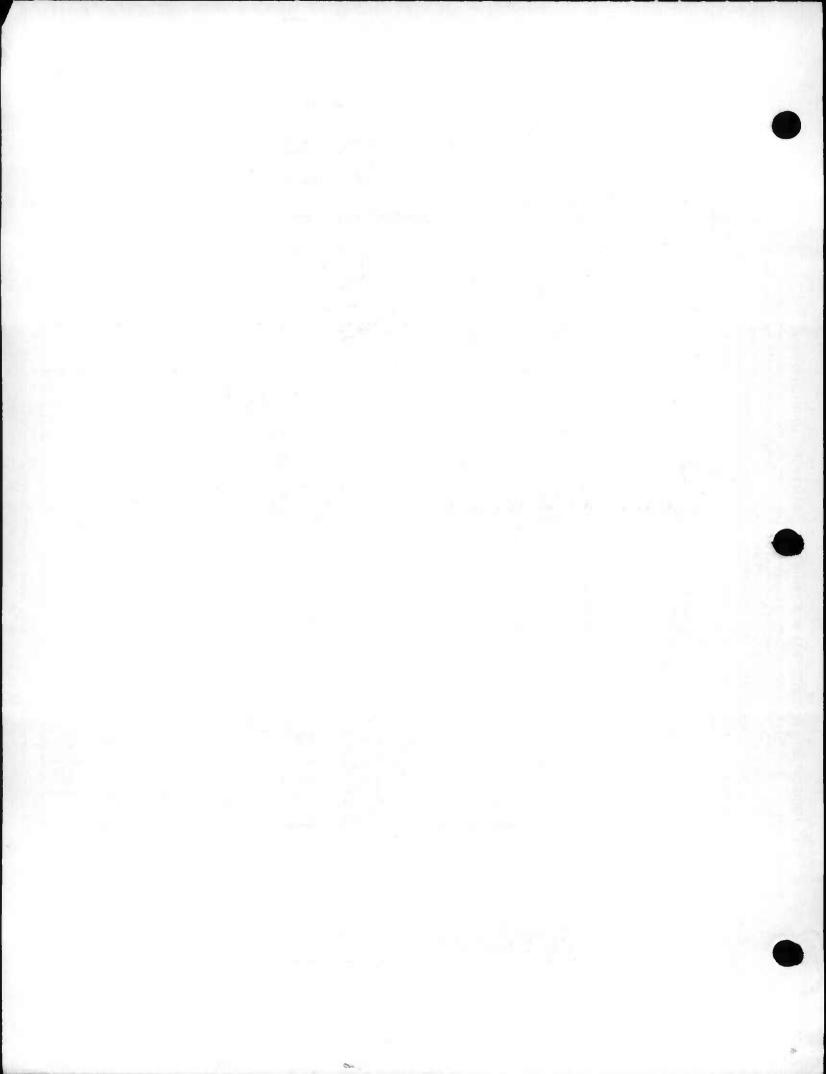
TO BE COMPLETED BY FUNERAL DIRECTOR

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TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

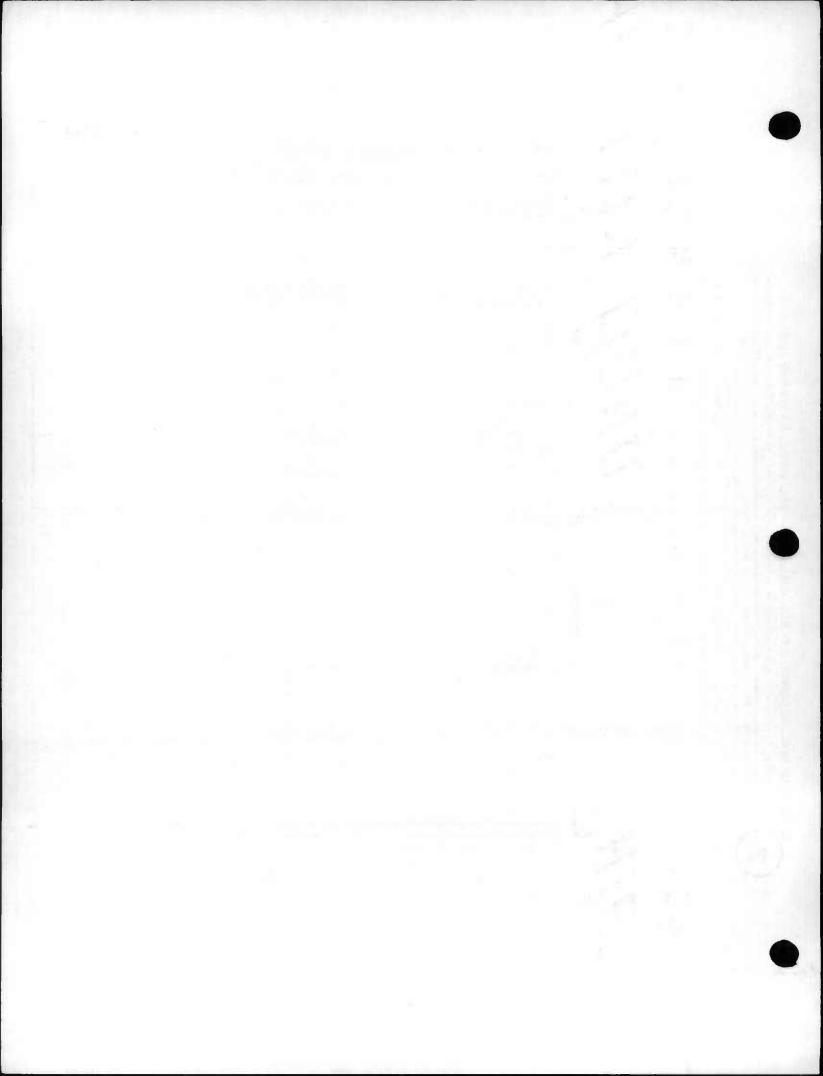
FOR STATE REGISTRAR	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.									
1. DECEDENT'S NAME (First, Middle, Lest)	NORA TURNI	ER			2. DATE OF DEATH DATE 1 1 2	_	3. TIME OF DEATH 0 7:25 P M			
4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE		IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	6. E	BIRTHPLACE (State or Foreign			
214-18-9205	1 □ M 2 🂢 F	91 YRS. M	ONTHS DAYS	HOURS MIN.	(Month, Day, Year) 6-28-189		ENNSYLVANIA			
9a. FACILITY NAME (If not institution, give	street and number)	9	b. CITY, TOWN OF	LOCATION OF D		9c. COUNTY				
RIVERVIEW NURS	ING HOME					BALT	IMORE			
10a. STATE 10b. COUNT	TY	10c. CITY,	TOWN OR LOCATIO	N			10d. INSIDE CITY LIMITS?			
MARYLAND BAL	TIMORE						1 TYES 2 NO			
10e. STREET AND NUMBER			10f.	IP CODE		10g. CITIZEN	OF WHAT COUNTRY?			
7413 BERKSHIRE	ROAD		2	222		USA				
11. MARITAL STATUS 1 Never Merried 2 Merried 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER II FORCES? 1 YES	2 NO	If yes, spec	IDENT OF HISPAI Ify Cuban, Maxico NO Specif	NIC ORIGIN? (Specify Yea an, Puarto Rican, atc.) y:		RACE — American Indian, Black, White, etc. Specify:			
15. DECEDENT'S EDU (Specify only highest grad	UCATION In complete of	16a. DECEDENT'S US	SUAL OCCUPATION	-fdd	16b. KIND OF BUS	SINESS/INDUST	TRY			
Elementary/Secondary (0-12)	College (1-4 or 5 +)	life. Do NOT use i	rk done during most retired.)	or working						
6 YEARS		HOMEMAKI	ER							
17. FATHER'S NAME (First, Middle, Last)				16. MOTHER'S NA	ME (First, Middle, Maiden	Sumame)				
WILLIAM NEARHO	OF			TAMER	WALKER					
19a, INFORMANT'S NAME (Type/Print)		19b. MAILING AI	DDRESS (Street an		Route Number, City or Tow	n, State, Zip Coo	Je)			
MR. EARL NEARH	OOF	SAMI	F							
20g, METHOD OF DISPOSITION	200	PLACE OF DISPOSIT	-	tery, cremetory or	20c. LO	CATION — City	or Town, State			
Burial 2 Cremation 3 Ran	novel from State	LTIMORE	NATIO	NAL CE	EMETERY B	ALTO.	MD.			
THE SERVICE LI					FUNERAL					
Kummad &	Xaezara	white			FUNERAL Street ba		MD. 21224			
23. PART I. Enter the diseases, or	complications that cause	the daeth. Do not								
ahock, or hasrt fallure. IMMEDIATE CAUSE (Fins)	Liet only or ause on e	ech ilne.					Interval Between Onset and Death			
disease or condition	Dus	MONIA					2 1			
resulting in death)	DUE TO (OR AS	CONSEQUENCE OF:					2 days			
	CARE	STIVE	GARA	F	1.1.105		5 days			
Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS	CONSEQUENCE OF):	0.0.7		rizure					
cause. Enter UNDERLYING	GANE	RAL12E	D 10	TAN 10 5	FILURE SCLENOSIS		10 year			
CAUSE (Disease or injury that initisted events	DUE TO (OR AS	CONSEQUENCE OF):	1510	0,0						
resulting in death) LAST	CVI	7.					10 41/5-			
	V						1			
PART II. Other algorificant condition	na contributing to death b	ut not resulting in	tha underlying	cause given in	Part I. 24a, WAS AN PERFOR	RMED?	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?			
						,,	1 YES 2 NO			
25. WAS CASE REFERRED TO MEDICAL			26. PL/	CE OF DEATH (C/	heck only one)					
EXAMINER? 1 YES 2 NO	HOSPITAL: 1 Inpetient 2 ER/Out		OTHER:	5 Residence	6 Other (Specify)					
27. MANNER OF DEATH	28e. DATE OF INJURY	26b. TIME (OF 26c. INJU	RY AT	28d. DESCRIBE HOW I	NJURY OCCUR	ED			
1 Natural 5 Pending Investigation	(Month, Day, Year)	INJUF		K? S 2 NO						
2/ Accident investigation 3 Suicide 6 Could not be	26s. PLACE OF INJURY	— A1 home, farm, stre	ee1, factory, office		261. LOCATION (Street	and Number or F	Aural Route Number.			
4 Homicide determined	building, etc. (Spe	cify)			City or Town, State)					
Total only	SICIAN: To the best of my know						ause(a) and manner as stated.			
29b. SIGNATURE AND TITLE OF CERTIFIE				29c. LICENSE NU	MBER	29d. DATE SIG	GNED (Month, Day, Year)			
De marca l	Keenman	hud			0.09019					
30. NAME AND ADDRESS OF PERSON W	HO COMPLETED CAUSE OF DE	ATH (ITEM 27) (Type. P	rint)				9/10			
Hormon R	K LETMAN	MUD -	3803	duon	don he	BALI	TO, MO, 21229			
DEC 5 1990	July Davidson-A	ature								





	AL OF ATTENTING PHYSICIAN: The law requires that the death certificate be executed within 24	
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DIVISION OF VICE MECONES, T.C. DON 19179,	-	

A SOCIAL SECURITY MARKER TO A		1. OECEDENT'S NAME (First, Middle, Last) Antinetta	AN LEME LIN	one.		TRIDONE			2. DATE OF DEATH MONTH	DAY	YEAR 90	3. TIME OF DEATH
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100. STREET AND HAMBER? 27.14 F. NORTHERD PARKWAY 11. MANUTAL STATUS 11. MANUTAL STATUS 11. MANUTAL STATUS 11. MANUTAL STATUS 11. MANUTAL STATUS 12. MANUE (Parkway Marked 1) Directed 13. MANUTAL STATUS 13. MANUTAL STATUS 14. MANUTAL STATUS 15. MANUTAL STATUS 15. MANUTAL STATUS 15. MANUTAL STATUS 16. MANUTAL STATUS 17. MANUTAL STATUS 16. MANUTAL STATUS 17. MANUTAL STATUS 18. MANUTAL STA	DIRI										1	LIMITS?
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Specify Spec	NE			ED IN ILO AD	1450	140 990 0		-				
DIMENSITY RANGE (PRICE MASSA, Last) Tailor T	BY	1 Never Married 2 Married	FDRCES? 1	YES 2		If yes,	specify Cub	an, Mexica	an, Puerto Rican, etc.)	es or No-	Specify Specify	, White, etc. y:
The Interest of the Sease of complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only gene cause on each line. March	LETED	(Specify only highest gree	le completed)	(G	live kind af i . Do NOT u	work done during se retired.)		ding			NOUSTRY	
TOTALLE CAUSE (Pieses or Conditions a Consecution of Pieses and Consecution of Pieses and Number or Pieses (Pieses and Pieses	17, FATHER'S NAME (First, Middle, Lest)		IIa	ilor		18. MO	THER'S NA					
THE MALING ADDRESS (Sever and Number or Rural Rocks Number, City or Town, State, Zip Code) 10.			Pol	cari								
The continue of the continue					b. MAILING	ADDRESS (Street	t and Numb	er or Rural	Route Number, City or To			
Red 2 Cremation 3 Bennoval from State Holly Redeemer 12/5/90 Baltimore, Marylan 2 State State State Bennoval from State Holly Redeemer 12/5/90 Baltimore, Marylan 2 State									llston M	aryla	and 2	21047
22. NAME AND ADDRESS OF FACILITY LEONARY J. RUCK, Inc. 5305 Harford Road, Raltimore, Md. 2121 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, inferval classes or conditions, as a cardiac or respiratory arrest, inferval classes or conditions, as a control of the conditions of		1 X Burial 2 Cremation 3 Re	noval from State	other pl	lece)							
23. PART II. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final diseases or condition resulting in death)		21. SIGNATURE OF FUNERAL SERVICE L	CENSE	11027	Rede	22. NAME	AND ADDR	ESS OF FA	CILITY	2021110	710,1	iai y raiia
22. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. MMEDIATE CAUSE (Final diseases or condition) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) PART II. Other significant conditions, a. DUE TO (OR AS A CONSEQUENCE OF): d. DUE TO (OR AS		Ernoct (I Fa	ich III			Leon	ard d	J. Ru Ford	ICK, INC.	timor	no Mo	1. 21214
PART II. Other aignificant conditions contributing to death but not/resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO NO NO NO NO NO 24b. WERL AUTOPSY PERFORMED? 1 YES 2 NO NO NO NO NO 24c. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO NO NO NO 24c. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO NO NO NO 24c. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO NO NO NO 24c. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO NO NO 24c. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO NO NO 24c. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO NO NO 24c. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO NO NO 24c. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO NO NO 24c. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO NO NO 24c. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO NO NO 24c. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO NO NO 24c. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO NO NO 24c. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO NO NO 24c. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO NO NO 24c. WAS AN AUTOPSY PERFORMED? 24c. WAS AN AUTOPSY MAILBREAD PRINCESY 24c. WAS AN AUTO	ERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	» Dep	AS A CONSE	QUENCE O	ectos?	y o)ist	Jers Dy	ndr	owl	1290
Accident 2 Accident 3 Suicide 8 Could not be determined 28s. PLACE OF INJURY — At home, farm, street, fectory, office 28f. LOCATION (Street and Number or Flural Route Number, City or Town, State) 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29d. DATE SIGNED (Month, Day, No. 1) 29b. SIGNATURE AND TITLE OF CERTIFIER 29d. DATE SIGNED (Month, Day, No. 1) 29b. DATE SIGNED (Month, Day, No. 1) 20b. DATE SIGNED (Month, Day, No. 1) 20b. DATE SIGNED (Month, Day, No. 1) 20b. DATE SIGNED (Month, Day, No. 1) 20b. DATE SIGNED (Month, Day, No. 1) 20b. DATE SI	MEDICAL	Sevent +	(oron 201	AX	PM9	in the underly	A	-	PERF	ORMED?	Y 24b.	WERE AUTOPSY FIND AMAILABLE PRIOR TO COMPLETION OF CAU OF DEATH? 1 YES 2 NO
Accident 2 Accident 3 Suicide 8 Could not be determined 28s. PLACE OF INJURY — At home, farm, street, fectory, office 28f. LOCATION (Street and Number or Flural Route Number, City or Town, State) 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29d. DATE SIGNED (Month, Day, No. 1) 29b. SIGNATURE AND TITLE OF CERTIFIER 29d. DATE SIGNED (Month, Day, No. 1) 29b. DATE SIGNED (Month, Day, No. 1) 20b. DATE SIGNED (Month, Day, No. 1) 20b. DATE SIGNED (Month, Day, No. 1) 20b. DATE SIGNED (Month, Day, No. 1) 20b. DATE SIGNED (Month, Day, No. 1) 20b. DATE SI	SICI	EXAMINER?		Mutastlant 1		OTHER:				-		
2 Accident 3 Suicide 4 Homicide 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the basis of gramination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(a) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED Month, Day, Ye		27. MANNER OF DEATH	28a. DATE OF INJ (Month, Day, 1	URY	28b. TIN	IE OF 28c.	NJURY AT			V INJURY C	OCCURED	
296. SIGNATURE AND TITLE OF CENTER IN 1961 P. 296. LICENSE NUMBER AND TITLE OF CENTER IN 1961 P. 296. DATE SIGNED (Mongr. Day, Ye.)		3 Suicide 8 Could not be	28e. PLACE OF IN	JURY — At he (Specify)	ome, farm,				281, LOCATION (Street City or Town, State	et and Numb te)	ber or Flural R	loute Number,
296. SIGNATURE AND TITLE OF CENTER IN 1961 P. 296. LICENSE NUMBER AND TITLE OF CENTER IN 1961 P. 296. DATE SIGNED (Mongh, Day, Ye.)	OMPLE	(Check only) and manner as sta
	BE	296. SIGNATURE AND THE OF CENTUR	PIPIN	m			29c. LI	CENSE NU	\$35#	29d. D	ATE SIGNED	Morgh, Day, Year
30. HAME AND ADDRESS OF PERSON, INFO COMPLETED CAUSE OF GEATH (ITEM 27) (Type, Print) 20. HAME AND ADDRESS OF PERSON, INFO COMPLETED CAUSE OF GEATH (ITEM 27) (Type, Print) 20. HAME AND ADDRESS OF PERSON, INFO COMPLETED CAUSE OF GEATH (ITEM 27) (Type, Print)	2	30. NAME AND ADDRESS OF PERSON A	HO COMPLETED CAUSE OF	OF OEATH (ITE	M 27) (7/p)	303	Bola	NY X	Rd FS!	Mer	m	12/04
31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE DEC 5 1990 & K. A. X.		DE-	32. REGISTRAR'S	SIGNATURE			10			1	9 11 1	



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	TO THE FUNERAL DIRECTOR: After this certificate but mentioned by the attending physician as	filed	sangements of the farm 60 to marked on them 60 them are believed as the sangements
	2	2	

REGISTRAR 1. DECEDENT'S NAME (First, Middle, Last)	Kas	CE					ATE OF DEA	TH DAY	YEAR	3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER 242-18-8218	5. SEX 1 M 2 F	8. AGE (In yrs. lest	YRS. MO	UNDER 1 YEAR		MIN. (A	ATE OF BIRT South, Day, Yo	1/18	Cour	n.c.
1 1 1 1	i'c Home 4	Hospitas	/ 96	Balto	OR LOCATION	OF DEATH		9c. C0	DUNTY OF	DEATH
10e, STATE 10b, COUNTY	Y		Ball	TOWN OR LOCAT	TION					10d. INSIDE CITY LIMITS? 1 YES 2 NO
3801 Reistersto	un Rd				2121				2	WHAT COUNTRY?
11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT FORCES? 1 IF YES, GIVE W	TEVER IN U.S. ARI YES 2 NO N	MED 10	If yee, sp	ecify Cuban,			fy Yea or No— c.)	Bla	CE — American Indian, ck, White, atc. Cetty: Black
15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5 +	+) (Gi	ive kind of work . Do NOT use re	t done during montred.)	ost of working			F BUSINESS/		
17. FATHER'S NAME (First, Middle, Lest) SMITH KNIGHT. S	R.				18. MOTHE	r's name (FI	ONES	laiden Surname)	
19a. INFORMANT'S NAME (Type/Print) MR. NATHAN CROMW	ELL			ISTERS						LAND 21215
20s. METHOD OF DISPOSITION 1 by Burial 2 Cremation 3 Ram 4 Donation 5 Other (Specify)	noval from Stala	other pla	ece)	ON (Name of co		ory or /8/90		CKY I		Town, State
21. SIGNATURE OF FUNDAM SERVICE LIC	CENSEE	1 1111	TILII C		ND ADDRESS	OF FACILITY				7
23. PART I. Enter the diseases, or shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition	complications that List only one cau	at caused the deuse of leach line		LEWIS 4517	T. GI PARK I	HEIGHT	S AVE	. BAI	LTIMO	Approximate Interval Betv
ahock, or heart failure. IMMEDIATE CAUSE (Final	a. DUE TO	the caused that de use of leach line (OR AS A CONSECTION AS A	OUENCE OF):	LEWIS 4517	T. GI PARK I	HEIGHT	S AVE	. BAI	LTIMO	Approximate interval Betw
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3. TIME OF DEATH

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Waters,

DIVISION OF VITAL REED TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law may TO THE FUNERAL OHECTOR: After this certificate has been be filed within 72 hours after death with the State Dept. of

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		4. SOCIAL SECURITY NUMBER 212 09 6608	MONTHS DAYS HOURS MIN. (Month, Day, Year) Country)								E (State or Foreign		
	1	9a. FACILITY NAME (If not institution, give s		13		9b. CITY, TOWN	OR LOCATIO	ON OF DE		1/,1		NTY OF DEATH	
	HOL												
	DIRECTOR	MARYLAND 10c. CITY, TOWN OR LOCATION 1173 E. NORTHERN PARKWAY (BALTIMORE)									INSIDE CITY LIMITS? YES 2 NO		
		10e. STREET AND NUMBER				1	of. ZIP CODI	E			10g. CITI	ZEN OF WHAT	COUNTRY?
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li	à l	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1	YES 2	NO	If yes, s		n, Maxicer	n, Puerto Rice		of No-	Black, Wh	
		15. DECEDENT'S EDU (Specify only highest grade	CATION completed)	- (0	live kind of	USUAL OCCUPAT	TON TOST of worldr	ng	16b. K	ND OF BUS	INESS/IND		CADTMC
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F .		17. FATHER'S NAME (First, Middle, Lest) JOHN E. WAT	ERS				16. MOTI		ME (First, Mid		Surnama)	?	
notified	BE	19a. INFORMANT'S NAME (Type/Print)		19	b. MAILING	ADDRESS (Street	and Number	r or Rural F	Poute Number,	City or Town	, State, Zip	Code)	
	2	MR. MALCAR E. WATI	ERS, JR.	1	173	E. NORTH	IERN I	PARKI	WAY I	BALTI	MORE,	, MARY	LAND 21239
must be		20a, METHOD OF DISPOSITION 1. Burlel 2 Cremetion 3 Rem	oval from Stata	20b. PLACE other p	(aca)	SITION (Name of c			/8/00			City or Town,	BALTO. CO
		4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LIC	CENSEE	_ TVKD01	00 M	22, NAME	AND ADDRE	SS OF FAC	CILITY		•		
examiner	.1	Jewis .	THE	veh	,	LEWIS			YNN FU GHTS A				215-6393 MARYLAND
		23. PART i. Enter the diseeses, Dr	complications the	it Alleed the d	eeth. Do	not enter the m	ode of dy	ing, auci	h ee cerdie	c or reapi	ratory an		Approximata
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t, me		disease Dr condition resulting in deeth) e. Sep 5 5 5 5 5 5 5 5 5 5											
event,			DUE TO	(OR AS A CONSE	OUENCE O	F):	-10 0						
traumatic	<u>S</u>	Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):										i	
nen	\$	if any, leading to immediate cause. Enter UNDERLYING	c										
or omer		CAUSE (Disease or Injury that initiated events Tresulting in death) LAST											
, o	CERTIFICATION	resulting in death) Exo.	d										
를 :		PART II. Other aignificent conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY FINDINGS PERFORMED? COMPLETION OF CAUSE OF DEATH? 24b. WERE AUTOPSY FINDINGS PROFINED? COMPLETION OF CAUSE OF DEATH?											
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shows any	×	atelectasis					•		- 1			1 [YES 2 NO
E 23	Ä	25. WAS CASE REFERRED TO MEDICAL				26.	PLACE OF D	DEATH (Ch	eck only one)			l	
2	SIC	EXAMINER? 1 YES 2 NO	HOSPITAL:	☐ ER/Outpatient	3 🗆 DOA	OTHER:				Specify)			
ed, o	PHY	27. MANNER OF DEATH	28a. DATE O		28b. T#	ME OF 26c. I	NJURY AT		7	RIBE HOW I	NJURY OC	CURED	
шалк	BY	1 Natural 6 Pending 2 Accident Investigation				M 1	YES 2	□ NO					
	COMPLETED	3 Suicide 6 Could not be 4 Homicide detarmined		OF INJURY — At h j, etc. (Specify)	oma, farm,	street, factory, of	lica			ION (Street a Town, State)		or or Rural Route	Number,
item	PLE	29a. CERTIFIER (Check only 1 CERTIFYING PHYS	ICIAN: To the best of	of my knowledge, d	leath occur	red at the time, da	ite and place	e, and dua	to the cause	(a) and mar	ner aa sta	rted.	
12	N O	one) 2 MEDICAL EXAMIN	ER: On the beels of	examination and/or	r investigati	on, in my opinion	, death occu	red at the	time, dete a	nd place, ar	d due to t	he cause(a) an	d menner as stated.
ORTA	BE C	29b. SIGNATURE AND TITLE OF CERTIFIE						ENSE NUI			29d. DAT	TE SIGNEO (Mo	
M P	2	30, NAME AND ADDRESS DE PERSON W). \\Q_{1}	1	(M)	o Bristi	DL	103	[]			12/4/9	0
	-	Ta A	V	USE OF DEATH (IT	ЕМ 27) (Ту р	e, r-mnt)							
		31. DATE FILEO (Month, Day, Ybar)	32. REGISTR	AR'S SIGNATURE									
		12-4-05C 51	990 gi	chia Davidso	n-Par	dell							
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	WILLE, HELEN Helen Be	arbara Wille		2. DATE OF DEATH DAY 12 3	3. TIME OF DEATH			
10	4. SOCIAL SECURITY NUMBER 5. SEX 6. AG	E (In yrs. lest birthday) IF U	YDER 1 YEAR IF UNDER 24 HRS. HS DAYS HOURS MIN.	7. DATE OF BIRTH	a. BIRTHPLACE (State or Foreign Country)			
TOR	Ba. FACILITY NAME (If not Institution, give alreat and number) Riverview Nursing Home	9b. (CITY, TOWN OR LOCATION OF I		Be. COUNTY OF DEATH Baltimore			
DIRECTOR	10a. STATE 10b. COUNTY		un or location Utimone (ity		10d. INSIDE CITY LIMITS? 1 PYES 2 NO			
FUNERAL	10. STREET AND NUMBER 626 South Eaton Street		10f. ZIP CODE 2/22		109. CITIZEN OF WHAT COUNTRY? U.S.A.			
B⊀	11. MARITAL STATUS 1 M Never Merried 2 Married 3 Widowed 4 Divorced 12. WAS DECEDENT EVER FORCES? 1 YES, GIVE WAR OR	S 2 XWO	13. WAS DECENDENT OF HISP. If yes, specify Cuben, Mexic 1 YES 2 NO Specify NO Specify NO NO NO NO NO NO NO NO NO NO NO NO NO	can, Puerto Rican, etc.)	r No- 14. RACE — American Indien, Black, White, etc. Specify: White			
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 6+)	16e. DECEDENT'S USUA (Give kind of work d life. Do NOT use retin	one during most of working ed.)		Clothing			
BE CON	17. FATHER'S NAME (First, Middle, Last) Paul Wille	18. MOTHER'S N	AME (First, Middle, Meiden Si pria Basil	lineme)				
TO B	18a. INFORMANT'S NAME (Type/Print) Helen Taylor	19b. MAILING ADDI 626 S.	Eaton St. Ba	I Route Number, City or Town,	State, Zip Code)			
	20e. METHOD OF DISPOSITION 1	Ob. PLACE OF DISPOSITION	rt of Jesus (20c, LOC/	TION City or Town, State			
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	e~	22. NAME AND ADDRESS OF I Charles S. Ze	iler & Son S	Inc. Gonkling St.			
	23. PART I. Enter the diseases, or complications that cause shock, or heart feliure. Liet only one seuse on IMMEDIATE CAUSE (Finel disease or condition resulting in death) DUE TO (OR AS	each line.	nter the mode of dying, su		Approximate interval Between Onset and Death			
CERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	S A CONSEQUENCE OF):						
	PART II. Other aignificent conditions contributing to death	but not resulting in the	e underlying cause given i					
MEDICAL				PERFORM 1 TYES 2	COMPLETION OF CAUSE			
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one)							
YSIC	EXAMINER? 1 YES 2 NO HOSPITAL: 1 Input lent 2 ER/O	utpatient 3 DOA 4 D	HER: Nursing Home 5 - Residence					
ВУ РН	27. MANNER OF DEATH 1 Natural 6 Pending (Month, Day, Year 2 Accident Investigation	r) INJURY	28c. INJURY AT WORK? M 1 YES 2 NO	28d. DESCRIBE HOW IN	JURY OCCURED			
ETED I	3 Suicide 6 Could not be 4 Homicide determined	IRY — At home, farm, street, pecify)	factory, office	281. LOCATION (Street en City or Town, State)	d Number or Rural Route Number,			
COMPLE	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my kn one) 2 MEDICAL EXAMINER: On the basic of examina							
BE	296. SIGNATURE AND TITLE OF CERTIFIER Morrow Alline	n hud	29c. LICENSE N	UMBER 6-90(9	29d. DATE SIGNED (Month, Dey, Year)			
10	30. NAMÉ AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF	DEATH (ITEM 27) (Type, Print)						
	31. DATE FILED (Month, Days Year) DEC 5 1990 Julia Daw	GNATURE Pande M						

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

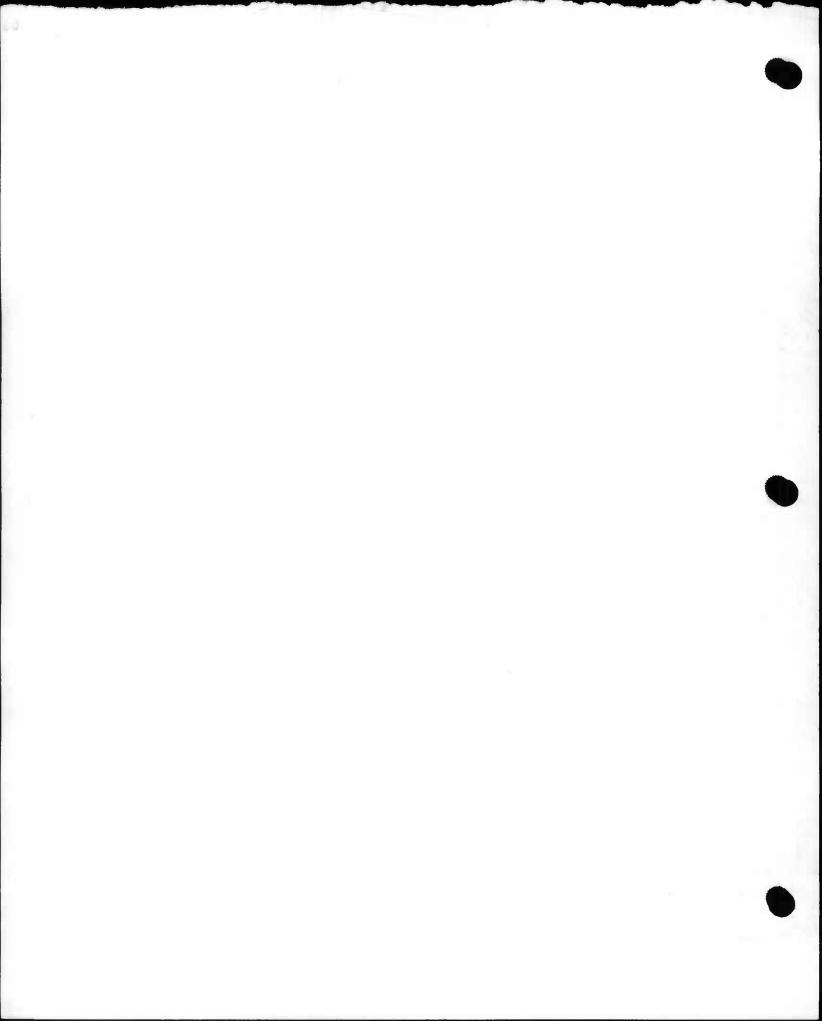
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BALTIMORE, MARYLAND 21203-3146	TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2-mours after death. Page 6 may be retained by the hospital or attending page.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the built be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	
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MARYLA	be retained by th	ge 5 should be o	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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DIVISION OF VITAL RECORDS, P.O. BOX 13146,	rted withi	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fi be flied within 72 hours after cleath with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	c event,
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TO BE COMPLETED BY FUNERAL DIRECTOR

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

REGISTRAR		CE	RTIFIC	ATE O	F DEAT	ГН		REG. NO		U	32310
1. DECEDENT'S NAME (First, Middle, Last)							2. DATE	OF DEATH		YEAR	3. TIME OF OEATH
RUFUS		WAT	SON				NOV	EMBER	30.	1990	2:15A M
4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. les	birthday) IF	UNDER 1 YEAR	IF UNDER	1 24 HRS.	7. DATE	OF BIRTH		8. BIRTH	IPLACE (State or Foreign
247 26 7235	1 Q M 2 D F	7.3	YRS. MO	NTHS DAYS	HOURS	MIN.		10/19	17	Counti	γ)
9e. FACILITY NAME (If not institution, give	street and number)	73	94	CITY TOW	N OR LOCATI	ON OF DO		10/13		INTY OF D	FATH
THE JOHNS HOPKI		TAT									
RESIDENCE OF DECEDENT	No noori	IAL		BALTI	MORE				BA	LTIMO	ORE CITY
10e. STATE 10b. COUNT	Υ		10c. CITY, T	OWN OR LO	CATION						10d. INSIDE CITY
MD	Baltimo	ce City	,	Ralti	more	Cit	- 17			İ	LIMITS? 1 YES 2 NO
10e, STREET AND NUMBER	04202	o orey			10f. ZIP COD		- y		10g. CIT	IZEN OF V	WHAT COUNTRY?
633 North A	ieaui+h	C+ ·			2120	1.2					
11. MARITAL STATUS		IT EVER IN U.S. AR	MED	13. WAS D			NIC ORIGIN	? (Specify Ye	or No-	14. RACI	E — American Indian.
1 Never Married 2 Married	FORCES? 1	YES 2 NAR OR DATES		If yes,	specify Cube	n, Mexice	n, Puerto F				E — American Indian, k, White, etc.
3 Wildowed 4 Divorced	IF YES, GIVE Y	WH OH DATES		1 ' '	ES 2 NO	Specin	/:			Spec	"y: Black
15. DECEDENT'S ED		16e. DE	CEDENT'S US	UAL OCCUPA	TIDN	_	16b	KIND OF BU	SINESS/IN	DUSTRY	
(Specify only highest gred Elementary/Secondary (0-12)	College (1-4 or 5	Ho	ive kind of work Do NOT use re	done during stired.)	most of workli	10					
Entitional years (0-12)	conege (1-4 of o	"									
17. FATHER'S NAME (First, Middle, Last)					18. MOT	HER'S NA	ME (First, I	Middle, Malden	Sumame)		
							,,				
19e. INFORMANT'S NAME (Type/Print)		104	. MAILING AD	nness (stra	et and Numbe	v ov Rumi	South Mumi	her City or Thu	n State 7	in Codel	
is in ormality o frame (1990) find		""	A MAILING AL	Direct Color	at airta rearriboi	OF FIGHER	HOUSE TRUTTE	on, ony or ion	n, oraro, a	p 0000)	
20e. METHOD OF DISPOSITION		AN DI 405	05 0100000						0.171011	010 1 7	
1 Buriel 2 Cremetion 3 Res	noval from State	other pl	OF DISPOSITI	ON (Name or	cemetery, crer	netory or		20c. LC	CATION -	- City or To	own, State
4 Donetion 5 Other (Specify) I			-	T							
21. SIGNATURE OF FUNERAL SERVICE L	CENSEE RONA	ALD WAD	E, FI	R ^{22. NAME}	AND ADDRE	SS OF FA	S	tate	ana	tomy	board
Vandra	1/1/1/	Well	2/2/91	655	W.	Bal	tost	,Bal	tímo	re,	MD 21201
23. PART I. Enter the diseases, or				enter the	mode of dy	ing, suc	h ae cerr	lisc or resp	iratory a	rreat,	Approximate
ahock, or heert fellure	. Liet only one ce	use on each line									Interval Between Onset and Death
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Sequentially list conditions,	b	OR AS A CONSE	DUENCE OF:								-
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CAUSE (Disease or injury	C. DUE TO	OR AS A CONSE	DUENCE DE:								
that initiated events resulting in deeth) LAST		,	,								
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PART II. Other significant condition	ons contributing to	deeth but not	resulting in	the underly	ing ceuse	given in	Part I.	24a. WAS AI		7 24	b. WERE AUTOPSY FINDINGS
								PERFO			AVAILABLE PRIOR TO COMPLETION DF CAUSE
							—	1 123	A IND		DF OEATH?
							—				1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL	T			20	PLACE DF	DEATH (C)	back only o	1			
EXAMINER?	HOSPITAL:			THER:				,			
1 TYES 2 NO	73	ER/Outpatient 3			injury at	iesidence	_		thi filling o	0011050	
Natural 5 Pending	28a. DATE O (Month,	Day, Year)	26b. TIME I	Y .	WORK?		260. DE	SCRIBE HOW	INJUNT U	CCOMED	
2 Accident Investigation				- ' '	YES 2	_ NO	-				
3 Suicide 8 Could not b	28a. PLACE building	DF INJURY — At he p, etc. (Specify)	ome, farm, stre	et, fectory, c	office			or Town, State		er or Rural	Route Number,
4 Homicide determined										_	
29a, CERTIFIER (Check only	SICIAN: To the best of	of my knowledge, d	ath occurred	at the time,	date end plac	e, and du	e to the ce	use(e) and me	inner as s	ated.	• • • •
one)	The second second										(e) end manner ee stated.
29b. SIGNATURE AND TITLE OF CERTIF	ED				90-116	DENICE AT	MOCC		204 0	ATE SUPPLY	D (Month Clay Was)
290. SIGNATURE AND TITLE UP CERTIF	ent Simologist - C	1				CENSE NU			29d. 0/	NE SHAPE	9 (Moren, Day, Wars
my Lun	-son	~			JH	! H #	120	265		11/	50/10
30. NAME AND ADDRESS OF PERSON V											
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	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may in	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 has flud within 72 hours after death with the State Deot, of Health and Mental Hotlene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be no

detached for use as the burial-transit permit. Pages 1, 2, 3 should

he hospital or attending physician.

1. OECEDENT'S NAME (First, Middle, Last)	CENT	TIFICATE OF		REG. NO		3339
	releine a w	book		MONTH D	YEAT	01:8
	SEX 6. AGE (In yrs. last birth	rday) IF UNDER 1 YEAR	IF UNDER 24 HRS. 7	7. DATE OF BIRTH		RTHPLACE (State or Foreign
010 10 1301	_ 13	RS. MONTHS DAYS	HOURS MIN.	3-4-1	847	unery) Md
PALL WANTED HOLD INSTITUTION, give atree		0	all M	re_	9c. COUNTY O	F OEATH
10a. STATE 10b. COUNTY	100	Balto				10d. INSIDE CITY LIMITS? 1 1 YES 2 NO
100. STREET AND NUMBER	krose ave		ZIP CODE		10g. CITIZEN O	F WHAT COUNTRY?
		•	71.		W	5 At
11. MARITAL STATUS 1 Never Married 2 Married Widowed 4 Divorced	2. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES		ENDENT OF HISPANIC polity Cuban, Mexican, 2 NO Specify:		В	ACE — American Indian, lack, White, etc. pecify:
15. OECEDENT'S EDUCAT (Specify only highest grade cor Elementary/Secondary (0-12)	mpleted) (Give kin	ENT'S USUAL OCCUPATION and of work done during most NOT use retired.) HOUSE U	N of working	16b. KIND OF BU	SINESS/INDUSTR	Y
Augustus C	Liver		16. MOTHER'S NAME	E (First, Middle, Melden	sumame)	,
GEOVGE (NOOA	19b. MAJ	206 Leic	nd Number or Rural Rocal Aton H	he B	on, State, Zip Cope	nd 2/2/
20a, METHOD OF DISPOSITION 1	20b. PLACE OF DI other place)	HEPOSITION (Norms of confi	Mey Pa	rk H.	butu	Town, State
21. SIGNATURE OF FUNERAL SERVICE LICEN	t. Thompson	22, NAME AN	D ADDRESS OF FACIL	H.Wes.	tualmy	h Due
23. PART i. Enter the diseases, or con	plications that caused the deeth.	Do not enter the mod	de of dying, auch	se cardiec or resp	iratory arrest,	Approximate
IMMEDIATE CAUSE (Final disease or condition resulting in desth)	tionly one cause on each line.	ulmona	~~	arres	1	interval Betw Onset and D
resulting in deathy	DUE TO (OR AS A CONSEQUEN	ICE OF):	-			
Sequentially list conditions, 6.	ASCVD	1 CH	F			
if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A CONSEQUEN	CÉ OF):	\ _ b.	. 8	A.	
CAUSE (Diseese or Injury	OUE TO (OR AS A CONSEQUEN	me on	vc by	am -	ynorm	2
that initiated events resulting in death) LAST	THE TO GOT HE H CONCEQUEN	a. o. j.				
d						+
PART II. Other significant conditions	contributing to death but not result	ting in the underlying	g cause given in Pr	art i. 24a. WAS AN		24b. WERE AUTOPSY FIND MAILABLE PRIOR TO
Semle	Deme	ulia	6.	1 YES :		COMPLETION OF CAL OF DEATH?
						1 YES 2 NO
		26. PL	ACE OF DEATH (Check	k only one)		
25. WAS CASE REFERRED TO MEDICAL				Other (Specific)		
EXAMINER?	1OSPITAL:	OTHER:	e 6 🗆 Residence 6	6 Other (Specify) 28d. OESCRIBE HOW INJURY OCCURED		
EXAMINER? 1 VES 2 NO 1 7. MANNER OF DEATH Matural 5 Pending	☐ Inputient 2 ☐ ER/Outputient 3 ☐ D	b. TIME OF 186c, INJURY WO			INJURY OCCURED	
EXAMINER? 1 VES 2 NO 1 27. MANNER OF DEATH	☐ Inpetient 2 ☐ ER/Outpatient 3 ☐ D 28a. DATE OF INJURY 28t	b. TIME OF 28c. INJURY WO	URY AT PRICE 2 NO		and Number or Ru	

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

DEC 5 1990

32. REGISTRAR'S SIGNATURE

Lie Davidson-Randelle

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be det be flud within 70 hours after death with the State Dect. of Health and Mental Horiene prior to burial, cremation, or removal.	IMPORTANT, If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at on

1. DECEDENT'S NAME (First, Middle, Last) Willi		am)	Wrig	ht		2. DATE	3-90 M	Y YE	EAR	3. TIME OF DEATH 7:24PM
4. SOCIAL SECURITY NUMBER 231-16-6501	5. SEX 8	AGE (In yrs. lest	YRS. IF U	HS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE ((Month 4 —	DE BIRTH , Day, Year) 2 7 - 0 7	0.	BIRTHP Country	V A
1909 W. Baltimor	909 W. Baltimore Street-steps Baltimore City						9c. COUNTY	OF DE	ATH	
RESIDENCE OF DECEDENT 10a. STATE 10b. COUNT M D	TY		Balt	imore						10d. INSIDE CITY LIMITS? 1 YES 2 NO
1909 W. Baltin	more St	46			21223		Z	10g. CITIZEN OF WHAT OUT SA Hy Yes or No— 14. RACE — Ar Black, White		HAT COUNTRY?
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT I FORCES? 1 _ IF YES, GIVE WAR	EVER IN U.S. TRI YES 2 TO R OR DATES	MED O	If yes, spe	ENDENT OF HISPA ecify Cuben, Mexico 2 X NO Specif	an, Puerto F				- American Indian, White, etc.
15. OECEDENT'S ED (Specify only highest grad Elementary/Secondary (0-12)	UCATION te completed) College (1-4 or 5+)	(GA	CEDENT'S USUA we kind of work d Do NOT use retir Dinet	one during mot ed.)	et of working	16b.	b. KIND OF BUSINESS/INDUSTRY			
17. FATHER'S NAME (First, Middle, Last) Willie Wright					Charlo	tte	Oliv	er	J	
19a. INFORMANT'S NAME (Type/Print) Vivian McClait	n				ds Ave.					215
20e. METHOD OF DISPOSITION 1 4 Burlal 2 Cremation 3 Real 4 Donation 5 Other (Specify)	moval from Stata	20b. PLACE C		Aubu			Ва	CATION — CHY 1 t i m o	re	, MD
21. SIGNATURE OF FUNERAL SERVICE L	ICENSEE			10se	ph H. I	CILITY O W I	ı Jr.	F.H.		
				1913	W. Bal	ltimo	ore S	t. 21	223	3
23. PART I. Enter the diseases, or shock, or heart failure immediate CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	a. Arteric OUE TO (0	e on each line.	Lic car DUENCE OF):	nter the mo		ch as card	liac or respi			Approximata Interval Between
shock, or heart failure IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate	a. Arteric OUE TO (0	SCLETOTOR AS A CONSEC	LIC CAY	nter the mo	da of dying, suc	ch as card	liac or respi			Approximata Interval Between
shock, or heart failure IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	a. Arteric OUE TO (0 b. DUE TO (0 c. DUE TO (0	e on eech lina. DSC] ETOT RAS A CONSECUTOR A	DUENCE OF):	diovas	sda of dying, aud	iseas	liac or respi	AUTOPSY MMED?	24b.	
shock, or heart failure IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER?	a. Arteric OUE TO (0 b. DUE TO (0 c. DUE TO (0 d. DOS CONTRIBUTING TO d	e on eech lina. DSCIENT DR AS A CONSECUTOR A	DUENCE OF):	diovas	scular d	iseas	24a. WAS AN PERFOI 1 PES 2 INSPEX	AUTOPSY MMED?	24b.	Approximata Interval Betwee Onset and Deat WERE AUTOPSY FINDING AMALABLE PROR TO COMPLETION OF CAUSE OF DEATH?
shock, or heart failure IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? AUT YES 2 NO 27. MANNER OF DEATH XXX Natural 5 Pending	a. Arteric OUE TO (0 b. DUE TO (0 c. DUE TO (0 d. DUE TO (1 d. DUE TO	e on eech lina. DSCIETOT OR AS A CONSECUTOR	DUENCE OF):	e underlying 26. PL HER: Nursing Hom 28c. INJ. WO	scular d	iseas	24a. WAS AN PERFO	AUTOPSY MMED?	24b.	Approximata Interval Betwee Onset and Deat Manual Properties of the Completion of Cause of Death?
shock, or heart failure IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? ACT YES 2 \(\) NO 27. MANNER OF DEATH	a. Arteric OUE TO (0 b. DUE TO (0 c. DUE TO (0 d. DUE TO (1 d. DUE TO	e on eech lina. OSCIENT OR AS A CONSECUTOR A	DUENCE OF): DUENCE OF): DUENCE OF): DUENCE OF): DUENCE OF): DUENCE OF): DUENCE OF): DUENCE OF):	e underlying 26. PL HER: Nursing Hom 28. INJ WO 1 1	g cause given in LACE OF DEATH (C	SCAS Part I. Part I. B Other 28d. DES	24a. WAS AN PERFORM INSPEX	AUTOPSY MED? EXIMO CTION	24b.	Approximate Interval Betwee Onset and Deal Management of the Completion of Cause of Death?



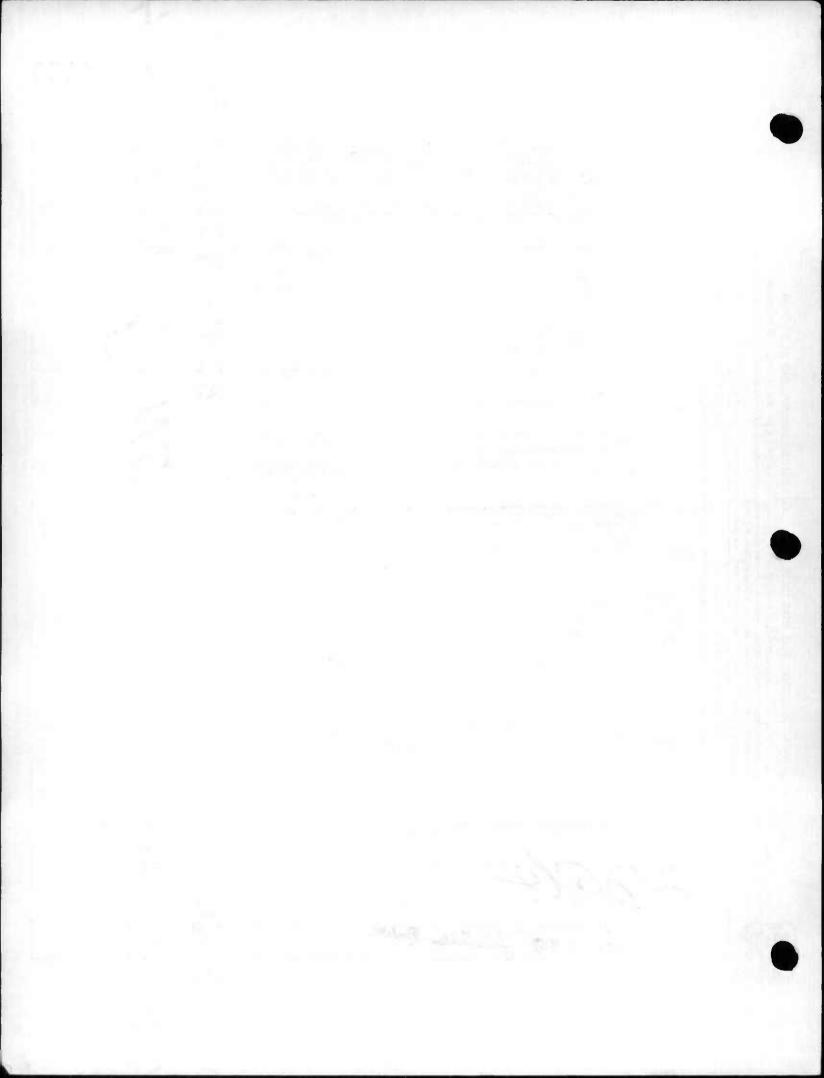
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)
FRANK PERETTI, MD 1111 I

5 1930 Julia Davidson

31. DATE FILED (Month, Dely, Year)

DEC

111 Penn Street, Baltimore, MD 21201



BALTIMORE, MARYLAND	ours after death. Page 6 may be retained by the hosp	illed in by the funeral director, page 5 should be detached, or removal.	e medical examiner must be notified at once.	
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The *** *** The death certificate be executed with ours after death. Page 6 may be retained by the host	TO THE FUNERAL DIRECTOR: After this certificate has peen acreed by the attending physician and completely filled in by the funeral director, page 5 should be detached within 72 hours after death with the State and complete and complete price prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 thors are injury, or other traumatic event, the	

31. DATE FILED (Month, Day, Year)

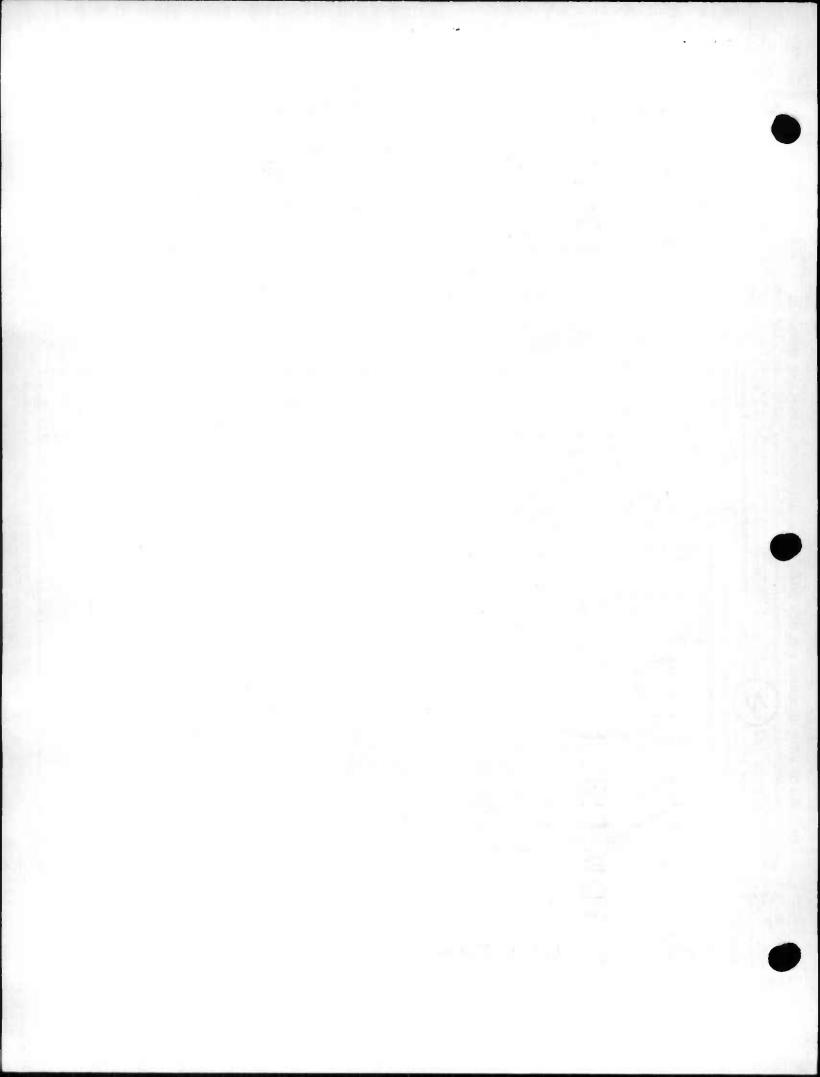
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Savidson-Randa

	- SIAIE	STATE OF MARYLAND / [DEPARTMENT OF I	HEALTH AND ME		E 3	0 33401		
	1. DECEDENT'S NAME (First, Middle, Last)	CEI	HIIFICATE OF		REG. NO.		3. TIME OF DEATH		
	ELINOR	a Webs	,		MONTH D	Y Y	AR I I		
		G. Weber	birthday) IF UNDER 1 YEAR	IF UNDER 24 HRS. 7.	DATE OF BIRTH) 17	BIRTHPLACE (State or Foreign		
	213-09-4603	□M2♥F 88	(Month, Day, Year) 2-25-	DZ Ba	alto. City				
m	9a. FACILITY NAME (If not institution, give stree		9c. COUNTY						
0	Meridian Loch Rave	n Nursing Home	BAlti	more		Balt:	imore		
DIRECTOR	10a. STATE 10b. COUNTY	altimore	10c. CITY, TOWN OR LOCA Baltim				10d, INSIDE CITY LIMITS? 1 ☐ YES 2 1 NO		
	10e. STREET AND NUMBER		10	of, ZIP CODE		100 CITIZEN	OF WHAT COUNTRY?		
FUNERAL	8720 Emge Road			21234		U.S.	Α.		
BY FUI	11. MARITAL STATUS 1	2. WAS DECEDENT EVER IN U.S. ARMI FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES	If yes, s	CENDENT OF HISPANIC Copecify Cuban, Maxican, Pros. 22124NO Specify:		or No— 14.	RACE — American Indian, Black, White, etc. Specify: White		
	15. DECEDENT'S EDUCAT	TION 16a, DECI	EDENT'S USUAL OCCUPAT	ION	16b. KIND OF BUS	NESS/INDUS			
COMPLETED	(Specify only highest grade con Elementary/Secondary (0-12)	mpleted) (Give life, D	e kind of work done during m Do NOT use retired.)	ost of working	COca Co				
M	17. FATHER'S NAME (First, Middle, Last)	01		18. MOTHER'S NAME (Einet Ministe Maiston	Sumamal			
	Louis Esslinge	er		Rose W		Surname)			
8	19a. INFORMANT'S NAME (Type/Print)								
10	Lesley R. Young 8720 Emge Road Baltimore, Maryland 21234								
	20a, METHOD OF DISPOSITION 1 Burlel 2 Cremetion 3 Remove 4 Donation 5 Other (Specify)	if from State 20b. PLACE OF other place MeadOW	F DISPOSITION (Name of co Tridge Memor	rial Park		cation - chy idge, M	or Town, Stata		
	21. SIGNATURE OF FUNERAL SERVICE LICEN	ISEE 0	22. NAME A	AND ADDRESS OF FACILIT			air Road		
	* Kathleen h	Yhu hunda	tohn (C. Miller,			ld21206		
	23. PART I. Enter the diseases, or cor shock, or heart fellure. Lis	nplications that ceused the/deat it only one cause on sech line.	th. Do not anter the m	ode of dylng, auch e	s cardiec or respi	ratory arrest	Approximate		
	IMMEDIATE CAUSE (Final disease or condition resulting in death) s. Hetastate Cause of Liver pue to (or as a consequence of):								
- 1	resulting in death) . s.	DUE TO (OR AS A CONSEOU	JENCE OF):	000	000				
z		Als Ande	ing						
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A CONSEQU	JENCE OF):						
3	CAUSE (Disease or Injury								
Ē	that initiated events	DUE TO (OR AS A CONSEQU	JENCE OF):						
8	resulting in death) LAST								
2	DA FOT II. CALL III AL								
¥	PART II. Other algnificant conditions	contributing to death but not re-	suiting in the underly!!	ng ceuse given in Par	t i. 24a. WAS AN PERFOR		24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO		
MEDICAL					1 🗆 YES 2	DNO	OF DEATH?		
ᄬ					.		1 WES 2 NO		
X	25. WAS CASE REFERRED TO MEDICAL EXAMINER?			PLACE OF OEATH (Check	only one)				
SIC		OSPITAL: Inpatient 2 ER/Outpatient 3	DOA 4 Nursing Ho	me 5 Residence 8	Other (Specify)				
PHYSICIAN:	27. MANNER OF DEATH	28e. DATE OF INJURY			d. DESCRIBE HOW	NJURY OCCUP	IEO		
ВУ Р	1 Natural 5 Pending	(Month, Day, Year)		YES 2 NO					
	2 Accident Investigation 3 Suicide 6 Could not be	28s. PLACE OF INJURY — At hom building, etc. (Specify)	ie, farm, street, factory, off	ce 28	t, LOCATION (Street		Rural Route Number,		
Ē	4 Homicide detarmined	bullianily, etc. (opecny)			City or Town, State)				
4	29s. CERTIFIER 1 CERTIFYING PHYSICIA	AN: To the best of my knowledge, deat	th accurred at the time of	n and alone and due to	the server(a) and a				
COMPLETED	one)	On the basis of examination and/or in							
8		The state of evaluation of early life	The state of the s	A (1)-24-20-10-10-10-10-10-10-10-10-10-10-10-10-10	Talific Service Service Service				
BE	296. SIGNATURE AND TITLE OF CERTIFIER	menen	· .	29c. LICENSE NUMBER	61	29d, DATE S	IGNED (Month, Pay, Year)		
10	30. NAME AND ADDRESS OF PERSON WHO			N 306	001	12	-13 170		
4	I OU DAME AND ADDRESS OF PERSON WHEN	ALTERNATION CAUSE OF DEATH ATEM	211 (1/00 PTIDE)	0 /	1 A 1"				

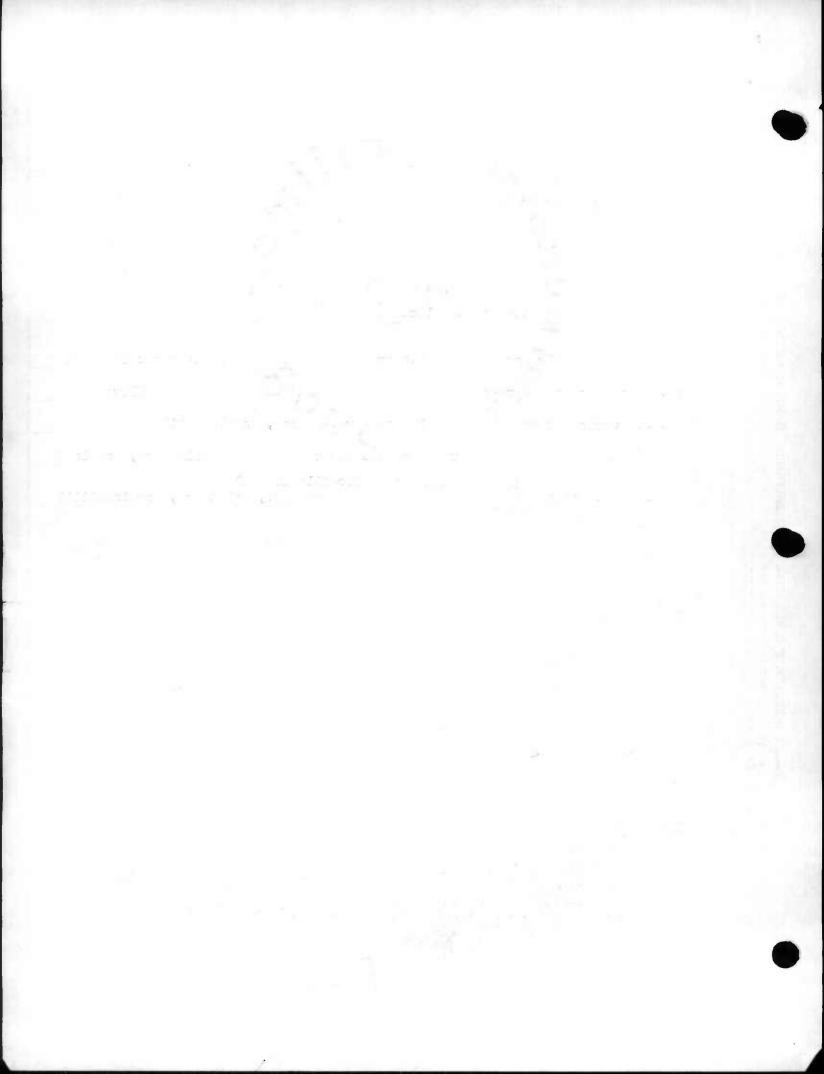
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF CEATH (ITEM 27) (Type, Print) SIRFESH TRIPLANENT 8720 Fange 32. REGISTRAR'S SIGNATURE

DHMH-16 Rev 1/89



FOR STATE	STATE OF MARYLAND / DEPARTMENT	
REGISTRAR	CERTIFICATI	E OF DEATH REG. NO.
1, OECEDENT'S NAME (First, Middle, Le.	10 7 12 14 1 7	2. DATE OF GEATH

	REGISTRAR		CEF	RIFICA	ALE OF	DEATH	RE	EG. NO.	_		
	1, OECEDENT'S NAME (First, Middle, Lest) DAVID BYRNES	David Mi	chael E	yrnes	-		2. DATE OF O	EATH OZ	<u> </u>	VEAD	7:42 A M
	4. SOCIAL SECURITY NUMBER 220-48-6885	5. SEX 8.	AGE (In yrs. last bi	YRS. MON	INDER 1 YEAR THIS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. OATE OF BI (Morth, Day, 09-28-		7 8	Country)	IMORE
OR	9a. FACILITY NAME (If not institution, give s GREATER BALTIMOF		CENTER	9b.	96. CITY, TOWN OR LOCATION OF DEATH TOWSON			9c. COUNTY OF DEATH BALTIMORE			
5	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNT	,	1	100 CITY TO	MAN OR LOCAT	TON				Lin	d. INSIDE CITY
DIRECTOR	MD.			100. 0111, 10	BALTIMORE			1 5			LIMITS? YES 2 NO
FUNERAL	100. STREET AND NUMBER 6016 PINEHURST F			101. ZIP CODE 21212				109. CITIZEN OF WH.			•
B	11. MARITAL STATUS 1 Mover Married 2 Married 3 Widowed 4 Divorced 12. Was occoon Teven in U.S. FORCES? 1 Ves 2 [If Yes, Give Wan on Dates Viet Nam Cont				If yes, sp	ENDENT OF HISPAN ecity Cuban, Maxica 2 NO Specify	n, Puerto Rican,	ecify Yea , etc.)	or No— 1	4. RACE — Black, W Specify:	American Indian, Inite, atc. WHITE
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5+)	16a. DECE (Give ille. D	DENT'S USU kind of work o NOT use rel	IAL OCCUPATION done during moderate.)	ON ast of working	16b. KINI	OF BUS	INESS/INDU	STRY	
립		3+years	Ma	nager	?		Roa	id Co	nstru	ctio	n/Paving
Sol	17. FATHER'S NAME (First, Middle, Last)	7.60				18. MOTHER'S NA	ME (First, Middle	, Maiden			
BE (Hon. Joseph Raymo	nd Byrnes				Ann				lliv	an
9	19a. INFORMANT'S NAME (Type/Print) Hon. J. Norris By	rnes				Towson					
	20a. METHOD OF DISPOSITION	Incs	20b. PLACE OF	DISPOSITIO	N (Name of ce	metery, cramatory or	114191		CATION — CI		. State
	1 Donation 5 Other (Specify)	oval from Stata	Green	Mount				Bal	timor	e, M	aryland
-	John G. Reit	1-Run	2 A.	7	Mitc	no appress of FA nell-Wied York Rd.	lefeld			Turn a	nd21 21 2
	23. PART I. Enter the diseases, or		aused the deal	h Do not							Approximate
	shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition		on each line.			METASTAT]		or roop.	ratory arro	•1,	Interval Batween Onset and Death
	resulting in death)	a. DUE TO (O	R AS A CONSEOU		LINUMA	TE TASTATI	1.0				Smon.
z											
CATIO	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	DUE TO (O	R AS A CONSEOU	ENCE OF):							
CERTIFICATION	CAUSE (Disease or Injury that Initiated events resulting in death) LAST										
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EDICAL	PART II. Other significant condition	na contributing to de	MITH DUT NOT FE	suiting in the underlying cause given in i			1 Part I. 24a. WAS AN AUTOPSY PERFORMED? 1 □ YES 2 NO		A)	ERE AUTOPSY FINDINGS VAILABLE PRIOR TO OMPLETION OF CAUSE F DEATH?	
										1	YES 2 NO
A	25. WAS CASE REFERRED TO MEDICAL	T			26 F	LACE OF DEATH (C/	heck only one)			1	
SICI	EXAMINER?	HOSPITAL:	R/Outpatient 3 [THER:	ne 5 🗆 Residence		pecify)			
PHYSICIAN: M	27. MANNER OF OEATH 1 Netural 5 Pending	28a. DATE OF IN (Month, Day,		28b. TIME O	r W	JURY AT ORK? YES 2 NO	28d. DEŞCRI	BE HOW I	NJURY OCC	URED	
TED BY	2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide determined	28a. PLACE OF building, et	NJURY — A1 hom c. (Specify)	e, ferm, stre	et, factory, offi	CO .	28f. LOCATIO City or To	ON (Street own, State)	and Number o	or Rural Rou	ite Number,
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYINO PHYS										and manner as stated.
BE	29b. SIGNATURE AND TITLE OF CENTIFIE	Xad	utl	w)	29c, LICENSE NU	S4C	>	29d. DATE	SIONED IN	fonth, Day, Year)
10	30. NAME AND ADDRESS OF PERSON W	HO COMPLETED CAUSE	OF DEATH (ITEM	27) (Type, Pri	الر	och Ra	ven F	کاله	. le	((
	31. DATE FILED (Month, Day, Year)	Julia David	Son-Rande	M		-					



REG. NO

DIRECTOR

FUNERAL

BY

COMPLETED

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BALTIMORE, MARYLAND 21203-3146

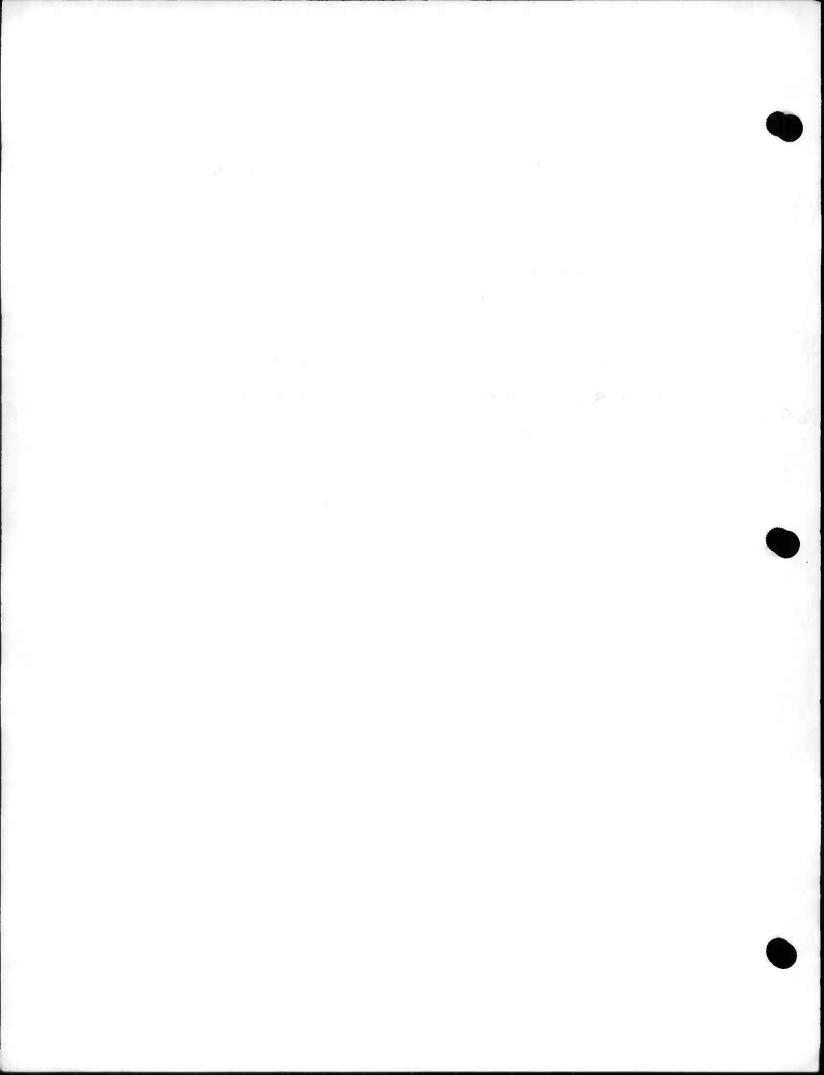
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TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2 mounts after death. Page 6 may be retained by the h	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be deta		IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at onc
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E HO	E FU	d with	RTA
HI O	HT O	be filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.	MPO
Sum	- Daniel	0	-

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH DAY 3. TIME OF DEATH ALFRED S. BOROWY 12 -90 -4 8. BIRTHPLACE (State or Foreign Country) 2152 4. SOCIAL SECURITY NUMBER 5. SEX 8. AGE (In yrs. lest birthday) IF UNDER 1 YEAR 7. DATE OF BIRTH (Month, Day, Yea IF UNDER 24 HRS. DAYS 1 M 2 - F 65 YRS. MARYIAND 220-14-8303 122/25 9a. FACILITY NAME (If not institution, give atreet and number, 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH CHURCH HOSPITAL BALTIMORE CITY 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY BALTO mD 1 YES 2 NO 10e. STREET AND NUMBER 101, ZIP COOE 10g. CITIZEN OF WHAT COUNTRY? U.SA. 1825 BANK ST. BALTO, MD 21231 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No-14. RACE — American Indian, Black, Whita, atc. If yes, specify Cuban, Maxican, Puarto Rican, alc.)

1 YES 2 NO Specify: FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES 2 NO 1 Never Married 2 Merried Specify: 3 Widowed 4 Divorced J.WIE White 16e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 18b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade compo Elementary/Secondary (0-12) College (1-4 or 5+) SUPERVISOR - MAINTENANG 10 GRADE 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) BoKowy ALEXANDE R MARYANNA DZIEZA 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING AOORESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 ST. 21231 Bokowi LIHIAN 1825 BANK BALTO. MD 20g METHOD OF DISPOSITION 20c. LOCATION — City or Town, State 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or Burial 2 Cremation 3 Removal from State MD, HOLY ROSANY city BALTO ■ Donation 5 □ Other (Specify) _ CCM 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY EDWARD I WE BE FUNERALHOME 401 S CHESTER ST. BALD, MD. 23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cerdiec or respiratory arrest, Approximete shock, or heart fellure. List only one cause on each line. **Onset end Death** IMMEDIATE CAUSE (Final disease or condition CARCINOMA OF ESOPHAGUS resulting in deeth) DUE TO (OR AS A CONSEQUENCE OF): Sequentielly list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST PART II. Other algorificant conditions contributing to deeth but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE OBSTRUCTIVE PULMONARY DISEAJE 1 - YES 2 NO OF DEATH? 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) OTHER: 1 X YES 2 NO 1 Department 2 ER/Outpetient 3 DOA g Home 5 - Residence 6 - Other (Specify) 4 Nun 27. MANNER OF DEATH 28a. DATE OF INJURY 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d, DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending м 1 YES 2 NO 2 Accident Investigation 28e. PLACE OF INJURY — Al home, farm, street, factory, office building, etc. (Specify) 3 Sulcide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 Could not be determined 4 Homicide 29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the lime, data and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the basia of examination end/or investigation, in my opinion, death occured at the time, date and place, and due to the cause(a) and manner as stated. 296 SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d, DATE SIGNED (Month, Day, Year) BE ▶12/57 Na 317003 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) SHANKER L. GUPTA N.D. 1576 MERRITT ALVD. BALTIMORE Julia Davidson-Randalle 31. DATE FILED (Month, Day, Year) 32. REGISTHAR'S SIGNATURE



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after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal	28 is marked, or item 23 shows any injury, or other traumatic event, the medical to	l
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	FOR STATE REGISTRAR		STATE OF I		/ DEPAR					MENTAI	HYGIEN REG. NO.	E	0	00707
	1. DECEDENT'S NAME (First,	Middle, Last)	Au	Rigor	28_	STIS	N B	RI	B TO	2. DATE MONTH			YEAR	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 21603	120/	5. SEX		E (In yrs. lest birthday) F UNDER MONTHS MONTHS			HOURS	R 24 HRS.	7. DATE (Month	OF BIRTH 1, Day, Year)	1820	Pur	IPLACE (State or Foreign
FOR	98. FACILITY NAME (If not in	4 542	Parks	ey Av	е.	Pb. CITY			ON OF DE				To.	
DIRECTOR	10a. STATE	10b. COUNTY			10c. C/1	Y, TOWN	OR LOCAT	ION						10d. INSIDE CITY LIMITS?
	Md 10e. STREET AND NUMBER		N/A			Balt		re zip con				44 - 017		1 X YES 2 NO
BA	542 Par	ralem	ATTO T	201+0	MA		101		223			TT	CT CT	A A
Y FUNERAL	11. MARITAL STATUS 1 Never Married 2	Married	12. WAS DECEDEN FORCES? 1 IF YES, GIVE V	NT EVER IN U.S. / YES 2 MAR OR DATES	ARMED		If yes, spe	ENDENT	OF HISPAN	n, Puerto I	I? (Specify Yes Rican, atc.)	or No-		E — American Indian, k, White, etc.
D BY	3 X Widowed 4 Divo	EDENT'S EDUC	N/		DECEDENT'S	LIEUAL O	COLIBATIO	241		N/	KIND OF BUS	PINESS (IN	MINTEN	White
COMPLETED		y highest grade		+)	(Give kind of life. Do NOT u	work done se retired.)	during mo		ing	100	. KIND OF BUS	SINESS/INL	JUSTRY	
80	17. FATHER'S NAME (First, M	liddle, Last)						18. MOT	HER'S NA	ME (First, I	Middle, Maiden	Sumame)		
BE	Gabriae		enich		405 14 4 11 14 14		0 (0)				ange	- 0 71	- 0- 1-1	
٩	Anna E.		ich		102						Balto			229
	20a. METHOD OF DISPOSITION 2 7 9 20b. PLACE OF DISPOSITION (Name of cemetery, cremetory or 1 The movel from State other place) 20b. PLACE OF DISPOSITION (Name of cemetery, cremetory or other place)													
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE Mt. Olivet Cemetery Balto., Md.									•				
	▶ (3 , 7	Dansamo	n Schwa	. 3									•	
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiretory errest, abock, or heart fellure. List only one cause on each line. IMMEDIATE CAUSE (Finel													
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):													
PHYSICIAN: MEDICAL CE	PART II. Other eignifice	unt condition	s contributing to	death but no	t resulting	In the u	nderlyln /LC	g cause	given in	Part I.	24a. WAS AN PERFOR 1 YES 2	RMED?	241	b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
CIA	25. WAS CASE REFERRED T EXAMINER?	O MEDICAL	HOSPITAL:					LACE OF:	DEATH (Ch	neck only o	ne)			
IXSI	1 TYES 2 ST NO		1 Inpatient 2		_		rsing Horr		esidence	8 Othe		DI HIEW OA	O IDEO	
ВУ РН		Pending Investigation	26a. DATE O (Month,	Day, Year)	26b. TII	JURY M	WC	JURY AT ORK? YES 2	□ NO	28d. DE	\$CRIBE HOW	NJURY OC	COHED	
	2 Devletde	Could not be determined	28s. PLACE building	OF INJURY — At I, atc. (Specify)	home, farm,	atreet, fac	et, factory, office 28f. LOCATION (8				CATION (Street or Town, State)	(Street and Number or Bural Route Number, , State)		
COMPLETED	(Orlean print		CIAN: To the best of											(a) and menner as stated.
TO BE C	296. SIGNATURE AND TITLE	ller	N Tr	くだかり	iorly		ر الم	29c. Life	CENSE NU	MBER 32	44	29d. DA	TE SIGNE	Month, Day, Year)
F	A JAIA	F PERSON WH	S PA	USE OF DEATH (I	TEM 27) (7)		Kenk	10	. 7	rat	200	se o	۵	7/229.
	31-TOWNEYFILED (Month Cha	(Ngthr)	32. REGISTR	S SIGNATURI	5					VIL.				

DHMH-16 Rev 1/89

should be detached for use as the confirmality permit. Pages 1, 2, 3 should		lifted at once.
-	*	marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be not
TO THE FUNERAL DIRECTOR: Afte	be filed within 72 hours after death	IMPORTANT: If item 28 is marke

BALTIMORE, MARYLAND 21203

TO BE COMPLETED BY FUNERAL DIRECTOR

FOR STATE REGISTRAR

4. SOCIAL SECURITY NUMBER

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DIVISION OF VITAL RECORDS, P.O. BOX 13146,

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Zermours after death. Page 6 may be retained by the hospital or 🗯	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for 뺴	9	

33405 90 STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF OEATH MONTH NOV. 27 3. TIME OF OEATH 27, 1990 YEAR 4:25 Joseph Burtnick 7. DATE OF BIRTH
(Month, Day, 191)
8/17/1912 5. SEX 8. BIRTHPLACE (State or Foreign Country) 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. MARYLAND 1 M 2 - F 78 YRS.

OHMH-18 Rev 1/89

1	215-03-8232		1 M 2 - F	78	YRS.	MONTHS	DAYS	HOURS	MIN.	8/17	191	.2	MA	RYLAND
	9a. FACILITY NAME (If not inst	titution, give s	treet and number)			9b. CITY	r, TOWN	OR LOCATIO	ON OF DEA				NTY OF OEA	тн
DIRECTOR	Montgome	TY G	eneral H	ospit	al		01	ney				Mor	ntgom	nery
E		10b. COUNTY										1	0d. INSIDE CITY LIMITS?	
	MARYLAND	M	ONTGOMERY		SILVER SPRING							X YES 2 NO		
₹	100. STREET AND NUMBER 14508 HOMECREST RD., APT.			3.05		•	10	I. ZIP CODI					zen of wh ISA	AT COUNTRY?
		ECREST							906					
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 N 3 Ndowed 4 Divorce		12. WAS DECEDENT E FORCES? 1 IF YES, GIVE WAR	YES 2 X	2 NO If yes, specify Cuban, Maxican, Puarto Rican, etc.)						or No—	14. RACE — American Indian, Bleck, White, atc. Specify: WHITE		
	15. DECEI (Specify only	DENT'S EDU- highest grade	CATION completed)	/G	ve kind of	Work done	during mo	ON ost of working	ng	16b. KINI	OF BUS	INESS/IND	USTRY	
9	Elementary/Secondary (0-1	12)	College (1-4 or 5+)	He.		se retired.)				1				
COMPLETED	12				ME	ERCHA	M.T.					TAIL		
8	17. FATHER'S NAME (First, Mid		WALL OF					18. MOT	HER'S NAM	NE (First, Middle	, Maiden	Surname)		
BE	JOSEPH		TNICK							ADIE				
5	19a. INFORMANT'S NAME (7)		lrz							oute Number, C			Code)	
	MR. SAM BU	DRINIC	K	_	_					VA, MD				
	1 Eurial 2 Cremation 3 Ramoval from State			29b. PLACE other place	ecel				netory or	- 1			City or Town	
				I net	SKEW	FRIE			SS OF FAC	HITY	BAL	TIMO	RE, MD)
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY SOL LEVINSON & BROS., INC.													
	Josef		Oleve	2			6010	REI	STER	STOWN	RD.	BALT	IMORE	, MD 21215
ATION	IMMEDIATE CAUSE (Final disesse or condition resulting in death) Sequentielly list condition if any, leading to immed	ons, liste	e. Vente		DUENCE C	alle	alla Y	tho		as cardiac	or respi	ratory an	rest,	Approximate Interval Between Onset and Death
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or injury that Initiated events resulting in death) LAST d.													
SICIAN: MEDICAL	PART II. Other significant conditions contributing to death but not resulting is the underlying cause given in Part I. 24s. WAS AN AUTOPSY PERFORMED? 1 VES 2 NO 1 YES 2 NO 24b. WERE AUTOPSY FINDINGS ANAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO								MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?					
D C	25. WAS CASE REFERRED TO EXAMINER? 1 YES 2 NO)	HOSPITAL:	S /Outrotlant 1	□ DO4	OTHE	R:		2000 PARIS	ak any ane)				
PHYS	27. MANNER OF GEATH	Pending	28a. DATE OF IN (Month, Day,	JURY	28b. Til		28c. IN	JURY AT ORK? YES 2		6 Other (Sp 28d. DESCRI		NJURY OC	CURED	
ED BY	2 Accident	nvestigation Could not be Jetarmined	28e. PLACE OF building, at	INJURY At he c. (Specify)	ome, ferm,				_ NO	28f. LOCATIO City or To	N (Street wn, State)		r or Rural Ro	ute Number,
COMPLETED	(Check only		ICIAN: To the best of m							Share wheel				and menner as stated.
H	29b. SIGNATURE AND TITLE	OF CHATTERS	ilu V					29c. LIC	ENSE NUN	IBER		29d, DAT	SIGNED (Month (Day, Year)
5	30. NAME AND ADDRESS OF	The second second	O COMPLETED CAUSE	OF DEATH (ITE	M 27) (Typ	e, Print)						•	1	- /
	31. DATE FILED (Month, Dwy.)	Wast!	32. REGISTRAR	S SIGNATURE							-			
	DEC 6	1000	A. Kin	. מל	. 00									

per ME G-673 3/15/91

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

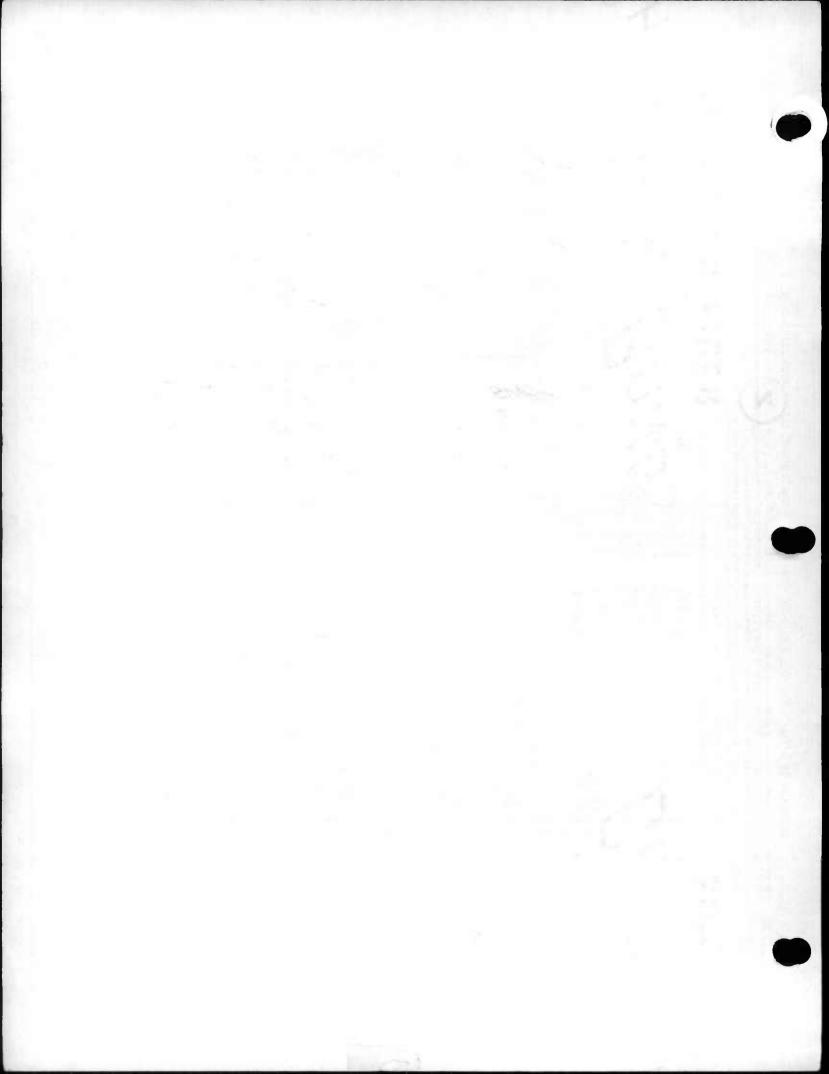
1. OECEDENT'S NAME (First, Middle, Last)		ERTIFICATE OF DEAT	REG.	NO.	
			2. DATE OF CEATH	DAY YEA	3. TIME OF DEATH
	Robert Charle		12-3-3	DAY YEA	3:30AM
4. SOCIAL SECURITY NUMBER 218-86-0402	5. SEX 6. AGE (In yrs. Ins	yrs. Funder 1 Year Funder 2 WONTHS DAYS HOURS	MIN. 7. DATE OF BIFTH	1963	Ountry) Ary Ar
9a. FACILITY NAME (If not institution, give str	eet and number)	9b. CITY, TOWN OR LOCATION		9c. COUNTY (
8 Pavia Court		Baltimo	re County	Balt	imore County
MANYIAND B	* Hrose	10c. CITY, TOWN OR LOCATION			10d. INSIDE CITY LIMITS? 1 YES 2 NO
1401 5 hps	of Lane.	101. ZIP CODE		10g. CITIZEN	of what country?
11. MABITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. AF FORCES? 1 YES 2 IN IF YES, GIVE WAR OR DATES	NO If yes, specify Cubasi	HISPANIC ORIGIN? (Specify Maxican, Puerto Rican, etc. Specify:		RACE — American Indian, Black, White, etc. Specify: Uhfe
15. DECEDENT'S EDUC (Specify only highest grade of Elementary/Secondary (0-12)	completed) (G	ECEDENT'S USUAL OCCUPATION Whe kind of work done during most of working L. Do NOT use retired.) PARIOTRE	18b. KIND OF BA	HINOR HERE	City Spirterm
17. FATHER'S MAME (First, Middle, Last)	Levie Be	DUAL 16. MOTHE	R'S NAME (First, Middle, Mai	Iden Surname)	in la
DR. INFORMANT'S NAME (Type Print)	et Berula "	b. MAILING ADDRESS (Street and Number of	Parel Route Number, City or	Town, State, Zip Code	+ 217.7
20a METHOD OF DISPOSITION 1-6 Burlet 2 Cremetion 3 Remo	veil from State 20th PLACE	OF DISPOSITION (Name of commerce, crema	200	LOCATION - CHY	or Town, State
4 Donation 5 C Other (Specify)	Design (40)	22. NAME AND ADDRESS	OF PAGICITY LAND	VINO 3	TR. F.A.
23. PART I. Enter the discases, or c	Jan Marie	100	2. CONKL	119 5	Approximate
iMMEDIATE CAUSE (Final disease or condition resulting in death)	fet only one ceuse on sech line GUNSHOT WOUND				Onset and De
	DUE TO (OR AS A CONSE	QUENCE OF):			
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Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significent conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 Natural 5 Pending investigation 2 Accident 1 Natural 5 Could not be determined 29s. CERTIFIER (Check only one) 29s. CERTIFIER 1 CERTIFYING PHYSIC (Check only one) 29s. CERTIFIER AND TITLE OF CERTIFER	DUE TO (OR AS A CONSE DUE TO (OR AS A CONSE	OUENCE OF): GUENCE OF): 28. PLACE OF DE 28. PLACE OF DE 3 DOA 4 Nursing Home 5 Res 29b. TIME OF NUJURY AT WORK? 1 YES 2 COMMON OF STREET OF	ATH (Check only one) Idence 6 Other (Specify) 28d, DESCRIBE HI NO SHOT SEL 281. LOCATION (Str. City or Rown, S. PAVIA (DW INJURY OCCURE F WITH HATTER OF A Number or A Tarter) Tenent or A Number or A Tarter) Tenent or A Number or A Tarter, BALTO Tenent or A State of the Case 29d. DATE Set	AMALABLE PRIOR TO COMPLETION OF CAUS OF DEATH? DOCKYES 2 NO ED ANGUN Loral Route Number, D. CO., MD
Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significent conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 Netural 5 Pending Investigation 1 October 1 Could not be determined 298. CERTIFIER (Check only one) MEDICAL EXAMINER 298. CERTIFIER (Check only one) MEDICAL EXAMINER 298. CERTIFIER (Check only one) MEDICAL EXAMINER 298. CERTIFIER (Check only one) MEDICAL EXAMINER 298. CERTIFIER 1 CERTIFYING PHYSIC (Check only one) MEDICAL EXAMINER AMAGIO F. GOLLE,	DUE TO (OR AS A CONSE DUE TO (OR AS A CONSE	OUENCE OF): GUENCE OF): 28. PLACE OF DE 3 DOA 4 Nursing Home 5 Res 28b. TIME OF NURY AT WORK? M 1 YES 2 Ome, farm, street, factory, office 1.11 Penn S	ATH (Check only one) Idence 6 Other (Specify) 28d. DESCRIBE HO SHOT SEL 281. LOCATION (St. City or Town, S. PAVIA) and due to the cause(s) and due to the cause(s) and due to the cause(s).	DW INJURY OCCURE F WITH HATTER CT., BALT Imanner as stated. e, and due to the car	AMALABLE PRIOR TO COMPLETION OF CAUSIOF DEATH? EXCEPTS 2 NO NOTE TO SERVICE STREET S

tached for use as the burial-transit permit. Pages 1, 2, 3 should the hospital or attending physician. BALTIMORE, MARY AND 21203-3146 EM:27 TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-hours after death. Page 6 may be in The FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be not DIVISION OF VITAL RECORDS, P.O. BOX 13146,

July Davidson-Randell

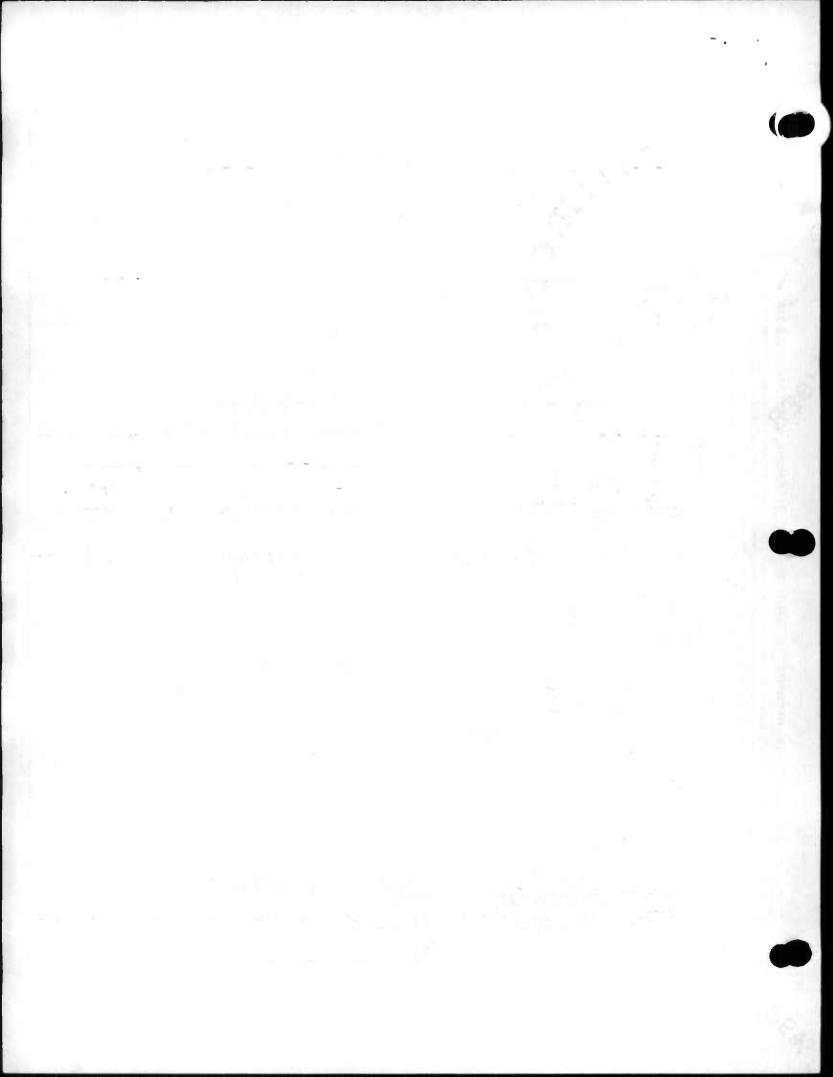
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BALTIMORE, MARYLAND 21203-3146

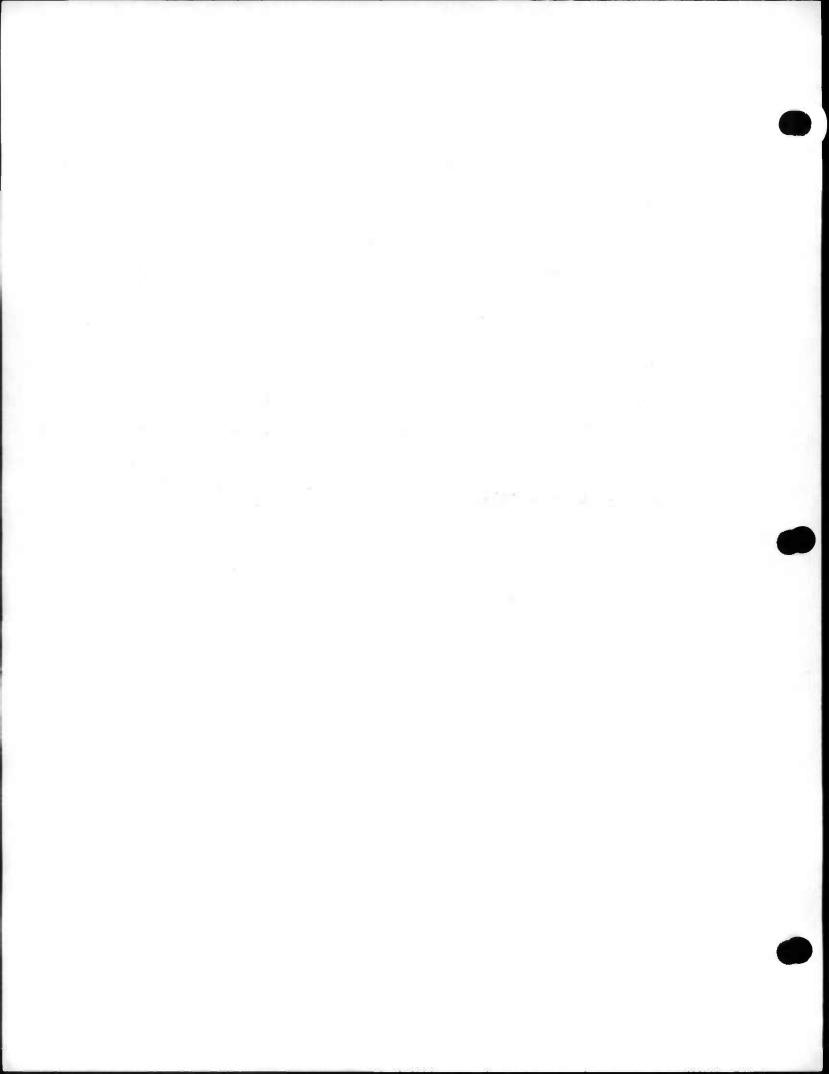
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2. nours after death, Page 6 may be retained by the hospital or attending pages.	TO THE FUNERAL DIRECTOR; After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the fluit be filed within 72 hours after death with the State Dept, of Health and Mertal Hygiene prior to burial, cremation, or remoral.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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	FOR 1 - STATE REGISTRAR	STATE OF MARYL		PARTMENT OF		ENTAL HYGIEN	90	33407	
	1. OECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH	. ve	3. TIME OF OEATH	
	7.5	DOROTHY M	AY BUN	DY	I	DECEMBER 1	. 1990		
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE	(In yrs. lest birth		(Manth One Man) Country				
1	216-18-3022	1 🗆 M 2 💢 🗏	67 YF	RS. MONTHS DAYS	HOURS MIN.	6-10-1923		SOUTH CAROLINA	
	9a, FACILITY NAME (If not institution, give s	ireet and number)	тн	9c. COUNTY					
DIRECTOR	7653 OLD BATTLE				DUNDALK		BALTIMORE		
RE	10a. STATE 10b. COUNTY		10c	CITY, TOWN OR LOCA				10d. INSIDE CITY LIMITS?	
1 1	MARYLAND B			DUNDALK			1 TYES 2 THO		
FUNERAL	10a. STREET AND NUMBER 7653 OLD BATTLE			M. ZIP CODE 2122	22	109. CITIZEN OF WHAT COUNTRY? U.S.A.			
5	11. MARITAL STATUS	12. WAS DECEDENT EVER I FORCES? 1 YES	N U.S. ARMEO	13. WAS DE	CENCENT OF HISPANII	C ORIGIN? (Specify Yes	or No- 14.	RACE - American Indian, Black, White, atc.	
ВУ	1 Never Married Married 3 Wildowed 4 Divorced	IF YES, GIVE WAR OR D	ATES		NO Specify:			Specify:	
		2477011						WHITE	
TED	15. DECEDENT'S EDU (Specify only highest grade	completed)	(Give kin	NT'S USUAL OCCUPAT of all work done during n IOT use retired.)	ION oet of working	18b. KINO OF BUS	SINESS/INDUST	TRY	
빌	Elamentary/Secondary (0-12)	College (1-4 or 5+)					HAUT		
COMPLET	UNKNOWN 17. FATHER'S NAME (First, Middle, Lest)		HUMI	E_MAKER	10 MOTHED'S HAM	E (First, Middle, Maiden	HOME		
	NOLLIE ELLISON W	ACERC			410 100 100 100 100		Surramey		
8	19a, INFORMANT'S NAME (Type/Print)	AGEKS	19h MAI	ILING ADDRESS (Street		HARTLEY outs Number, City or Tow	n State 7in Cor	101	
2									
	ROBERT W. BUNDY	20		SSOSITION (Name of c	TLE GROVE		LTIMOR CATION — City		
	1 V Burial 2 Cremation 3 Rem 4 Donation 5 Other (Specify)	oval from Stata	other place)		,.				
	21. SIGNATURE OF FUNERAL MARKINGE LIC		KKWUUU		12-4-199 THO ADDRESS OF FAC		LIMUKE	, MARYLAND	
	REPUI			DUDA.	-RUCK FUNE	RAL HOME	OF DUN	DALK, INC.	
	97 M			7922	UISE AVENI	IF DUNDA	IK MD	21222	
	23. PART I. Enter the diseases, or shock, or heart failure.	complications that cause List only one cause on a		Do not enter the m	ode of dying, such	ea cerdiac or reapi	retory arrest	Approximate Interval Between	
1 1	IMMEDIATE CAUSE (Final	70 0		0	101	/		Onset and Death	
1 1	disease or condition resulting in death)	. Droncho	cence	Carcin	mafRt	Lung		1/2 year	
1 1		DUE TO (OR AS	CONSEQUEN	CE OF):	0			U	
No	Sequentially list conditions,	b. DUE TO (OR AS	A CONSEQUEN	CE OE:		· · · · · · · · · · · · · · · · · · ·			
CERTIFICATION	if any, leading to immediate cause. Enter UNDERLYING	00E 10 (011 AU	A CONSCOULN	or or j.				i i	
윤	CAUSE (Disease or Injury that initiated events	C DUE TO (OR AS	A CONSEQUEN	CE OF):				+	
E	reaulting in death) LAST	4							
B		d							
4	PART II. Other algnificant condition	na contributing to death	but not resul	ting in the underlyi	ng cause given in I	Part I. 24a. WAS AN PERFOR		24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO	
음	A.S.C. V.	D.				1 YES 2	NO	COMPLETION OF CAUSE OF DEATH?	
MEDIC	C.O.P.J),				_	,	1 TYES 2 NO	
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26.	PLACE OF DEATH (Cho	ck only one)			
SI	1 TES 2 NO	1 Inpetiant 2 ER/Out	tpatient 3 🗆 D		me 5 Residence	B ☐ Other (Specify)			
H	27. MANNER OF DEATH	28a. DATE OF INJURY (Month, Day, Year)	281	b. TIME OF 28c. I	JURY AT ORK?	28d. DESCRIBE HOW	NJURY OCCUR	NED	
BY	1 Natural 5 Pending 2 Accident Investigation			M 1	YES 2 NO				
	3 Suicide 6 Could not be 4 Homicide determined	26a. PLACE OF INJUR building, etc. (Sp.	Y At home, f sclly)	farm, street, factory, of	Ice	281. LOCATION (Street City or Town, State,		Rural Route Number,	
<u>-</u>	29a. CERTIFIER		_						
MP	(Check only CERTIFTING PHYS	ICIAN: To the best of my kno							
COMPLET	2 MEDICAL EXAMINI		on and/or inves	agation, in my opinion	death occured at the	time, data and place, a		suse(a) and menner as stated.	
BE	296. SIGNATURE AND TITLE OF CERTIFIE	190		117	29c. LICENSE NUM		29d. DATE SI	IGNEO (Month, Day, Year)	
10	Starllah	topus	~ /	W.	10.02	191	12	- 3-1740	
	30. NAME AND ADDRESS OF PERSON WI	GOLPIRA	MI (ITEM 27)	(Type, Print)). 3029	Dunda	en ane.	Bal	to, Ml. 21222	
	31. DATE FILED (Morith, Day, Year)	32 REGISTRAR'S SIG	NATURE Incasta		_				



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E FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely niled in by the funeral director. Page		RTANT. It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be
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mpleter	d within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	vent,
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	HEGISTHAR		U	CHILL	CALE	UF	DEAL	111	H	EG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)								2. DATE OF D	EATH DA	Y	YEAR	3. TIME OF DEATH
	LAWRENCE CRA	IG							12	3	199		11:15 p ™
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. I	est birthday)	IF UNDER 1		IF UNDER		7. DATE OF BI (Month, Day)	IRTH Meri		8. BIRTH Countr	IPLACE (State or Foreign
	216-12-3752	1 😿 M 2 🗆 F	77	YRS.	MONTHS	DAYS	HOURS	MIN.	Feb 2,				
	9a. FACILITY NAME (If not institution, give st	reet and number)			9b. CITY, TOWN OR LOCATION OF DEATH					9c. COUNTY OF DEATH			
5	THE JOHNS HOPKIN	NS HOSPIT	'AL		BALTIMORE					BAL	TIMO	RE CITY	
DIMECTOR	RESIDENCE OF DECEDENT	· · · · · · · · · · · · · · · · · · ·											
≝	10e. STATE 10b. COUNTY	106.					TY, TOWN OR LOCATION						tod. INSIDE CITY LIMITS?
	Maryland			1	Balti								XX YES 2 NO
FUNERAL	106. STREET AND NUMBER					101	ZIP COD	_					WHAT COUNTRY?
	1100 North Bradfo				21213					U.S.			
2	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 X YES 2 NO				10	yes, sp	ecify Cuba	in, Maxica	IIC ORIGIN? (Sp n, Puarto Rican		or No-		E — American Indian, k, White, atc.
2	3 Wildowed 4 Divorced	World			t TYES 2 NO Specify:						Speci		
	15. DECEDENT'S EDUC	CATION	18a. E	DECEDENT'S					16b. KINI	D OF BUS	INESS/INI	DUSTRY	Black
COMPLETED	(Specify only highest grade Elementary/Secondary (0-12)	completed) College (1-4 or 5+		Give kind of a fe. Do NOT us	work done d se retired.)	luring mo	at of working	ng					
7	Jr. High School	College (1-4 of 5 4		Consti	neti.	on i	Lahor	ror		Cer	neta	r Coi	rporation
S	17. FATHER'S NAME (First, Middle, Last)			JOHI JE	. 0001	UII.			ME (First, Middle	_			UNIT ALL TOTAL
- 1	Otis T. Craig						E1:	izab	eth Hai	iret	on		
O BE	19a. INFORMANT'S NAME (Type/Print)		T	19b. MAILING	ADDRESS	(Street a			Route Number, C			p Code)	
2	Louise M. Craig			1100 1	North	Br	adfor	rd S	t. Bal	Ltime	ore.	Mary	vland 21213
	20a. METHOD OF DISPOSITION 1 N Burlet 2 Cremetion 3 Reme		20b. PLAC	E OF DISPO								City or To	
	4 Donation 8 Other (Specify)	oval from Stata			ı Cem	/ G	arris	son	Forest	Owi	ngs l	Mills	s, Maryland
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE			22.1	NAME A	ND ADDRE	SS OF FA	CILITY Nut	ter	Fune	eral	Homes, Inc.
	* H. N. A	E - H	. 7		25 Po	OL (Gwyni	ns F	alls Pa ryland	irkwa	ay		· · · · · ·
	23. PART I. Enter the diseases, or o	complications that	caused tha	death. Do								rest.	Approximata
shock, or heart failure. List only one cause on each line.								Interval Between Onset and Death					
-1	IMMEDIATE CAUSE (Finel disease or condition							- /	- 11				4
-	resulting in death)	e. Decemo	OR AS A CONS	EQUENCE O	-gent	الا	Hea	<u></u>	Farley	-			12 macks
-	Telan Co. Jon att								3				
2	sequentially list conditions, If any, leading to immediate o. Decempersoned Congestive Heart Failure Due to (or as a consequence of) Due to (or as a consequence of) Due to (or as a consequence of) Due to (or as a consequence of)								Janob				
5	cause. Enter UNDERLYING CAUSE (Diseese or injury	с										_	
	that initiated events	DUE TO	OR AS A CONS	EOUENCE O	F):								
CERTIFICATION	resulting in death) LAST	d											
	PART II. Other algnificant condition	s contributing to	death but no	t resulting	In the un	derlyin	g ceuse	given in	Part I. 24a		AUTOPSY	248	. WERE AUTOPSY FINDINGS
EDICAL									1.5	PERFOR			AVAILABLE PRIOR TO COMPLETION DF CAUSE
									_ ' '	1 123 3	AND INC.		OF DEATH? 1 YES 2 NO
HYSICIAN: M									_				
A	25. WAS CASE REFERRED TO MEDICAL					26. PI	LACE OF E	DEATH (Ch	eck only one)				
SIC	EXAMINER?	HOSPITAL:	ER/Outpatient	3 🗆 DOA	OTHER		10 5 🗆 R	ealdenca	6 Other (Sp	ecffy)			
À	27. MANNER OF DEATH	26a. DATE OF	INJURY	28b. T/A	_	28c. IN.	JURY AT		26d. DESCRIE		NJURY O	CURED	
BY P	1 Natural 5 Pending 2 Accident Investigation	(Month, D	ay, roar)	IN.	M		YES 2 [NO					
	2 Accident wive attiguition 3 Suicide 6 Could not be	28a. PLACE O	F INJURY — At etc. (Specify)	home, farm,	street, facto	ory, offic					and Numbe	or Aural	Route Number,
	4 Homicide determined	bulluling,	etti. (Specify)						City or io	wn, State)			
4	29a. CERTIFIER (Check only 1) CERTIFYINO PHYSI	CIAN: To the best of	my knowledge,	death occur	ed at the ti	lme, data	and place	e, and due	to the cause(a) and mar	nner as str	rted.	
COMPLETED	(Check only one) 2 MEDICAL EXAMINE												a) and manner as stated.
206 CIONATURE AND TITLE OF CERTIFIED								D (Month Day Year)					
H	88.1										•		
2	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAU	SE OF DEATH (I	TEM 27) (Type	, Print)		JHN	-	52094			126 - 4	1-90
	D. Pauly 1	10	Tal		Hopk		, .	le vo		40	-1	nd -	dille
	31. DATE Fit,EQ (Month, Day, Year)	Pe. REGISTAL	R'S SIGNATATE	1.00	1 1575 1	(1)		dra	1	247		ne	VEN
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_	DEG O MAG	0								-			DHMH-16 Rev 1/89





FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR CERTIF	ICATE OF DEATH	REG. NO.						
	1. DECEDENT'S NAME (First, Middle, Last)		2. DATE OF DEATH	3. TIME OF DEATH					
	Julius Cesenaro Julius Josep	h Cesenano	MONTH DAY	90 7:15 PM					
	4. SOCIAL SECURITY NUMBER 5. SEX 8. AGE (In yrs. last birthday)			8. BIRTHPLACE (State or Foreign					
	215-07-0019 1 X M 2 D F 73 YRS.	IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 12 23 16	Country) McLe					
	9s. FACILITY NAME (If not institution, give street and number)	9b. CITY, TOWN OR LOCATION OF DI		9c. COUNTY OF DEATH					
TOR	Francis Scott Key Medical Center RESIDENCE OF DECEDENT	Baltimone (ity							
입	10a. STATE 10b. COUNTY 10c. CIT	Y, TOWN OR LOCATION		10d. INSIDE CITY					
뜻	Md.	Paltimone (ity		LIMITS?					
5	10s. STREET AND NUMBER	10f. ZIP CODE	1	10g. CITIZEN OF WHAT COUNTRY?					
FUNERAL DIRECTOR	6137 Cardiff Avenue	21224		U.S.A.					
5	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED	13. WAS DECENDENT OF HISPAI		r No — 14. RACE — American Indien, Bleck, White, atc.					
BY F		NO If yee, specify Cuben, Mexican, Puerio Rican, atc.) 1 YES 2 NO Specify: Specify: White							
뎶	15. DECEDENT'S EDUCATION (Specify only highest grade completed) (Give kind of v	USUAL OCCUPATION work done during most of working se retired.)	16b. KIND OF BUSIN	IESS/INDUSTRY					
COMPLET	Elementary/Secondary (0-12) College (1-4 or 5+) Route	Salesman	Baken	,,					
N N	17. FATHER'S NAME (First, Middle, Lest)		ME (First, Middle, Melden Su						
BE CC	Justin Cesenaro	Mari		irname)					
	198. INFORMANT'S NAME (1/PB/PINI)	ADDRESS (Street and Number or Rural	Route Number, City or Town,	State, Zip Code)					
5	Mary T. Cesenaro 6137	Cardiff Ave. Ba	Lto., Md. 21.	224					
	20a. METHOD OF DISPOSITION 20b. PLACE OF DISPOS	Stanislaus (eme	20c. LOCA	TION — City or Town, State					
	4 Donestion 5 Other (Specify)								
	Charles D- Marle	Charles S.Ze	iler & Son S	Inc. Eastern Ave.					
	23. PART I. Enter the diseases, or complications that caused the deeth. Do r	not enter the mode of dylan auc	h as cerdiec or menire	etory arreat, Approximate					
	ahock, or heart fellure. List only one cause on each line.	iot onto the most of dying, and	ar ar cordino or rooping	interval Between					
	IMMEDIATE CAUSE (Final disease or condition)								
	disease or condition a. Congestive Heat Foilive 1 year								
NO O	Sequentially list conditions, b. DUS TO ON AS A CONSEQUENCE OF	DUE TO (OR AS A CONSEQUENCE OF):							
CERTIFICATION	If any, leading to immediate	*		Zdays					
2	couse. Enter UNDERLYING CAUSE (Disease or Injury	KVK		Lowys					
쁜	that initiated events DUE TO (OR AS A CONSEQUENCE OF	F):		·					
23	resulting in death) LAST								
ਹ	PART II. Other algnificent conditions contributing to death but not resulting	le the confedence acces above to	Don't Los most a	LITOPSY 24b, WERE AUTOPSY FINDINGS					
EDICAL	PART II. Other augmineers conditions contributing to deem but not resulting	in the underlying ceuse given in	Part I. 24s. WAS AN AI PERFORM	IED? AVAILABLE PRIOR TO					
8			1 YES 2 [NO COMPLETION OF CAUSE OF DEATH?					
ME				1 - YES 2 - NO					
-									
Ϋ́	25. WAS CASE REFERRED TO MEDICAL	26. PLACE OF DEATH (C	neck only one)						
PHYSICIAN: M	EXAMINER?	OTHER: 4 Nursing Home 5 Residence	6 C Other (Specific)						
¥	27. MANNER OF DEATH 28e. DATE OF INJURY 28b. TIN		28d. DESCRIBE HOW IN.	HIDV OCCUPEO					
		JURY WORK? M 1 YES 2 NO	200. DEJOINDE NOW INC	JOHN GOGGNEG					
ΒY		- 11.2							
ED	3 Suicide 8 Could not be determined 28e. PLACE OF INJURY — At home, 1erm, building, etc. (Specify)	arrest, lectory, office	City or Town, State)	d Number or Rural Route Number,					
ET		· · · · · · · · · · · · · · · · · · ·							
PL	29a. CERTIFIER (Check only (Ch	red at the time, date and place, end du	e to the cause(e) end mann	er se stated.					
COMPLETED	2 MEDICAL EXAMINER: On the basic of examination and/or investigation	on, in my opinion, death occured at the	time, date end place, end	due to the ceuse(e) end manner as stated.					
		29c. LICENSE NU	MBER	29d. DATE SIGNED (Month, Dey, Year)					
BE	had Mary MO			12/4/94					
2	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type	Intern)		1 - 14 / 10					
	Richard Craig France Scott Key N		tern Aue	Balto MA					
	31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE		1 - 1-	L.01. 10.7					
	DEC 6 1000 All Miller Randelle								

 feath certificate be executed within 25 mours after death. Page 6 may be retained by the hospital or attending physician.
 extending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should hardal Hygiene prior to burial, cremation, or removal. TO THE HOSPITAL OR ATTENDING PHYSICIAN: The INTO THE FUNERAL DIRECTOR: After this certificate has them be filed within 72 hours after death with the State Court IMPORTANT: If I leam 28 is marked, or I leam 23 and

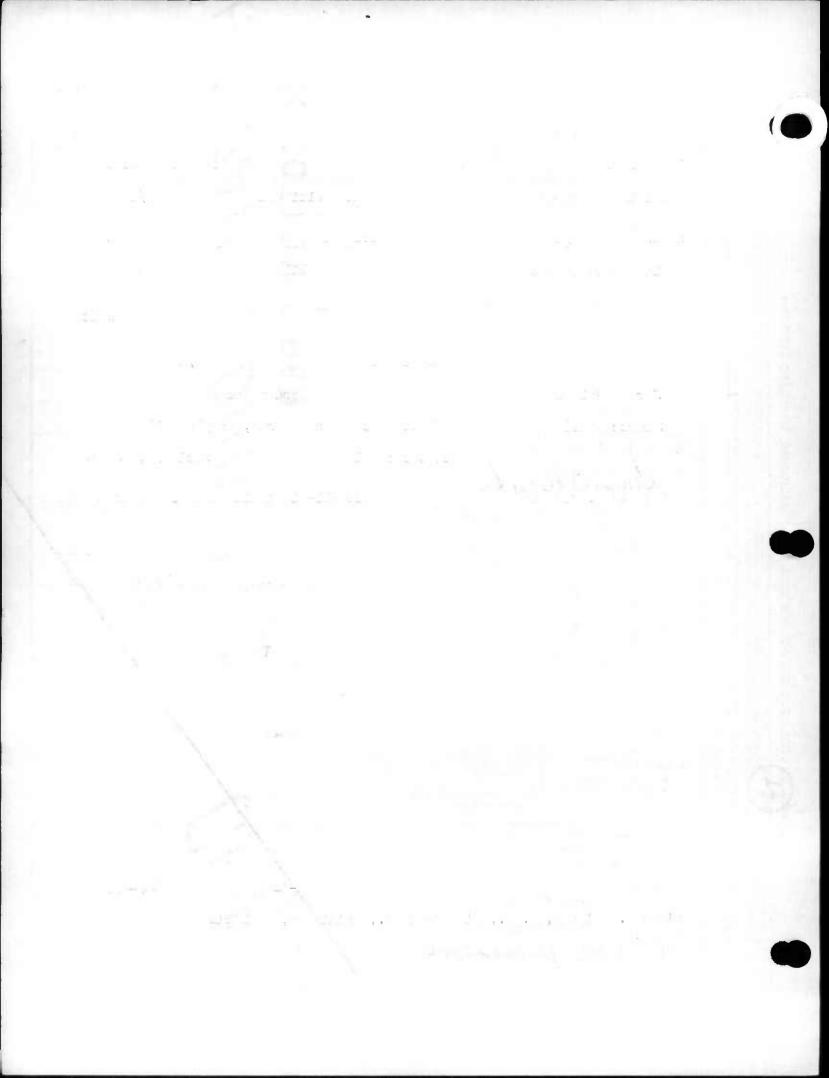
minry, or other traumatic event, the medical examiner must be notified at once.

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TO THE HOSPITAL OR ATT MONOGENESTIAN. The law requires that the death certificate be executed within 24 nouns after death. Page 6 may be retained by the hospit	TO THE FUNERAL INFECTION AND THE CONTROL HAS been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached by selection burial, committee, or removal.	IMPORTANT: If them 28 is marked, or tham 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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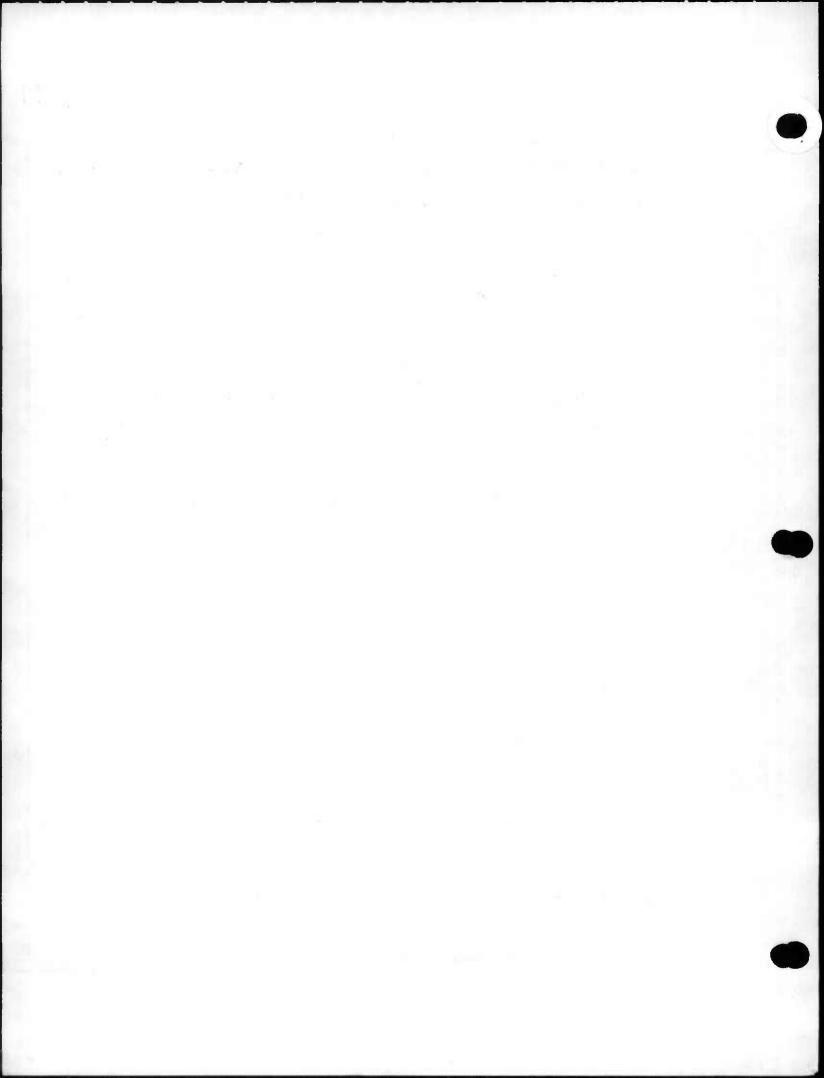
- STATE REGISTRAR		CI	-11111	TOATE	OF DEA	*****		REG. NO.		10	007
1. OECEDENT'S NAME (First, Middle, Last) ESTHER S. C	A DONE						2. DATE	of OEATH DA	AY	YEAR 3.	1: 25A
4. SOCIAL SECURITY NUMBER	6. AGE (In yrs. les				7 DATE	7 DATE OF BIRTH			ACE (State or Foreig		
216-32-5093	1 M 2 N F	95	YRS.	-	DAYS HOURS	7	(Mont	1-25-1	895	Country) Ita	
9a. FACILITY NAME (If not institution, give st	reet and number)			9b. CITY, T	OWN OR LOCA	TION OF DE			9c. COUNT		3
Meridian Homewo	ood			X	X Bal	timo	re		1	I/A	
RESIDENCE OF DECEDENT				ry, TOWN DR							TOTAL CONTRACTOR OF THE PARTY O
Maryland N/A			10c, C11	Balti							INSIDE CITY LIMITS? X YES 2 NO
10e, STREET AND NUMBER				Dalti	101, ZIP CO	OF		-	100 CITIZE		T COUNTRY?
Roland Park Tow	iers				111111111111111111111111111111111111111	21210			US		
11. MARITAL STATUS	12. WAS DECEDEN	T EVER IN U.S. AR			AS DECENDENT	OF HISPAN				4. BACE —	American Indian,
1 Never Married 2 Married 3 Widowed 4 Divorced		NAR OR DATES	40		yes, specify Cul			Rican, etc.)		Specify:	White
15. OECEDENT'S EDUC (Specify only highest grade	CATION	18a. OE	CEDENTS	USUAL OCC	CUPATION ring most of wor	tion.	168	. KIND OF BU	SINESS/INDU		MILLOE
Elementary/Secondary (0-12)	College (1-4 or 6	+) //fe.	. Do NOT u	ree retired.)	ring most or wor	nerg					
8			Home	maker			- 100		/A		
17. FATHER'S NAME (First, Middle, Last)								Middle, Maiden			
Joseph Salafi 19a. INFORMANT'S NAME (Type/Print)	.a							alaflo			
					Street and Numb						
Celeste Ebelin					on Road		son,		and 21		Charles
20s METHOD OF DISPOSITION 12 Parial 2 Cremation 3 Remote 4 Denation 5 Other (Specify)	oval from State	other pl	ece)	hedra]		entatory or		1000 1111			ryland
21. SIGNATURE OF FUNERAL SERVICE LA	PARE /	5		22. N/	AME AND ADDE	RESS OF FA	CILITY		-	29 2200	L) Land
Dennis S. Xer 23. PART I. Enter the diseases, or candidate cause (Final disease or condition resulting in death)	complications the List only one car	use on each line		not anter ti	chell-	Wiede	h as car	diac or reap	iratory arre	et,	Approximate Interval Bets Onset and D
23. PART I. Enter the diseases, or c shock, or heart failure. I IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	a. OUE TO	use on each line	OUENCE COUENCE C	not anter the	chell-	Wiede	h as car	diac or reap	iratory arre	et,	Approximate Interval Bets Onset and D
23. PART I. Enter the diseases, or c shock, or heart failure. I IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	a. OUE TO	O (OR AS A CONSE	OUENCE CO	not anter ti	cchell- he mode of d	Wiede dying, such	has car	diac or reap	AUTOPSY	24b. W	Approximate interval Betwoen and E a
23. PART I. Enter the diseases, or c shock, or heart failure. I IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNIDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER?	a. OUE TO d. OUE TO d. OUE TO HOSPITAL:	O (OR AS A CONSE	OUENCE CO	not anter ti	chell- he mode of d Clus derlying cause 28. PLACE OF	Wiede dylng, such	Part I.	24e. WAS AN PERFO!	AUTOPSY	24b. W	ERE AUTOPSY FIND MALABLE PRIOR TO OMPLETION OF CAU
23. PART I. Enter the diseases, or c shock, or heart failure. I IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	DUE TO d. OUE TO d. OUE TO d. HOSPITAL: 1 Input lent 2	O (OR AS A CONSE	OUENCE CO	OTHER:	Chell- he mode of d Lobul Clux erlying cause 28. PLACE OF	Wiede tying, such	Part I.	24a. WAS AN PERFOI 1 YES 2	AUTOPSY RMED? 2 □ NO	24b. W M CC CC OI 1	Approximate Interval Betwoen and Dunch and Dun
23. PART I. Enter the diseases, or c shock, or heart failure. I IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNIDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER?	OUE TO D. OUE TO D.	O (OR AS A CONSE	OUENCE COUENCE	OF): OF):	chell— he mode of d clus erlying cause 28. PLACE OF ng Home 8 28. INJURY AT WORK? 1 □ YES 2	Wiede tying, such	Part I.	24a. WAS AN PERFOI	AUTOPSY RMED? 2 □ NO	24b. W M CC CC OI 1	Approximate interval Betwoen and E a
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23. PART I. Enter the diseases, or cachock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 8 Pending Investigation 3 Suicide 6 Could not be	DOME TO SEASON AND TO THE PERSON AND TO SEASON AND THE SEASON AND TO SEA	D (OR AS A CONSE	OUENCE COUENCE	OTHER: 4 Nursin ME OF JURY M street, factor	chell— the mode of decided of dec	By iede By	Part I. eck only of 28d, OE 28f, LOChy of to the car	24a. WAS AN PERFOI 1 YES 2	AUTOPSY RMED? 2 NO INJURY OCCU	24b. WARED Present Route 1.	Approximate Interval Betwonset and Dunches Interval Betwonset and Dunches Interval Betwonset and Dunches Interval Betwonset Interval Betwonset Interval Betwonset Interval Betwonset Interval Betwonset Interval Betwonset Interval Betwonset Interval Betwonset Interval Betwonset Interval
23. PART I. Enter the diseases, or c shock, or heart failure. I IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other algnificant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 8 Pending Investigation 29 Accident 8 Pending Investigation determined	DOME TO CLAN: To the best of a R: On the best of a R: On the best of a class	D (OR AS A CONSE	OUENCE COUENCE	OTHER: 4 Nursin ME OF JURY M street, factor	cchell— the mode of declaration of the mode of declaration of the mode of declaration of the mode of declaration of the mode o	By iede By	Part I. Part I. 28d. OE 28f. LO C/h to the ca	24a. WAS AN PERFOI 1 YES 2	AUTOPSY RMED? 2 NO INJURY OCCU	24b. W M GO O O O O O O O O O O O O O O O O O	Approximate Interval Betwonset and Dunches Interval Betwonset and Dunches Interval Betwonset and Dunches Interval Betwonset Interval Betwonset Interval Betwonset Interval Betwonset Interval Betwonset Interval Betwonset Interval Betwonset Interval Betwonset Interval Betwonset Interval
23. PART I. Enter the diseases, or cachock, or heart failure. Immediate CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 Yes 2 NO 27. MANNER OF DEATH 1 Natural 8 Pending investigation Suicide Could not be determined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINE 29b. SIGNATURE AND TITLE OF CERTIFIER WARLEY AND THE CERTIFITY MEDICAL EXAMINE	DOME TO CAME TO CAME TO CAME TO CAME TO CAME TO CAME TO CAME TO CAME TO CAME TO CAME TO CAME TO CAME TO CAME TO CAME TO CAME TO THE BEST OF CAME T	DOR AS A CONSE	DUENCE COUENCE	OTHER: OTHER: ATHERINE	cchell— the mode of declaration of the mode of declaration of the mode of declaration of the mode of declaration of the mode o	Beath (Ch. Residence	Part I. Part I. 28d. OE 28f. LOC/c/h to the cattline, dat	24a. WAS AN PERFOI 1 YES 2	AUTOPSY RMED? 2 NO INJURY OCCU	24b. W M GO O O O O O O O O O O O O O O O O O	Approximate Interval Betwonset and Dunch Interval Betwonset and Dunch Interval Betwonset and Dunch Interval Betwonset Interval Betwonset Interval Betwonset Interval Betwonset Interval Between I
23. PART I. Enter the diseases, or cachock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 Yes 2 NO 27. MANNER OF DEATH 1 Natural 8 Pending investigation Suicide Could not be determined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINE	DESPITAL: 1 Impatient 2 28s. DATE Of (Month, I) 28s. PLACE of building CIAN: To the basis of a complete of	D (OR AS A CONSE	OUENCE COUENCE	OTHER: 4 Nursin ME OF JURY M street, factor red at the tim ion, in my opi	cchell— the mode of declaration of the mode of declaration of the mode of declaration of the mode of declaration of the mode o	Beath (Ch. Residence	Part I. Beck only of the cattline, dat time, dat	24a. WAS AN PERFO! 1 YES 2 CATION (Street or Town, State, or Town, State, and place, at	AUTOPSY RMED? 2 NO INJURY OCCU	24b. W M GO O O O O O O O O O O O O O O O O O	Approximate Interval Betwonset and Dunch Interval Betwonset and Dunch Interval Betwonset and Dunch Interval Betwonset Interval Betwonset Interval Betwonset Interval Betwonset Interval Between I



TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within the viors after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 15 bloss the State Debt. of Health and Mental Hygher plot to burial, cremation, or removal. The property of the property of the property of Health and Mental Hygher property or removal.	TO BE COMPLETED BY FUNERAL DIRECTOR	IMPORTANT: If 1681 26 18 marked, of 1681 23 strows any injury, or other destinant event, the medical de Combi eter by duveloiany medical certification
HE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within the event of the death certificate be executed within the certificate by the hospital or attending physician. HE FUNERAL DIRECTOR: After this certificate has been appeared that the standard because the purishment of th	i examiner must be notified at once.	De filed within 72 hours aret dean with the state both. Of regularly mental hydrec prior to burk, demanded, or temperature must be notified at once. IMPORTANT: If them 28 is marked, or frem 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
HE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within c_{\sim} viours after death. Page 6 may be retained by the hospital or attending physician.	the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by
	er death. Page 6 may be retained by the hospital or attending physician.	HE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2-1 nours aff

STATE	0F	MARYLAND	/ DEPARTMENT	OF	HEALTH	AND	MENTAL	HYGIENE
		C	CERTIFICATE	0	F DEAT	TH		REG. NO.

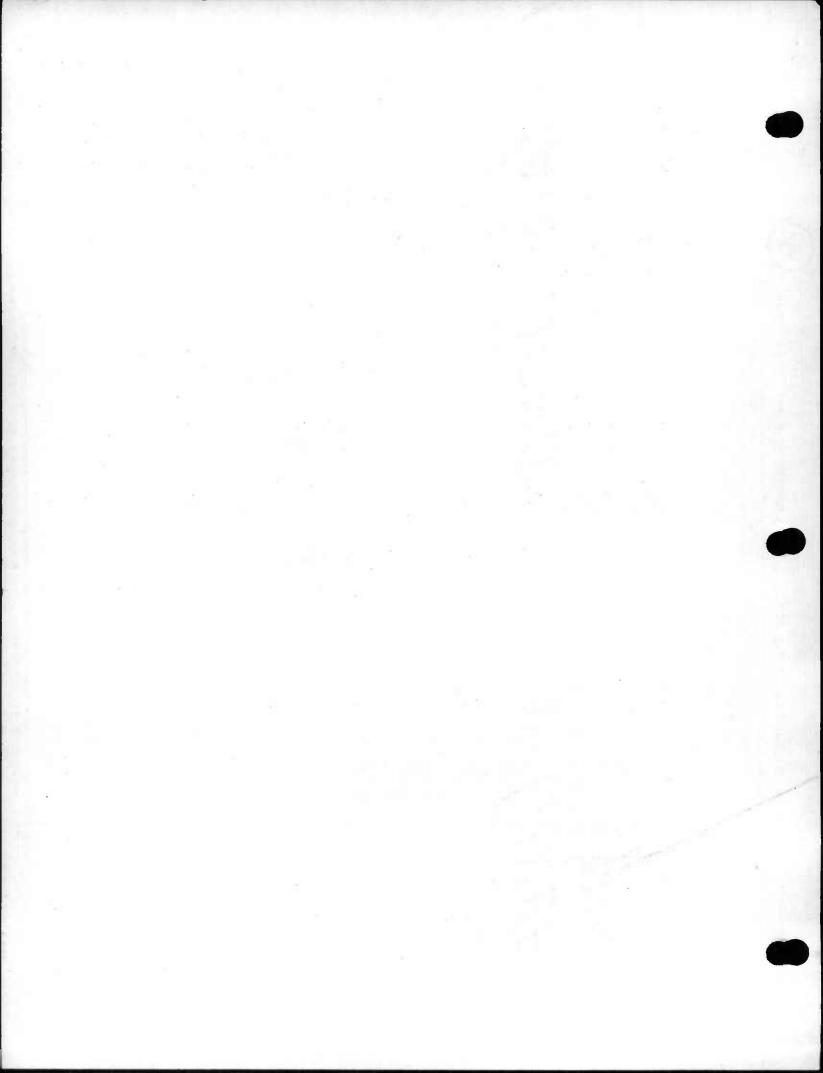
	FOR STATE REGISTRAR	STATE OF MARYLA	AND / DEPARTM CERTIFICA			MENTAL HYGIE REG. N		90 3341		
	1. DECEDENT'S NAME (First, Middle, Lest)	ESAAC	I. GEORGI	E COHE	N	2. DATE OF DEATH MONTH 2 -	7-199	3. TIME OF DEATH		
TOR	000 01/ 0000	SEX 6. AGE (II	9 VRS. MON	THS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)		BIRTNPLACE (State or Foreign Country)		
		and number) ANOR NURS			R LOCATION OF DE		9c. COUNTY BAL	OF DEATH TIMORE		
DIRECTOR	RESIDENCE OF DECEDENT 10e. STATE MARYLAND BA	LTIMORE	10c. CITY, TO	WN OR LOCAT	ION ALLSTOWN		10d. IHSIDE CITY LIMITS? 1 [A] YES 2 HO			
	10e. STREET AND NUMBER			101	ZIP CODE		10g. CITIZER	OF WHAT COUNTRY?		
E	3904 LAUSANNE RD.				2113	3	US	A		
BY FUNERAL	11. MARITAL STATUS 1	FORCES? 1 1 (XES) IF YES, GIVE WAR OR OA		It yes, spe		IIC ORIGIN? (Specify n, Puerto Rican, etc.)	Yes or Ho— 14	RACE — American Indian, Black, White, atc. Specify:		
ED	15. DECEDENT'S EDUCAT (Specify only highest grade con		16a. DECEDENT'S USU (Give kind of work			16b. KIND OF	BUSINESS/INDUS			
COMPLETED		College (1-4 or 5+)	SALESMAN	fred.)	or worning	LI	QUOR			
Š	17, FATHER'S NAME (First, Middle, Last)				18. MOTNER'S NA	ME (First, Middle, Maid				
BE 0	ABRAHAM COHEN				SAR	AH UNA	NOWN	<u></u>		
10	19a, INFORMANT'S NAME (Type/Print)					Route Number, City or				
	HERB WENDEL		3904 L			ANDALLSTC		21133		
	20e. METHOD OF DISPOSITION 1 N Buriel 2 Cremation 3 Remova 4 Donation 5 Other (Specify)	I from State	other place) AITZ CHA		netery, crematory or		LTIMORE			
	≥ Day Way	Leuro.		SOL		N & BROS. RSTOWN RD		MORE, MD 21215		
	23. PAST I Enter the diseases, or con shock, or heart fellure. Lie	iplications that caused t only one cause on e	the death. Do not a ach line.	nntar the mo	de of dylng, suc	h aa cardiac or re	apiratory arrea	t, Approximata interval Between Onset and Death		
	IMMEDIATE CAUSE (Finel disease or condition reaulting in death)	My c	CONSEQUENCE OF:	Tula	ich			hrs.		
_		NS.	CONSEQUENCE OF):					400		
CERTIFICATION	Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF):									
CAT	If any, leading to immediate cause. Enter UNDERLYING									
Ē	CAUSE (Disease or Injury that initiated events DUE TO (OR AS A CONSEQUENCE OF):									
ER	resulting in death) LAST									
PHYSICIAN: MEDICAL C	PART II. Other algorificant conditions of	A STATE OF THE STATE OF	ut not resulting in th	ne underlyln	g cause given in	PER	AN AUTOPSY FORMED?	24b. WERE AUTOPSY FINDINGS AMULABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
~										
ZIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?				ACE OF DEATH (Ch	eck only one)				
SIC		OSPITAL:		THER: Hursing Horn	e 5 🗆 Residence	6 Other (Specify)				
	27. MANNER OF DEATH 1 Helural 5 Pending	26a. DATE OF IHJURY (Month, Day, Year)	26b. TIME OF	WC	PRK?	28d. DESCRIBE HO	W IHJURY OCCUI	RED		
D BY	2 Accident Investigation 3 Suicide 6 Could not be	Y — At home, farm, street, factory, office		281. LOCATION (Str. City or Town, St		Rural Route Number,				
ETE	4 Homicide determined	building, etc. (Spec								
COMPLETED	29e. CERTIFIER 1 Check only one) 2 MEDICAL EXAMINER:							cause(s) and menner as stated.		
BE C	296. SIGNATURE AND TITLE OF CERTIFIER	1	1	2		MBER 8029.	29d. DATE S	GIGNED (Month, Day, Year)		
2	36. HAME AND ADDRESS OF PERSON WHO O	OMPLETED CAUSE OF DE	ATH (ITEM 27) (7)(10) 710	4	N280	4	1-12	11(10.		
13	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGN	ATURE							
	DFC 6 1990									



6 may be retained by the hos	ector, page 5 should be detache	must be notified at once.
nours after death. Page	d in by the funeral dir or removal.	medicai examiner
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hos	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
TO THE H	De filed w	IMPORT

31. DATE FILED (Month, Day, Year)
DEC 6

	1 - FOR STATE REGISTRAR	TATE OF MARYLANI		MENT OF H		MENTAL HYGIE	NE		00412		
	1. DECEDENT'S NAME (First, Middle, Last) KITTY CHAI	T				2. DATE OF DEATH MONTH	PAY 20	YEAR	3. TIME OF DEATH		
	4. SOCIAL SECURITY NUMBER 5. S	EX 8. AGE (In you	87 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN. R LOCATION OF DE	7. DATE OF BIRTN (Month, Day, Year) APR - 10,	1903	Country	PHUANIA		
DIRECTOR	LEUIN ANE (I TO INSULUTION, GIVE SITES IN A SITE OF THE PROPERTY OF THE PROPER	no number)		BALTE	5	AIR	96. 000	INTY OF DE	AIN		
	10a. STATE 10b. COUNTY BAL	10c. CITY	AL-FII	DOCE				10d. INSIDE CITY LIMITS? 1 YES 2 X NO			
FUNERAL	7208 VALLEY COUNT	RY CT.		101.	21208	3	10g. CIT	USA	NAT COUNTRY?		
ВУ	1 Never Married 2 Merried	WAS DECEDENT EVER IN U.S FORCES? 1 YES 2 F YES, GIVE WAR OR DATES	NO		city Cuban, Mexical	IC ORIGIN? (Specify n, Puerto Rican, etc.) :	Yes or No-	Smooth	American lodien, Wests, etc. NHITE		
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade compl Elementary/Secondary (0-12) Col 1.2	N 16a leted) 16a lege (1-4 or 5+)	(Give kind of w	usual occupation of during moderated.)		18b. KIND OF	AT HO				
BE CO	17. FATHER'S NAME (First, Middle, Last) JACOB KANDEL				16. MOTNER'S NAI	ME (First, Middle, Maid BENA K	ANDEL				
TO	19a. INFORMANT'S NAME (Type/Print) PHILIP I. CHAIT		100	ADDRESS (Street a		loute Number, City or CISTERSTO			136		
	20s. METNOD OF DISPOSITION 1X Buriel 2 Cremetion 3 Removal f 4 Donation 5 Officer (Specify)	rom State 20b. PL.	ACE OF DISPOS or place) BETH	JACOB	netery, cremetory or	20c. LOCATION — City or Town, State FINKSBURG, MD					
	PA, BIGNATURE OF COMERAL SERVICE LIBERSEE 22. NAME AND ADDRESS OF FACILITY SOL LEVINSON & BROS., INC. 6010 REISTERSTOWN RD. BALTIMOR								RE,MD 21215		
	23. PART L Enter the desease, or coorplications that caused the death. Do not enter the mode of dying, such as cerdiec or respiratory errest, abock, heart failure. List only one cause on each line. IMMEDIATE CAUSE (Finel disease or condition resulting in death) One of the course of the line of the cause of the cau										
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):										
PHYSICIAN: MEDICAL C	PART II. Other significent conditions contributing to deeth but not resulting in the underlying cause given in Part I. PARKINSON'S DISEASE BENIGN CENTRAL NERVOUS SYSTEM TUMOR 24a. WAS AN AUTOPSY PERFORMED? 1 VES 2 PNO 1 VES 2 PNO										
SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 1 Inpetient 2 ER/Outpetient 3 DOA 4 Nursing Nome 5 Residence 5 Other (Specify)										
	27. MANNER OF DEATH 1 Netural 5 Pending	28b. TIMI	E OF 28c. INJ		26d. DESCRIBE HO	W INJURY O	CCURED				
TED BY	2 Accident investigation 3 Suicide 8 Could not be determined 4 Homicide determined 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28e. PLACE OF INJURY — At home, farm, street, factory, office City or Town, State)							oute Number,			
COMPLETED	29a. CERTIFIER (Check only one) 29a. CERTIFVING PNYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as atsted. 29a. CERTIFIER (Check only one) 2										
96		llo MB			29c, LICENSE NUM	479	29d. DA		(Month, Day, Year) 30-90		
5	30. NAME AND ADDRESS OF PERSON WNO CO JOSEPH J. GALL	MPLETED CAUSE OF DEATH	ITEM 27) (Type,	Print) GER			BAL	TO.	21215		



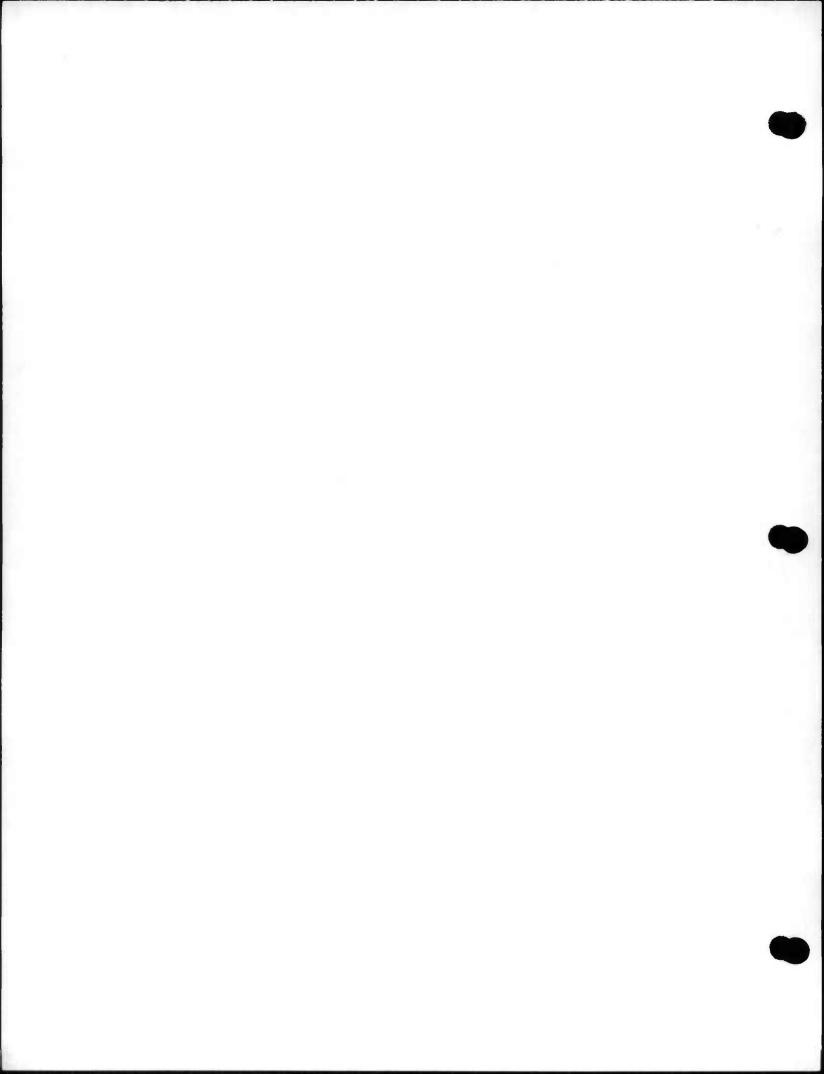
TO BE COMPLETED BY FUNERAL DIRECTOR

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 22-mouns after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

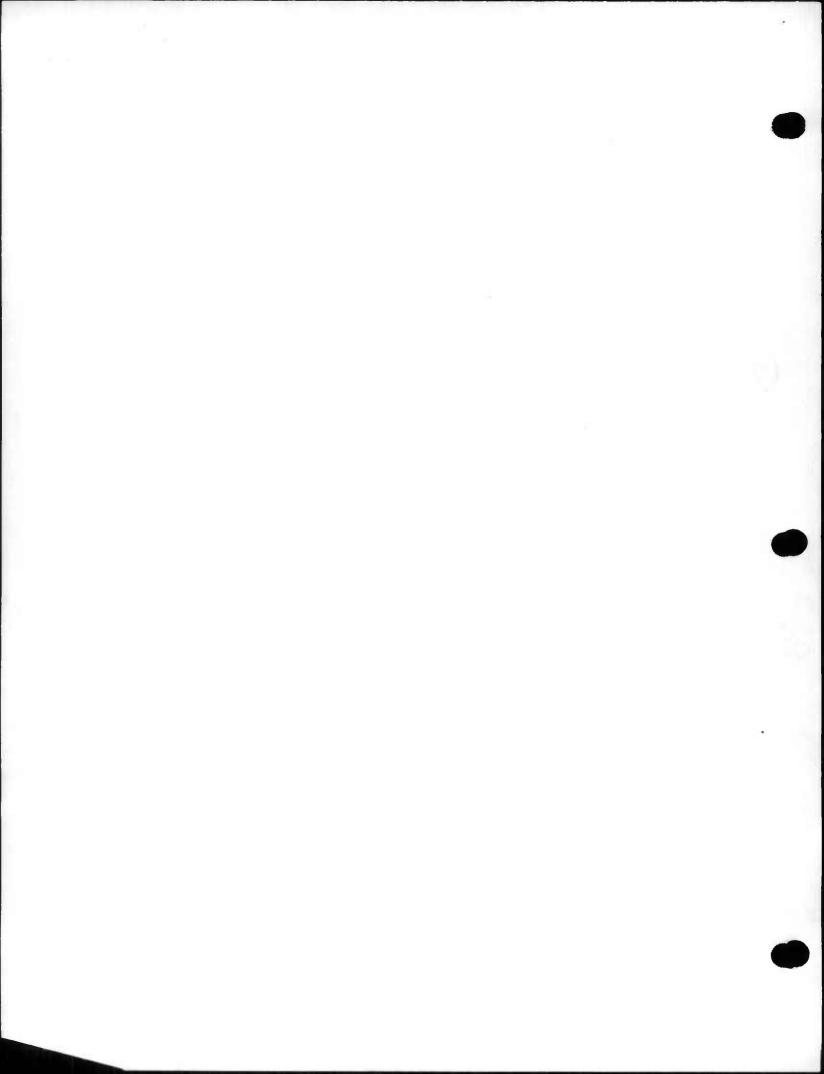
TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

FOR 1 - STATE REGISTRAR	STATE OF MARY	LAND / DEPARTM CERTIFIC			MENTAL HYG		
1. DECEDENT'S NAME (First, Middle, L	est) M.	Dodge	n Marie	Dodge	2. DATE OF OEAT		3. TIME OF DEATH 3:25 PM
4. SOCIAL SECURITY NUMBER 220 09 0386			UNDER 1 YEAR NTHE DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTI (Month, Day, Vo. 9-20-1	ar)	BIRTHPLACE (State or Foreign Country) Maryland
9a. FACILITY NAME (If not institution, g	spital Center	9b	ary, rown on Baltim	LOCATION OF DE	ath it∨	9c. COUNTY	OF DEATH
RESIDENCE OF DECEDENT	r						10d. INSIDE CITY
10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. Maryland ======= Baltimore 15c.							
100. STREET AND NUMBER 3902 Eighth Street 101. ZIP CODE 21225 U.S.A.							
11. MARITAL STATUS 1 Never Married 2 Merried 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES	2 × NO	If yes, spec	NDENT OF HISPAN cify Cuban, Mexica NO Specify	IIC ORIGIN? (Special n, Puarto Rican, etc.	fy Yas or No— 14	RACE — American Indian, Black, While, etc. Specify: White
15. OECEDENT'S (Specify only highest (Elementary/Secondary (0-12)	EDUCATION grade completed) College (1-4 or 5+)	life. Do NOT use re	done during most stired.)			F BUSINESS/INDUS	
17. FATHER'S NAME (First, Middle, Last		Housewit	re	16 MOTHER'S NA	ME (First, Middle, M		
The training to the training t	George Robe	1				schbach	
19a. INFORMANT'S NAME (Type/Print) Michael Dodge		196. MAILING AO 305 Mai	oness (Street and onlight	d Number or Rurel I Circle	Route Number, City o Baltim	or Town, State, Zip Co ore, Mar	yland 21225
20a, METHOD OF DISPOSITION 1 Burlal 2 Cremation 3 4 Donation 5 Other (Specify)	Ramoval from Stata	other place) Loudon Pa				e.Location — cm Baltimor	y or Town, State e, Maryland
21. SIGNATURE OF FUNERAL SERVICE	E LICENSEE		22. NAME AND	ADORESS OF FA		ral Home	РА
	Znamuou		4001	Ritchie	Hwy. Ba	ltimore,	Md. 21225
23. PAM I. Enter the diseases, shock, or heart felli IMMEDIATE CAUSE (Finel disease or condition resulting in death)	s. Mekas to	eech iine.	_				t, Approximate Interval Between Onset and Death
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disesse or injury that initiated events resulting in deeth) LAST	c	A CONSEQUENCE OF):					
PART II. Other significent cond	litions contributing to death	but not resulting in t	the underlying	ceuse given in	PE	AS AN AUTOPSY ERFORMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF OCATH? 1 YES 2 NO
OF UNO CASE REPERPE	n 1						
25. WAS CASE REFERRED TO MEDIC. EXAMINER? 1 YES 2 NO	HOSPITAL:		THER:	5 Residence	6 Other (Specif	(v)	
27. MANNER OF DEATH 1- Natural 6 Pending	28a. DATE OF INJURY (Month, Day, Year,	28b. TIME O	OF 26c. INJU	JRY AT		HOW INJURY OCCU	RED
2 Accident Investigat 3 Suicide 6 Could no 4 Homicide detarmin	26a. PLACE OF INJUI	RY — Al home, farm, stre	et, factory, offica		26f. LOCATION (S City or Town,		Rural Route Number,
one) —	PHYSICIAN: To the best of my known						
29b. SIGNATURE AND TITLE OF CER	Thirton	MD	,	29c. LICENSE NU	MBER .	29d. DATE S	SIGNED (Month, pey, Year)
	N WHO COMPLETED CAUSE OF A	DEATH (ITEM 27) (Type, Pr	anora	St B	altino	MD	
31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIG	ENATURE Widow Randal	OR_				



		sit permit. Pages 1, 2, 3 should	
041C-C0717 CHA	hospita of attending physician.	to use as the burial-tran	Sec.
DALIMONE, MANIE	after death. Page 6 may be retained by	by the funeral director, page 5 should be amount	lical examiner must be netified
T VIIAL NECONDS, T.O. DOA 13149,	0 THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nouns after death. Page 6 may be retained by Football or physician.	After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 mount in communic as the burial-transit permit. Pages 1, 2, 3 should leave use the State Dam of Halem and Marrial Hambers after in hurial cremation or removal	in the case opposition makes any injury, or other traumatic event, the medical examiner must be notified at once
ON OF VITAL RECORDS	JING PHYSICIAN: The law requires that the	After this certificate has been signed by the	marked, or item 23 shows any Inju
DIVIDIC	TO THE HOSPITAL OR ATTEND	TO THE FUNERAL DIRECTOR: After this	IMPORTANT: If Item 28 is marked

	FOR 1 - STATE REGISTRAR	STATE OF MARYLA	AND / DEPARTMI				HYGIEN REG. NO.				
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF	DEATH			3. TIME OF DEATH	
	WILLIE C DELOA	ACH		1 1	3		YEAR	09:44 a M			
	4. SOCIAL SECURITY NUMBER	OCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. lest birthday) F UNDER 1 YEAR F UNDER 24 HRS. 7. DATE OF BIRTH 6. BIRTHPLA (Month, Pay, Year) Country)									
Œ	99. FACILITY NAME (If not institution, give street end number) 90. COUNTY OF DEATH 90. COUNTY OF DEATH 90. COUNTY OF DEATH										
읽	RESIDENCE OF DECEDENT										
DIRECTOR	10e. STATE 10b. COUNT	10b. COUNTY 10c. CITY, TOWN OR LOCATION								10d. INSIDE CITY LIMITS? 1 YES 2 NO	
FUNERAL	10e. STREET AND NUMBER	G/A	aned	101.	ZIP CODE	/		10g. CITIZE	N OF W	HAT COUNTRY?	
	11. MARITAL STATUS 1 Never Married 2 Merried	12. WAS DECEDENT EVER IN FORCES? YES	U.S. ARMED	If yee, spe	ENDENT OF HISPAN	n, Puerto Rici		or No— 1	Black,	- American Indian, White, atc.	
D BY	3 Wildowed 4 Divorced		16a, DECEDENT'S USU	1 TYES			INO OF BUI	SINESS/INOU:	Specify	Black	
COMPLETED	(Specify only highest grad		(Give kind of work of life. Do NOT use reti	done during mos		16b. K	INO OF BUS	SINESS/INOU:	STRY		
₽ B	secondary,		maken	isu							
	17. FATHER'S NAME (First, Middle, Last)	1100.			18. MOTHER'S NA	ME (First, Mid	dle, Maiden	Sumeme)		. 1	
BE	19e. INFORMANT'S NAME (Type/Print)	" NESSEEME	TION MAILING ADD	BESS /Street a	nd Number or Rural	Boute Number	City or Tow	n State 7to C	ordel		
	Brenda D	elouch	2817	3600 G	Pamod	7	as In	120	100	21218	
	20e METHOD OF DISPOSITION Burlel 2 Cremation 3 Red 4 Donation 5 Other (Specify)		other place)	N (Name of cen	netery, cremetory or	g .	20c. LO	CATION - CH	y or Tov	Mr. Stata	
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY										
	Freeh b.	Locks Je	/	Lock	, Fline,	nei A	כומש	1309	1/2	· (Entra a)	
	23. PART i. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiec or respiratory errest, shock, or heart failure. List only one cause on sech line.										
	IMMEDIATE CAUSE (Final										
	disease or condition resulting in death)	a. Ventsi	CONSEQUENCE OF):	fiby	Matia	الم				30 min	
		-2 /		1 1	1 . 1 .	10.3				160	
S	Sequentially list conditions, Budycardia / Hypotensian										
AT	Sequentially list conditions, If eny, leading to immediate cause. Enter UNDERLYING										
CERTIFICATION	CAUSE (Disease or injury that initiated avents OUE TO (OR AS A CONSEQUENCE OF):										
E	resulting in deeth) LAST	d.									
	PART II. Other significant condition	and contribution to death b	ust not requisite to the	a condicate to		Bank La	4a. WAS AN			WERE AUTOPSY FINDINGS	
AL	7 .		dt not resulting in th	e underlying	cause given in	Part I. 2	PERFOR		240.	AVAILABLE PRIOR TO	
ă	SP CABG	1				— l¹	YES 2	□ NO		OF DEATH?	
X						—				1 YES 2 NO	
AZ.		1									
2	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		HER:	ACE OF DEATH (Ch						
BY PHYSICIAN: MEDIC	1 YES 2 NO	Inpatient 2 - ER/Outp			e 5 🗆 Residence			N.IURY OCCU	IBEO		
6	1 Naturel 5 Pending										
	2 Accident investigation 3 Suicida 8 Could not be determined Could not be determined determined control of the could not be determined not could not be determined not could not be determined not could not be determined not could not be determined not could not be determined not could not could not be determined not could not could not could not could not could not										
COMPLETED	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) and menner as stated. 2 MEDICAL EXAMINER: On the best of examination end/or investigation, in my opinion, death occurred at the time, date end place, end due to the cause(e) and								and manner ea stated.		
C	29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE							29d. DATE	SIGNED	(Month, Day, Year)	
8	10 halain							•	11/3	10	
2	30. NAME AND ADDRESS OF PERSON W	/HO COMPLETED CAUSE OF DE	ATH (ITEM 27) (Type, Prin	()							
	5- ABRAHAM	VHO COMPLETED CAUSE OF DE	ENE ST	DEPT	OF ME	D	UMA	15 F	3A1	TOMA	
	DEC 6 199	10 Jula Davidos	n-handelle								



should be detached for use as the burial-transit permit. Pages 1, 2, 3 should tained by the hospital or attending physician. IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2-1,000rs after death. Page TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burfal, cremation, or removal.

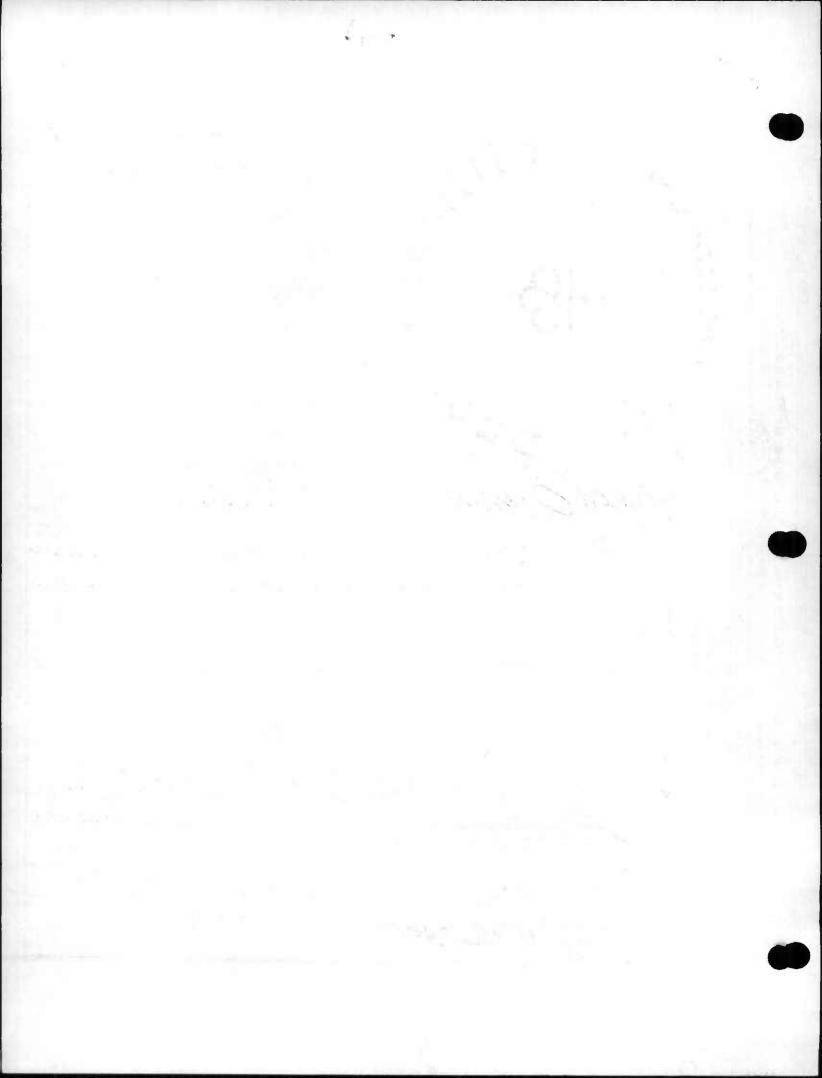
BALTIMORE, MARYLAND 21203-3146

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

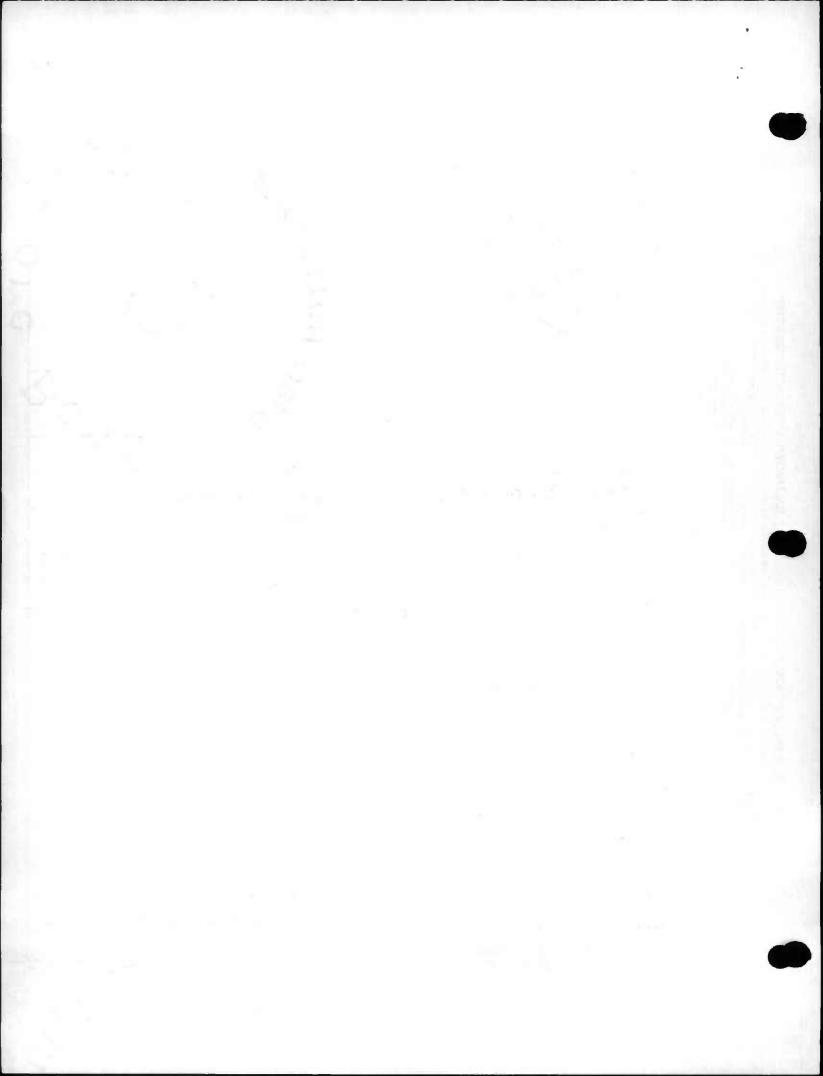
TO BE COMPLETED BY FUNERAL DIRECTOR

FOR STATE REGISTRAR		STATE OF N				HEALTH AND	MENTAL HYGIEN		90	33413
1. DECEDENT'S NAME (First	, Middle, Last)		12				2. DATE OF DEATH	AY -	(FAR	3. TIME OF DEATH
CAROLINE	JA		SCHBACH				7. OATE OF BIRTH	-7	90	HPLACE (State or Foreign
4. SOCIAL SECURITY NUME 212-23-7980	BER	5. SEX	8. AGE (in yrs. las		IF UNDER 1 YEAR MONTHS DAYS		(Month, Day, Year) 09-23-86		Count	
9a, FACILITY NAME (If not in	stitution, give s	A	4		9b. CITY, TOWI	OR LOCATION OF D		9c. COU	NTY OF	
THE JOHNS H		S HOSPITA	AL		BALTI	MORE		BAL	TIMO	RE CITY
RESIDENCE OF DEC	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION									10d. INSIDE CITY
MD										1 TYES 2 NO
10e. STREET AND NUMBER				1		101. ZIP CODE		10g. CIT	IZEN OF	WHAT COUNTRY?
3 COUNTRY	CLUB D					21061			S.A.	
11, MARITAL STATUS 1 X Never Married 2 3 Widowed 4 Olive			T EVER IN U.S. AR YES 2 (A) MAR OR DATES		If yes,	ECENDENT OF HISPA specify Cuben, Mexico ES 2 X NO Specific	NIC ORIGIN? (Specify Ye in, Puarto Rican, atc.) y:	a or No—		E American Indian, ik, White, etc. WHITE
15. DEC	EDENT'S EDU	CATION	16a. DE	CEDENT'S	USUAL OCCUPA	TION	16b. KIND OF BU	JSINESS/IN	DUSTRY	
(Specify on Elementary/Secondary (ly highest grade 0-12)	College (1-4 or 8		ive kind of w Do NOT use	ork done during retired.)	most of working				
NONE		NONE		N/A			N/A			
17. FATHER'S NAME (First, A	7. 11						AME (First, Middle, Melde	n Surname)		
BRIAN C. D.		CH, SR	140	h MAU INC	ADDRESS (S)	AVE	M. BEAM Route Number, City or To	un Ototo 7	in Code)	=-
BRIAN C. D.		CH SD			AS # 1		Hoole Number, City or 10	wn, Siele, Zi	p code)	
20a METHOD OF DISPOSIT	TION		20b. PLACE	OF DISPOS		cemetery, crematory or	20c. L	OCATION -	- City or 1	fown, State
1 N Burlel 2 Cremeti 4 Donation		noval from State	GLEN		MEMOR	IAL PARK	GLE	N BUR	NIE,	MD
21. SIGNATURE OF JUNERA	AL SERVICES	CENSEE		/		AND ADDRESS OF F	VERAL HOME			
Hase	400)Im	fin					EN BU	RNIE	E, MD 21061
23. PART I. Enter the cahook, or I		complications the			ot enter the	mode of dying, su	ch as cerdiec or rea	piratory e	rreat,	Approximata Interval Between
IMMEDIATE CAUSE (FI					0 1	1.	1.000			Onset and Death
disease or condition resulting in death)	\rightarrow	. Inty	auboc	MUN	al t	temorr	nage			6 hours
	_	RIV	nt Ah	Anna	inal	temorr Travi	MA			6 hours
Sequentially list condi		b	O (OR AS A CONSE	DVII	CII Coak	11 44	rrace			
cause. Enter UNDERLY	ING	C								
that initiated events resulting in death) LA		DUE TO	O (OR AS A CONSE	QUENCE OF	ን:					
resulting in death) CA	"	d								1
PART II. Other signific	ant condition	ons contributing t	o death but not	resulting i	in the underl	ying cause given in		N AUTOPSY ORMED?	7 24	Ib. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO
							1 YES	2 NO		COMPLETION OF CAUSE OF DEATH?
										1 TYES 2 NO
		T				DI 405 OF THE				
25. WAS CASE REFERRED EXAMINER?	TO MEDICAL	HOSPITAL:	V/		OTHER:	. PLACE OF DEATH (C				
1 YES 2 NO		26s, DATE C	ER/Outpatient F INJURY	28b. TIM	E OF 28c	INJURY AT	28d. DESCRIBE HOV	/ INJURY Q	CÇURED	
1 Netural 5	Pending Investigation	12 Morth	3790	103	M 1	WORK? YES 2 NO	Marble 1	Mant	le 1	trushing
3 Suicide 8 4 Homicide	Could not be determined	28e. PLACE billdin	OF INJURY — At h g, etc. (Specify)	ome, farm,	etřeet, factory, (office	3 County 4	and Numb	DR.	GlenBurnie
(Check only							ue to the cause(s) and no ne time, date and place,			e(a) and manner as stated.
296. SIGNATURE AND TIPE	E, OF GERTIFI	DER				29c. LICENSE N	UMBER	29d. D/	ATE SIGN	ED (Month, Day, Year)
/ / / /		A A				1 1 7 //	7 7	_ h_ '	71	00 (12)
30, NAME AND ADDRESS	Xlu	my Mo	USE OF DEATH (IT		Dist.	ΙΔ34	321	 	31	2040



2	Pos	rache		IMPORTANT. II HER EXTERNMENT OF ITEM 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
LA	y the	pe de		at o
¥	ned b	pine		po
MA	retair	5 she		notif
BALTIMORE, MARYLAND	TO THE HOSPITM OR WITHOUT PHYSICIAN: The law requires that the death certificate be executed within A. Jours after death. Page 6 may be retained by the hos	TO THE FUNEFACTOR CONTINUE OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY FILED IN THE FUNEFACTOR AGE OF STOUGH DE GEROCHE		9
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DIVISION OF VITAL RECORDS, P.O. BOX 13146,	HYS!	mis c	=	fed,
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	1 - FOR STATE REGISTRAR	STATE OF MARY	LAND / DEPAR CERTIF						HYGIENI REG. NO.	Ē		
	1. DECEDENT'S NAME (First, Middle, Lest)							2. DATE OF MONTH	DEATH	r.	YEAR	3. TIME OF DEATH
	FAITH JEANNETTE 4. SOCIAL SECURITY NUMBER		e de um less blabales					12 7. DATE OF		1990	a Burray	2 · 05 P M PLACE (State or Foreign
	216-24-1291 98. FACILITY NAME (If not institution, give s	1 □ M 2 □XF	E (In yrs. last birthday) 62 YRS.	IF UNDER	DAYS	HOURS	MIN.	04			Country	TIMORE, MD
1	G.B.M.C6701 N.		FREET BALTIMORE, MD 2									
5	RESIDENCE OF DECEDENT						ו טויו	21204		DALI	IMORI	
DIMECTOR	MARYLAND BALTI	MORE COUNTY		T T MOI		ON					- 1	10d. INSIDE CITY LIMITS? 1 YES 2 NO
	10e. STREET AND NUMBER	MORE COUNTY	IBAL	TIMOI		ZIP CODE	Ē			10g. CIT	IZEN OF W	HAT COUNTRY?
UNEHAL	28 LACOSTA COUR	T				212	04					
BY FU	11. MARITAL STATUS 1 Never Merried 2 (Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YE IF YES, GIVE WAR OR	S 2 X NO	- 1	WAS DECE If yes, spe 1 YES	city Cube	n, Mexicai	IC ORIGIN? (n, Puerto Ric	Specify Yae an, etc.)	or No—	14. RACE Black Specif	
2	15. DECEDENT'S EDU (Specify only highest grade	CATION completed)	16a. DECEDENT'S (Give kind of	USUAL O	CCUPATIO	N et of workin	907	16b. K	IND OF BUS	INESS/IN		
COMPLEI	Elementary/Secondary (0-12) 12 Years	College (1-4 or 5+)	Homen	se retired.)					Home			
	17. FATHER'S NAME (First, Middle, Last) ALEXANDER G	ROBBII	NS.			18. MOTI	NER'S NA	ME (First, Mic	Idle, Meiden	Surneme)	RUE	DD.
2 2	190. INFORMANT'S NAME (Type/Print) L. Alan Evans	KODDI	19b. MAILING						City or Town			
	20a. METHOD OF DISPOSITION 1 ☑ Burisl 2 ☐ Cremation 3 ☐ Ren		20b. PLACE OF DISPO					.,	-	-	City or To	wn, State
	4 Donation 5 Dother (Specify)		Dulaney \	alle	y Me	mori	al G	arden	s Tim	noniu	ım, M	aryland
	21. SIGNATURE OF UNETAL SERVICE U	Junsioe, Jr.	21.27.	22 N	litch 500	eII- York	Wied Rd.	lefelo Bal	Home timor	e, In	ic id.	21212
	23. PART I. Enter the diseases, or ahock, or heart failure. IMMEDIATE CAUSE (Final disease or condition	complications that cause or List only one cause or		not anter	the mod	de of dy	ing, suc	h aa cerdie	c or reapl	retory ar	reat,	Approximate Interval Between Onset and Death
	resulting in death)	BRAIN DE	ATH S A CONSEQUENCE O	OF):								24 HOURS
NO.	Sequentially list conditions,		CEREBRAL S A CONSEQUENCE O		RRHA	GE_		_				24 HOURS
3	If any, leading to immediata cause. Entar UNDERLYING CAUSE (Disease or Injury	W	ATHEROS		SIS			·				2 1/2 MTH
CERTIFICATION	that initiated events resulting in death) LAST	d.	S A CONSEQUENCE O	OF):								
- 1	PART II. Other algnificent conditio	na contributing to deat	h but not reaulting	In the u	nderlylng	cause	given in	Part I.	4a. WAS AN		24b	. WERE AUTOPSY FINDINGS
CA	RT CAROTID EN	NDARTERECTON	14						PERFOR		1	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
PHYSICIAN: MEDI								_		,		1 TYES 2 NO
IAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL				ACE OF C	DEATH (Ch	eck only one				
YSIC	1 - YES 2 1 NO	HOSPITAL:			rsing Hom		esidence	a 🗆 Other				
ВУ РН	27. MANNER OF DEATN 1 Netural 5 Pending 2 Accident Investigation	26a. DATE OF INJUI (Month, Day, Yes		ME OF IJURY M		VES 2	□ NO	28d. DESC	RIBE NOW I	NJURY OC	COREO	
	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJI building, etc. (3	URY — At home, farm, Specify)	, street, fac	tory, office	•			TON (Street Town, State)		er or Rural i	Route Number,
COMPLETED	(Oriect Gray	SICIAN: To the best of my ki										a) end manner ee stated.
B	296. SIGNATURE AND TITLE OF CERTIFIE	Lecend	MD			29c. LIC	(O)	MBER 39		29d, DA	Z S	Month, Day, Year)
2	30. NAME AND ADDRESS OF PERSON W	FAADD	OEATH (ITEM 27) (Typ.	5 Y	ORI	< R	1) ~	LVIII	ERV	11=	MI	21093
	31. DATE FILED (Morith, Day, Year)	32. REGISTRAR'S S	HIGHATURE AND AND AND AND AND AND AND AND AND AND			- /				1-	. , 0	/~
- 0	DEC 6 199U	O P				···						DHMN-16 Rev 1/89



3. TIME OF DEATH

10:02

8. BIRTHPLACE (State or Foreign Penna.

2. DATE OF DEATH MONTH 12 05

05 PAY

April 2, 1917

90

9c. COUNTY OF DEATH Baltimore

OHMH-15 Rev 1/89

Pages 1, 2, 3 should

IRECTOR

FOR STATE REGISTRAR

1. OECEOENT'S NAME (First, Middle, Last)

9a, FACILITY NAME (If not institution, give atreet and number)

M.

1 M 2 - F

5. SEX

Hospital

Edward

4. SOCIAL SECURITY NUMBER

177 16 0395

1 -

שווה מושף הפנון אתוות	way the State Dept. of Health	or Hern 23 shows 2
	th offer wir	-
UNBUR	HOURS #	
FUNERAL	be filed within 72 hours	MDODTANT IF HAM
Ξ	filed	ç

31. DATE FILEO (Month, Day, Year)

6 1990

	Md.	106. COU	altimore		Y, TOWN OR LO	CATION				LIMITS?
ERAL DIR	100. STREET AND N					101. ZIP CODE 21221		18g. CITIZ		AT COUNTRY?
BY FUNER	11. MARITAL STATUS 1 Never Married 3 Wildowed 4	2 Married	12. WAS DECEDENT EVER FORCES? 1 YE IF YES, GIVE WAR OR	S 2 (NO	If yes	DECENDENT OF HISPA , specify Cuban, Mexic res 2 NO Speci	en, Puarto F		Black, V Specify:	- American Indian, White, etc.
ETED.		15. DECEDENT'S E- ecity only highest gra- ndery (0-12)		(Give kind of life. Do NOT u	DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) Counter			16b. KIND OF BUSINESS/INDUSTRY Steel Co.		
COMPL	12 17. FATHER'S NAME (First, Middle, Last)				unter	18. MOTHER'S N	AME (First, I	Aiddle, Maiden Sumame)	•	
ш	F	rank Fie	rschnaller			Lowi	se !	Peters		
TO B	19a. INFORMANT'S I		ler, Wife	100000000000000000000000000000000000000		et end Number or Rurel		per, City or Town, State, Zip Md. 212		
	20a. METHOD OF DI	SPOSITION remation 3 - R				cometery, cremetory or		Baltimor	e co	Stata Md.
	21. SIGNATURE OF		LICENSEE	este.	Bri		Fune:	ral Home PA		21221
Z	disease or condi resulting in deat	h) →	6.			ris fai				
ERTIFICATION	if eny, leeding to cause. Enter UN CAUSE (Disease that initiated eve resulting in deat	DERLYING or injury ents	¢	S A CONSEQUENCE O						
MEDICAL CERTIFI	if eny, leeding to cause. Enter UNI CAUSE (Disease that initiated eve resulting in deat	DERLYING or injury ents h) LAST	¢	S A CONSEQUENCE O	OF):	ying ceuse given in	n Part I.	24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO	C	/ERE AUTOPSY FINDIN MAILABLE PRIOR TO OMMETION OF CAUSE F DEATH? YES 2 NO
: MEDICAL CERTIFI	If eny, leeding to cause. Enter UNI CAUSE (Disease that initiated ever resulting in deat PART II. Other al 25. WAS CASE REFE EXAMINER?	Dimmediate DERLYING or injury ints h) LAST	dlone contributing to death	S A CONSEQUENCE O	in the underl	3. PLACE OF DEATH (C	Sheck only or	PERFORMED? 1 YES 2 NO	C	MAILABLE PRIOR TO COMPLETION OF CAUSI OF DEATH?
PHYSICIAN: MEDICAL CERTIFI	H eny, leeding to cause. Enter UNICAUSE (Disease that initiated ever resulting in deat PART II. Other al 25. WAS CASE REFE EXAMINER? 1 YES 2 2 27. MANNER OF DE/	enter to Medical Brace To Medical NO ATH 5 Pending	DUE TO (OR AS d	s a consequence of but not resulting	OTHER: 4 Nursing ME OF 28c		iheck only or	PERFORMED? 1 YES 2 NO	A C C C C C C C C C C C C C C C C C C C	MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
TED BY PHYSICIAN: MEDICAL CERTIFI	H eny, leeding to cause. Enter UNI CAUSE (Disease that initiated ever resulting in deat PART II. Other al 25. WAS CASE REFE EXAMINER? 1 YES 2 2 27. MANNER OF DEA	Dimmediate DERLYING or injury onts h) LAST Conditions of the condi	DUE TO (OR AS d	but not resulting	OTHER: 4 Nursing ME OF JURY M 1	S. PLACE OF OEATH (C Home 5 Residence INJURY AT WORK? YES 2 NO	iheck only or 6 Other 28d. DE:	PERFORMED? 1 YES 2 NO NO NO NO (Specify)	A C C C C C C C C C C C C C C C C C C C	MULABLE PRIOR TO OWNELETION OF CAUSI F DEATH? YES 2 NO
D BY PHYSICIAN: MEDICAL CERTIFI	H eny, leeding to cause. Enter UNI CAUSE (Disease that initiated ever resulting in deat PART II. Other al 25. WAS CASE REFE EXAMINER? 1 YES 2 27. MANNER OF DEJ 1 Netural 2 Accident 3 Suicide 4 Homicide 29a. CERTIFIER (Check only	enmediate DERLYING or injury ints h) LAST Ignificent condit ERREO TO MEDICAL NO ATH 5 Pending investigation determined CERTIFYING PH	DUE TO (OR AS d	but not resulting but not resulting butpetient 3 □ DOA TY 187 □ At home, farm, pocify)	OTHER: 4 Nursing ME OF JURY M 1 street, fectory,	S. PLACE OF OEATH (C) Nome 5	6 Othe 28d. DE: 281. LOC	PERFORMED? 1 YES 2 NO NO NO NO NO NO NO NO NO NO	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	MALLABLE PRIOR TO DOMPLETION OF CAUSI F DEATH? YES 2 NO

Devidson-Randalle

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

IF UNDER 1 YEAR IF UNDER 24 HRS.

Rossville

9b. CITY, TOWN OR LOCATION OF DEATH

FIERSCHNALLER

8. AGE (In yrs. lest birthday)

73

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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

ours after death. Page 6 may be proceedings to not the folial or attending physician. Tages 1, 2, 3 should if in by the funeral director, page 1, 2, 3 should TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2-

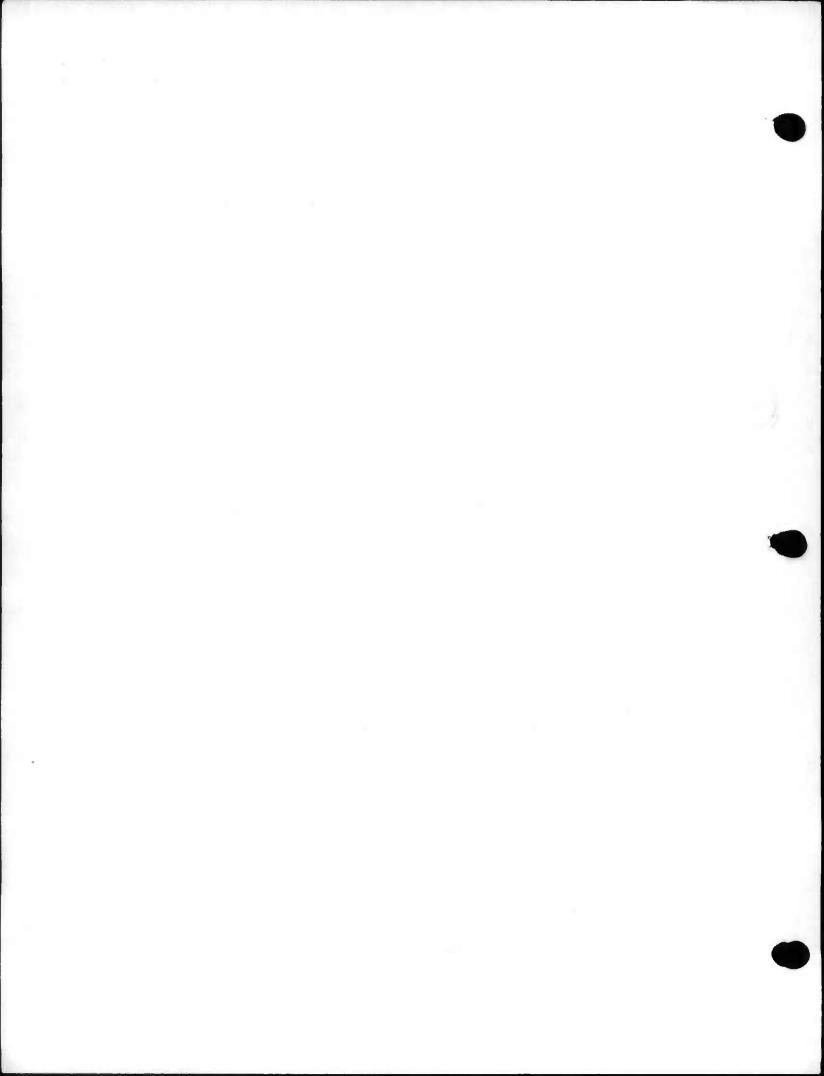
BALTIMORE, MARÝLAND 21203-3146

TO BE COMPIET	TO BE COMPLETED BY DHYSICIAN: MEDICAL CERTIFICATION
must be multied at ence.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be multimen at once.
rector, page a second to a mached for us	TO THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page from the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

	1 - FOR STATE REGISTRAR	TATE OF MARYL		MENT OF HEA		MENTAL HYGIENE REG. NO.		
	1. DECEDENT'S NAME (First, Middle, Last)	FI	-INT			2. DATE OF DEATH MONTH DAY	1 -90 YEAR	3. TIME OF DEATH A
	1-20 15- 1-01	M 2 □ F (7 YRS.		OURS MIN.	7. DATE OF BIRTH (Month, Day, Year)		THPLACE (State or Foreign
TOR	BON SECOUR	s Hos	P	BAL	TIMO	RE		
DIRECTOR	10a. STATE Md 10b. COUNTY		10c, CITY, 1	TOWN OR LOCATION	l)			10d. INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL	10e. STREET AND NUMBER L. Pr	att st		10g. CITIZEN OF WHAT COUNTRY?				
BY FUN	1 Married 2 Married	WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 NO		y Cuban, Maxica	IIC ORIGIN? (Specify Yea n, Puarto Rican, etc.)	Bla	CE — American Indian, ock, White, atc.
COMPLETED	15. DECEDENT'S EDUCATIO (Specify only highest grade comp Elementary/Secondary (0-12) Co		16a. DECEDENT'S US (Give kind of wor life. Do NOT use r	k done during most o	f working	16b. KINO OF BUS	INESS/INOUSTRY	
COM	17. FATHER'S NAME (First, Middle, Last)			11	B. MOTHER'S NA	ME (First, Middle, Maiden S	Surname)	
BE	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING A	ODRESS (Street and	Number or Rural I	9 MOU	, State, Zip Code)	
2	Jessie Griffin		2520	2 W F	ratt	Balto, 1	id ?	21223
	20e. METHOD OF DISPOSITION 1 Burtel 2 Cremellon 3 Removel 4 Donation 5 Other (Specify)		other place)	Name of cemete	ry, crematory or	em An	ation - City or 1e Aru	rown, State
	21. SIGNATURE OF FUNERAL SERVICE LICENSE	Domp:	son Ja	22. NAME AND	ADDRESS OF FA	H. Was T	- Ave	
	23. PART LEnter the diseases, or comp shock, or heart fellure. List	olications that caused only one cause on e	the death. Do not ach line.	t anter the mode	of dying, auc	h as cardiac or reaple	atory arrest,	Approximate interval Between
	IMMEDIATE CAUSE (Final disease or condition reculting in death)	QUE TO (OR AS	CONSEQUENCE OF:	nahr	y b	iten fr	mles	Onset and Death
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A	A CONSEQUENCE OF):	Hai	t-spi	failin	0	
PHYSICIAN: MEDICAL CI	PART II. Other significant conditions co	entributing to death b		the underlying o	euse given in	Part I. 24e. WAS AN PERFOR 1 TYES 2	MED?	4b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
IAN	25. WAS CASE MEFERRED TO MEDICAL	e ah	al Ca		E OF DEATH (Ch	eck only one)		
YSIC	1 TES 2 DWO 1	OSPITAL:	oatlant 3 🗆 DOA 4			8 Other (Specify)		
У РН	27. MANNER OF DEATH 1	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME (INJUR	TY WORK		28d. DESCRIBE HOW II	JURY OCCURED	
TED BY	2 Accident investigation 3 Suicide 8 Could not be 4 Homicide detarmined	28a. PLACE OF INJURY building, atc. (Spec	nd Number or Rura	if Route Number,				
COMPLETED	298. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN 2 MEDICAL EXAMINER: 0	-						e(s) and manner as stated.
TO BE CC	396. BIGNAPURE AND THILE OF CERTIFIER	, n	1D		9å LICENSE NUI	263	29d. DATE SIGNI	EO(Month, Dey, Year)
_	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGN	RANI	940 h	1. BAL	TIMORE	ST, BH	CII WEB A
	DEC 6 1990		on-Randelle				7	2-12/23

DHMH-16 Rev 1/89



6, BALTIMORE, MANYLAND 21203-3146	TO THE HOSPITAL OR ATTENDING PHYSICIAN; The law requires that the death certificate be executed within 2.7 , rours after death. Page 6 may be nearestly the investor or interest or precision.	TO THE FUNERAL DIRECTOR, After this cardificate has been signed by the attending physician and completely filled in by the funeral director, page 5 minut be described to the transit permit. Pages 1, 2, 3 should	cremation, or removar.	MPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	The law requires that the death certificate be executed	ate has been signed by the attending physician and co	be filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to build, cremation, or removal.	tem 23 shows any injury, or other traumatic (
DIVISION OF VIT	THE HOSPITAL OR ATTENDING PHYSICIAN:	THE FUNERAL DIRECTOR; After this certification	be filed within 72 hours after death with the St.	MPORTANT: If Item 28 is marked, or it

STATE REGISTRAR 1. DECEDENT'S NAME (First,	Middle Lest)		1	CERTIF	TOATE O	1 d	-	2. DATE (REG. NO.			3. TIME OF DEATH	
A	WZ.	N.	A	F	RAN	K		DEC	. 4,		YEAR	7:15	
4. SOCIAL SECURITY NUMBER 2/9-28-7	357	5. SEX 1 M 2 F	6. AGE (In yrs. 61	iast birthday) YRS.	IF UNDER 1 YEAR MONTHS DAY	1		7. DATE (97/192	9	8. BIRTH Count	MARYTAND	
6708 DARWO	9. FACILITY NAME (If not institution, give street and number) 6708 DARWOOD DR.					96. CITY, TOWH OR LOCATION OF DEATH BALTIMORE					9c. COUNTY OF DEATH BALTIMORE		
RESIDENCE OF DEC	10e. STATE 10b. COUNTY 10c					oc. CITY, TOWN OR LOCATION BALTIMORE						10d. INSIDE CITY LIMITS? 1 YES 2 XNO	
104. STREET AND NUMBER 6708 DARWO		•	-			101, ZIP CODE	2120)9		_	USA	WHAT COUNTRY?	
11. MARITAL STATUS 1 Never Married 2 3 Widowed 4 Divo		12. WAS DECEDEN FORCES? 1 IF YES, GIVE N	YES 2	ARMED ANO	If yes,	ECENDENT O specify Cuber ES 2 NO	n, Mexican	, Puerto R		or No-	14. RAC Blac Spec	E — American Indian, k, White, etc. WHITE	
	CEDENT'S EDU- ly highest grade 0-12)			(Give kind of life. Do NOT u	S USUAL OCCUP, work done during se retired.) AFFIC N	most of workin		16b.	KIND OF BU	MANUE		URER	
17. FATHER'S NAME (First, M FERDINAND		FRANK	7	111				ME (First, A	Aiddle, Meiden				
190. INFORMANT'S NAME (I	Type/Print)		1117	19b. MAILING	G ADDRESS (Stre	ot and Number	or Rural R	OTHE	TIMS	RE ME	NRC	E ² 1217	
20e. METHOD OF DISPOSIT 1 X Burlel 2 Crematic 4 Donellon 5 Other	on Rem	oval from State			ORE HEBE		natory or	П		CATION —	,	own, State E, MD	
	(Specify)	-	Di	MULTING	KE HEDI	CLIFF.				DUNTI			
21. SIGNATURE OF STREET	liseases, or	complications the	at caused the	death. Do	22. NAMI SOI 60.	LEVII	NSON STER	& BI STOWN	N RD.	INC.	10.,	MD 2121	
PART I. Enter the danock, or h IMMEDIATE CAUSE (Fit disease or condition reaulting in death) Sequentially list condit if any, leading to immer cause. Enter UNDERLY CAUSE (Disease or injuthat initiated events	liseasea, of cleart failure. tions, ediate ing	a. DUE TO	at caused the	death. Do line.	22. NAMI SOI 60. 100 not enter the	LEVII	NSON STERS ing, such	& BI STOWN	N RD.	INC.	10.,	MD 2121	
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PART I. Enter the dahock, or himmediate Cause (Fidisease or condition reaulting in death) Sequentially list condition if any, leading to immediate cause. Enter UNDERLY CAUSE (Disease or Injuthat Initiated events resulting in death) LAS PART II. Other algnifications are supported in the cause of the ca	iliseases, of clear fallure. Iliseases, of clear fallure. Itiona, soliate fing ury ST ant condition	DUE TO DUE TO HOSPITAL:	o (OR AS A COM	e death. Do line.	22. NAMI SOI 60. not enter the	AND ADDRES	STERS ing, such	& BI STOWN has card 7. 0	N RD. Slac or resp 24a. WAS AF PERFO 1 YES	INC. BALT	PO. /	Approximate interval Batwee Onset and Deal Sandal Batwee Onset and Deal Batwee Onset and	
PART I. Enter the dehock, or he immediate cause (in disease or condition reauting in death) Sequentially list condition in the cause. Enter UNDERLY CAUSE (Disease or Injustration in that initiated events resulting in death) LAS PART II. Other aignification in the cause. Enter UNDERLY CAUSE (Disease or Injustration in the cause. Enter Unde	iliseases, of clear fallure. Iliseases, of clear fallure. Itiona, soliate fing ury ST ant condition	DUE TO DUE TO	o (or as a condition of or as a condition of or as a condition of or as a condition of or as a condition of or as a condition of or as a condition of or as a condition of or as a condition or a condition or a condition or a condition or a condition or a condition or a condition or a condition or a condition or a condition or a condition or a condition or a condition or a condition or a c	e death. Do line. 7	22. NAMI SOI 60. not enter the Price of Control of the Price of Control of C	AND ADDRESS	STERS ing, such	Part I.	N RD. Slac or resp 24a. WAS AF PERFO 1 YES	INC. BALT	PO.,	Approximate interval Batwee Onset and Deal Sandal Batwee Onset and Deal Batwee Onset and	
PART I. Enter the dehock, or he immediate cause (in disease or condition resulting in death) Sequentially list condition in the cause. Enter UNDERLY CAUSE (Disease or Injustration in that initiated events resulting in death) LAS PART II. Other signification in the cause. Enter UNDERLY CAUSE (Disease or Injustration in the cause. Enter Understanding in death) LAS PART II. Other signification in the cause of the caus	iliseases, or leart failure. nal tiona, dilate fing ury ST ant condition TO MEDICAL	DUE TO DUE TO	o (OR AS A COMO death but n	e death. Do line. 7 5 0 1 NSEQUENCE (NS	22. NAMI SOI 60. not enter the Price of Control of the Price of Control of C	AND ADDRES LEVII O REIS mode of dyi ying cause of the control of	STERS ing, such	Part I.	24a. WAS AT PERFO 1 VES	INC. BALT	Z4	Approximate interval Batwee Onset and Deal Sandal Batwee Onset and Deal Batwee Onset and	
PART I. Enter the dehock, or he shock, or he	iliseasea, or neart failure. Iliona, pediate ling lineart failure. To MEOICAL Pending investigation Could not be determined	DUE TO b. DUE TO c. DUE TO d. HOSPITAL: 1 inpatient 2 26s. QATE 0 (Month, 200 building inciant: To the best of the contribution of the cont	o (or as a condition of my knowledge)	e deeth. Do line. 1	22. NAMI SOI 60. not enter the Content of the Content of the Content of Cont	AND ADDRES LEVIL O REIS mode of dyi ying cause of the control of	STERS ing, such given in seath (Che seldence	Part I. Part I. 28d. OEtc. 28f. LOC. City to the ca	24a. WAS AI PERFO 1 VES W (Specify) SCRIBE HOW CATION (Street or Fown, State	INC. BALT Iretory arm NAUTOPSY RMED? 2 NO	24 CCURED or or Rural	Approximate interval Batwee Onset and Deat South Market Market	
PART I. Enter the dehock, or he shock, or he	tiona, dilate in the condition in the co	DUE TO DUE TO	of injury — A confined for inj	e death. Do line. 1	22. NAMI SOI 60. not enter the SOI 60. not enter the soil for so	AND ADDRES LEVIL OREIS mode of dyi ying cause of the second seco	STERS ing, such given in seath (Che seldence	Part I. Part I. 28f. LOC City to the ca	24a. WAS AI PERFO 1 VES W (Specify) SCRIBE HOW CATION (Street or Fown, State	INC. BALT Interiory arm NAUTOPSY RMED? 2 NO INJURY Oct	24 CURED or or Rural	Approximate interval Batwee Onset and Deal Santal Batwee Onset and Deal Santal Batwee Onset and Deal Santal Batwee Onset and Deal Santal Batwee Onset and Deal Santal Batwee Onset O	

CONTON LANDER

YEAR

9c. COUNTY OF DEATH

U.S.A.

10g. CITIZEN OF WHAT COUNTRY?

1990

3. TIME OF DEATH

10d. INSIDE CITY

14. RACE — American Indian, Black, White, etc.

Specify: White

1 YES 2 NO

8. BIRTHPLACE (State or Foreign

Maryland

BEG NO

DIVISION

Philip Moore M.

1990

31. DATE FILED (Montfl, Day, Year)

DEC 6 D.

32. REGISTRAR'S SIGNATURE

FOR STATE REGISTRAR

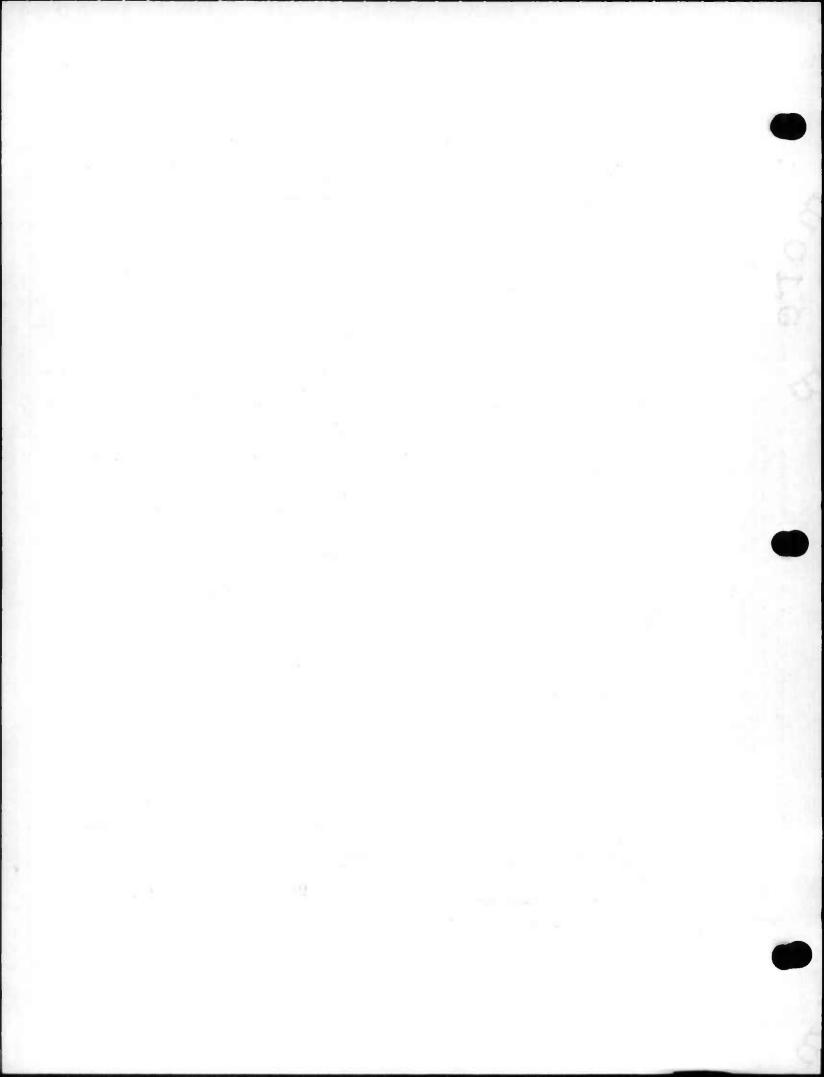
1

2. DATE OF DEATH DAY 1. DECEDENT'S NAME (First Middle Last) 30, Irmgard S. Fleck Nov. 4. SOCIAL SECURITY NUMBER 7. DATE OF BIRTH (Month, Day, Year 5. SEX 8. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 1 M 2 F VBS Sept. 10,1909 212-76-0991 9a. FACILITY NAME (If not institution, give street and number, 9b. CITY, TOWN OR LOCATION OF DEATH DIRECTOR 3603 Rexmere Road Baltimore RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10b. COUNTY Maryland Baltimore FUNERAL 10a STREET AND NUMBER 101. ZIP CODE 21218 3603 Rexmere Road 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No—II yes, specify Cuban, Mexican, Puerto Rican, etc.) 1 Never Married 2 Married rours after death. Page 6 may be retained by the hospital or attending phys IF YES, GIVE WAR OR DATES 1 YES 2 NO Specify: BY 3 Widowed 4 ☐ Divorced COMPLETED 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16b, KIND OF BUSINESS/INDUSTRY Elamentary/Secondary (0-12) College (1-4 or 5+) Own Home Homemaker 12 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Schulz Minna Ħ C.H. Otto Schellhase BE notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Same As #10 Dorothea Toner 9 20a. METHOD OF DISPOSITION
1X Burlal 2 Cremation 3 He
4 Donation 6 Other (Specify) 20b. PLACE OF DISPOSITION (Name of cometery, crematory or must Meadowridge Mem. Park 12-4-90 examiner 21. SIGNATURE OF FUHERAL BERVICE LICENSEE 22, NAME AND ADDRESS OF FACILITY Ruck Towson Funeral Home, Inc. 411 1050 York Road, Towson, Md. 21204 signed by the attending physician and completely filled in by the Health and Mental Hygiene prior to burfal, cremation, or removal. medicai 23. PART*I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cerdiec or respiratory arrest, shock, or heart fellure. List only one cause on each line. IMMEDIATE CAUSE (Final the disease or condition Cardiac arest HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within event, resulting in death) DUE TO (OR AS A CONSEQ Ordenaschenludbeardeseare (recent MI.) traumatic CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF) if any, lasding to immediate cause Enter LINDERLYING CAUSE (Disease or Injury other DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST 6 injury, PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY MEDICAL Cancer of Breant (10/80) PERFORMED? shows any 1 TYES 2 NO has been s PHYSICIAN: 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) Hem certificate hin the State C **EXAMINER?** HOSPITAL:
1 | Inpatient 2 | ER/Outpatient 3 | DOA OTHER: 1 YES 2 NO g Home 5 - Residence 8 - Other (Specify) 4 - Nursi DIRECTOR: After this cert hours after death with the item 28 is marked, of 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT 28d. DESCRIBE HOW INJURY OCCURED 28b. TIME OF INJURY 1 hatural
2 Accident М 1 YES 2 NO BY 28s. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Suicide 8 Could not be COMPLETED 4 Homicide IMPORTANT: If Item 29a. CERTIFIER 1 [IN CENTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated. FUNERAL within 72 h MEDICAL EXAMINER: On the fion and/or investigation, in my opinion, death occured at the time, date and place, and due to the cause(a) and manner as stated. 29b. SIGNATURE AND TUTLE OF CERTIF 29c. LICENSE NUMBER BE 물 물 물 D12957 2 23 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

20c. LOCATION - City or Town, State Dorsey, Maryland Approximate Interval Between Onset and Death menuder 2mo 24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 29d. DATE SIGNED (Month, Day, Year) 13/90 DHMH-16 Rev 1/89



as the burial-transit permit. Pages 1, 2, 3 should

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the attending physician and completely filled in by the funeral director, page 5 should be offer hied within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: It item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at it

								9	U	1240
	1 - STATE REGISTRAR	STATE OF MARYL			T OF HEALTH AND E OF DEATH	MENTAI	REG. NO.	E		
	1. DECEDENT'S NAME (First, Middle, Last) JOSEPH RAYMOND	GLADUE	(4)			MONTE	OF DEATH	Y YE	AR	IME OF DEATH
		5. SEX 6. AGE (I	in yrs. lest birthday) YRS.	IF UNDER	1 YEAR IF UNDER 24 HRS. DAYS HOURS MIN.	7. DATE (Month	OF BIRTH , Day, Year) 4/22		BIRTHPLAC	E (State or Foreign
	9a. FACILITY NAME (If not institution, give stre			9b. CITY	, TOWN OR LOCATION OF		4/22	9c. COUNTY		LODINO
TOR	ST. AGNES HOSPITAI			BA	LTIMORE		-	-		
DIRECTOR	10s. STATE 10b. COUNTY MARYLAND		12722	Y, TOWN	ORE				1000	INSIDE CITY LIMITS? YES 2 NO
FUNERAL	104. STREET AND NUMBER 701 BROOKWOOD ROAI)			101. ZIP CODE 21229			10g. CITIZEN	OF WHAT	
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 7 YES IF YES, GIVE WAR OR DA	2 NO		WAS DECENDENT OF HISP If you, specify Cuban, Mexi 1 TES 2 NO Spe	ican, Puerto I		or No— 14.	RACE — A Black, Wh Specify:	merican Indian, its, atc.
COMPLETED	15. DECEDENT'S EDUCA (Specify only highest grade of Elementary/Secondary (0-12)		180. DECEDENT'S (Give kind of the Do NOT us	work done se retired.)	CCUPATION during most of working			HEALTH		E
BE COM	17. FATHER'S NAME (First, Middle, Lest) WILFRED GLADUE				18. MOTHER'S ROSALBA		Middle, Malden HASSE	Surname)		
TO B	198. INFORMANT'S NAME (Type/Print) DOROTHY N. GLADUE	(WIFE)			S (Street and Number or Run WOOD ROAD, I					229
	20a. METHOD OF DISPOSITION 1.A. Burlel 2 Cremetion 3 Remove 4 Donation 5 Other (Specify)				ceme of cometery, crematory of CEMETERY	or.		CATION — City		
	21. SIGNATURE OF FUNERAL SERVICE LICE	NSEE	11	22. T T	NAME AND ADDRESS OF EROY M. & RU	FACILITY ICCTT T	C M	TTTE I	TIMED	AT HOMES
	> Xume	anles	Le		30 EDMONDS					
	23. PART I. Enter the diseases, or co shock, or heart fellure. L			not ente	r the mode of dying, s	uch as care	fiec or respi	ratory errest	,	Approximate interval Between
	IMMEDIATE CAUSE (Fine) disease or condition recuiting in deeth)	Intracere	ebral Her		hage					Onset and Death
NO	Sequentially list conditions, b.				scular Coag	ulatio	on.			
CERTIFICATION	If any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated evente resulting in death) LAST	Mononucle DUE TO (OR AS A	CONSEQUENCE O	ge S	yndrome —	-				
CE	PART II. Other significant conditions	contributing to death h	urt not moulting	in the u	adarbilan neuse aluan	in Best i	24- WEC AN	AltTOREY	245 WEE	E AUTOPSY FINDINGS
PHYSICIAN: MEDICAL	- Silvi Silv				Transfer of the second second		PERFOR	MED?	AVA CON OF	LABLE PRIOR TO IPLETION OF CAUSE DEATH?
I: ME									1 🛭	YES 2 NO
CIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHE	26. PLACE OF DEATH	Check only or	16)			
YSI		1 N Inpatient 2 - ER/Outp		4 🗆 Nu	raing Home 5 🗌 Resident	Y		N III O O O O O I		
ву Рн	1 X Natural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)		JURY M	28c. INJURY AT WORK? 1 YES 2 NO	28d. DE:	28d. DESCRIBE HOW INJURY OCCURED 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)			
	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, etc. (Spec	/ — At home, farm, cify)	street, fac	ctory, office					Number,
COMPLETED	one)	CIAN: To the best of my know R: On the basis of examination							suse(s) sno	f manner as stated.
BE C	296. SIGNATURE AND TITLE OF CERTIFIER	00			29c. LICENSE I	NUMBER		29d. DATE S	IGNED (Mo	nth, Day, Year)
0 8	Michael V	Pelcza	VM	>	D0999	90		13	2/03/	90

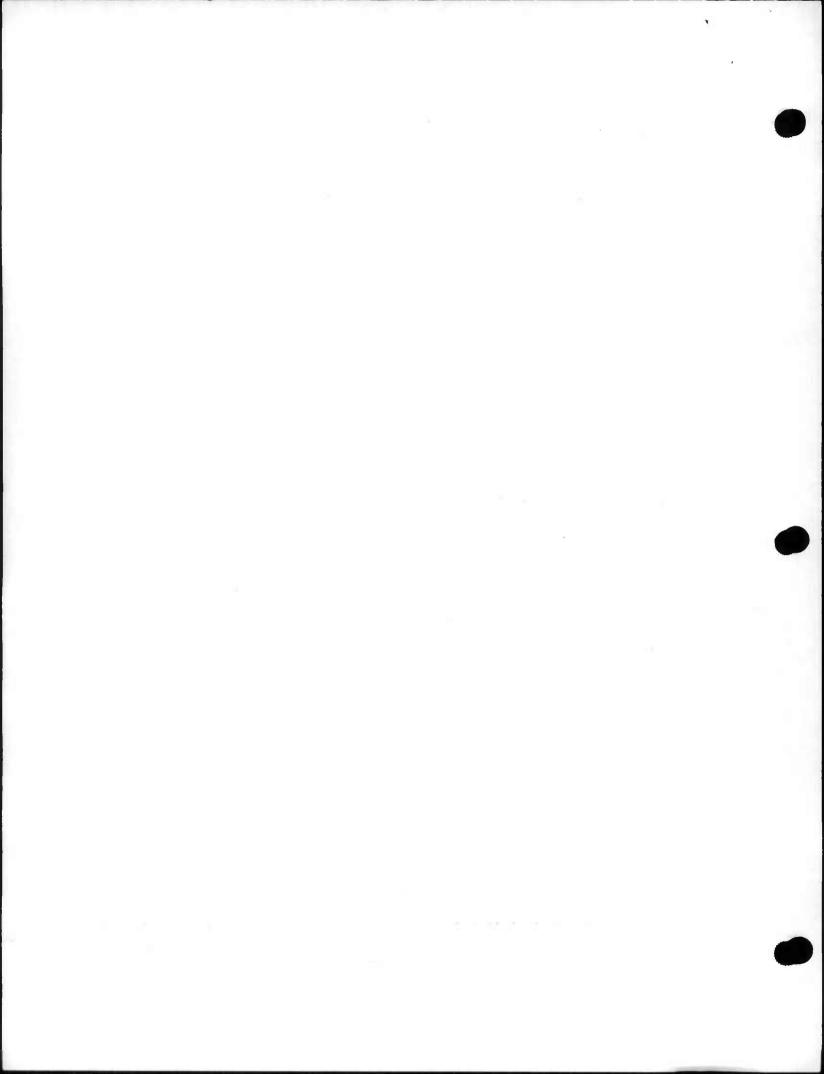
Pelczar, M.D., St. Agnes Hospital, 900 Caton Ave., Balto.,

July 32. HELITTAR'S SIGNATURE STATE

Michael

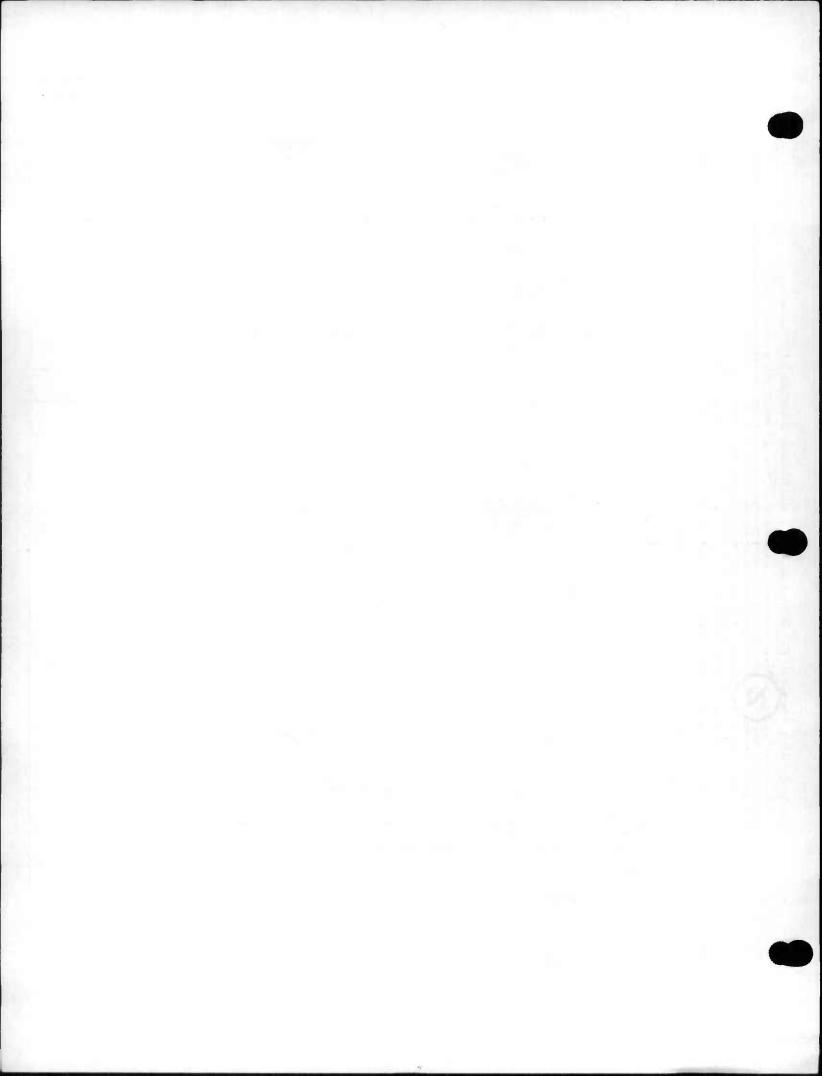
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Ε.



DIVISION OF VITAL RECORDS, P.O. BOX 13146, BALTIMORE, MARYLAND 21203-3146
TO THE HOSPITAL DR ATTENDING PHYSICIAN THE second contribution of the conduction of the contribution of th
TO THE FUNERAL DIRECTOR: After this certificial has the international physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should
be filed within 72 hours after death with the State Depart of the Teach Depart of the
IMPORTANT: If item 28 is marked, or item 23 allows any injury, or other traumatic event, the medical examiner must be notified at once.

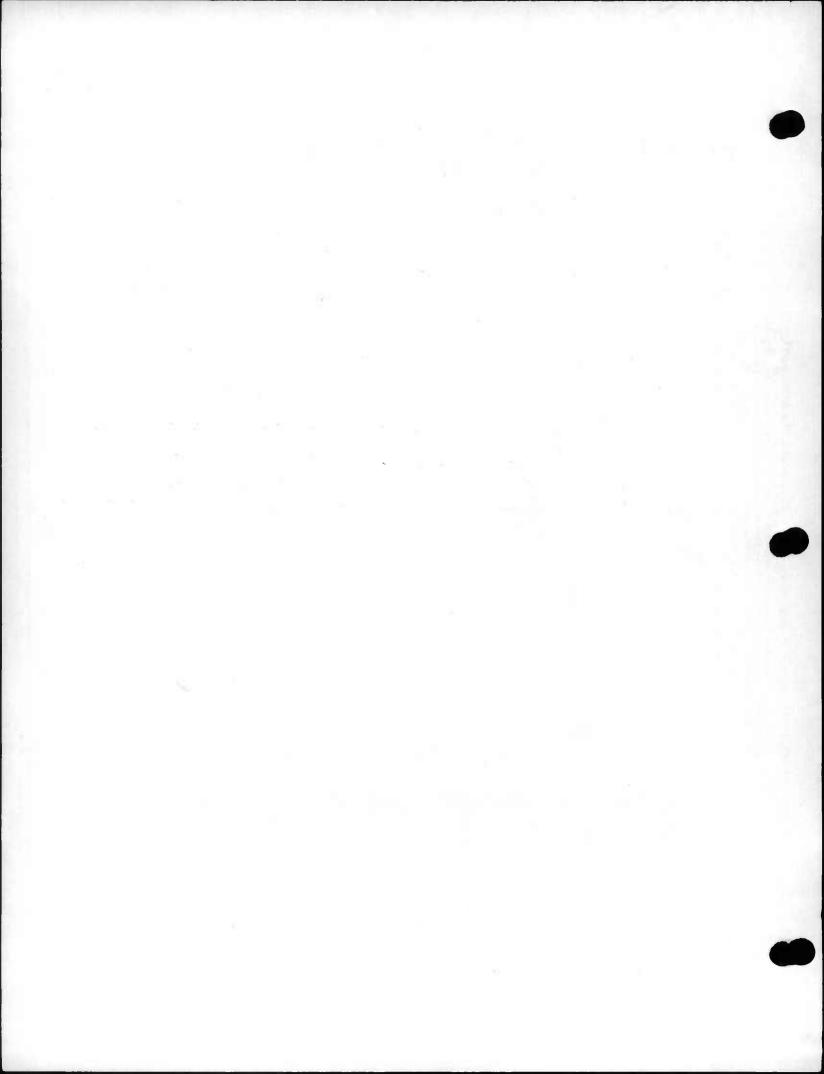
	Jan Ho				
	FOR STATE REGISTRAR	STATE OF MARYLAND / DEPA	RTMENT OF HEALTH AND FICATE OF DEATH	MENTAL HYGIENE REG. NO.	30 33422
	1. DECEDENT'S NAME (First, Middle, Last)	Willard Gross		2. DATE OF DEATH DAY 12 4 199	
	4. SOCIAL SECURITY NUMBER 218-18-6669	s. sex 6. AGE (In yra. lest birthday, 1 M 2 F 72 YRS.	IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 8-2-1918	BIRTHPLACE (State or Foreign Country) Md
TOR	99. FACILITY NAME (If not institution, give a 224 Denison Str RESIDENCE OF DECEDENT	DEATH 9c. COUN	TY OF OEATH		
DIREC	Md 10b. COUNTY		altimore		10d. INSIDE CITY LIMITS? 1 🛆 YES 2 🗌 NO
HAL	100. STREET AND NUMBER 224 Denison	Street	10f. ZIP CODE 2122		S A
BY FUNERAL DIRECTOR	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 \(\text{YES} \text{PNO} \) IF YES, GIVE WAR OR DATES	13. WAS DECENDENT OF HISP, If yes, specify Cuban, Mexic 1 YES 2 X NO Specific Company Speci	ANIC ORIGIN? (Specify Yee or No-	14. RACE — American Indian, Black, White, atc. Specify: Black
COMPLETED	15. OECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	COTION 16a. OECEOENT (Give kind of life. Do NOT	'S USUAL OCCUPATION If work done during most of working use retired.)	16b. KIND OF BUSINESS/INDI	
	17. FATHER'S NAME (First, Middle, Last) Willie Gross			AME (First, Middle, Maiden Surname)	
TO BE	19a. INFORMANT'S NAME (Type/Print) Lavinia P. Gros		NG ADDRESS (Street and Number or Runs Denison Street		
	20a. METHOD OF DISPOSITION 1 A Burtal 2 Cremation 3 Rem 4 Donation 5 Other (Specify)	20h PLACE OF DISP	osmon (Name of cometer), crematory or Nat Memorial P	200 LOCATION (City or Town, State
	21. SIGNATURE OF FUNERAL SERVICE LIN	Thompson Je.	22. NAME AND ADDRESS OF P March F/H W 4300 Wab		
	shock, or heart fallure.	complications that caused the death. Do List only one cause on each line. CAPLINO HAP OUE TO (OR AS A CONSEQUENCE	CADDER	ch as cardiac or respiratory arm	eat, Approximate Interval Between Onset and Death
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A CONSEQUENCE LIVER HETAS DUE TO (OR AS A CONSEQUENCE C. DUE TO (OR AS A CONSEQUENCE d.	5 T2+5/5. OF: 9/5.		
MEDICAL	PART II. Other algnificant condition	na contributing to death but not resulting	g in the underlying cause given i	Part I. 24s. WAS AN AUTOPSY PERFORMED? 1 YES 2 40	24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:	26. PLACE OF DEATH (6		
	27. MANNES OF DEATH 1 Natural 5 Pending	1	4 □ Nursing Home 5 ☑ Reeldence TIME OF 28c. INJURY AT WORK? M 1 □ YES 2 □ NO	28d. DESCRIBE HOW INJURY OCC	CURED
TED BY	2 Accident Investigation 3 Suicide 6 Could not be determined	28e. PLACE OF INJURY — At home, farm building, etc. (Specify)	261. LOCATION (Street and Number City or Town, State)	or Rural Route Number,	
COMPLETED	(Orlean Gray	BICIAN: To the best of my knowledge, death occu			Comment of the Commen
BE	296. SIGNATURE AND TITLE OF CERTIFIC	Moento.		UMBER 29d. DATE 4805 ▶	E SIGNED (Month, Day, Year)
5	30. NAME AND ADDRESS OF PERSON WING	HO COMPLETED CAUSE OF DEATH (ITEM 27,77)	pa, Print) AUD. MD 212	23	· ·
	31. DATE FILED (Month, Day, Year) DFC 6 1990	Jahr Davidson Mandall			



the burial-transit permit. Pages 1, 2, 3 should

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	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2 nours after death. Plan 8 min 18	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, pages to bring completely filled in by the funeral director, pages and the funeral director in bring completely filled in by the funeral director.	be lied within 12 hours also used with the class copy, or hearts and mental hygiens prior to borner, consecuting the marked, or fleen 23 shows any injury, or other traumatic event, the medical examiner must be
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	RAT	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the language and the completely filled in by the language and the completely filled in by the language and the completely filled in by the language and the completely filled in by the language and the completely filled in by the language and the completely filled in by the language and the completely filled in by the language and the completely filled in by the language and the completely filled in by the language and the completely filled in by the language and the completely filled in by the language and the completely filled in by the language and the completely filled in by the language and the completely filled in by the language and the completely filled in by the language and the completely filled in by the language and the completely filled in the completely	3 5
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	11 01	110	MPC

	FOR STATE REGISTRAR	STATE OF I	MARYLAND C		RTMENT OF				IYGIEN EG. NO.	90	33	3423
	1. DECEDENT'S NAME (First, Middle, Last) $ARON$	∪ GRE	ENFELD	(AA	RON GR	EENFEI	ъ)	2. DATE OF I	DEATH DA		EAR	6:05 AM
	4. SOCIAL SECURITY NUMBER 216-24-4235A	5. SEX	8. AGE (In yrs. Is	st birthday) YRS.	IF UNDER 1 YE		ER 24 HRS.	7. OATE OF E (Month, De	y Year)	01 8.	BIRTHPLAC Counted MAF	E (State or Foreign RYLAND
m	9a. FACILITY NAME (If not institution, give s				9b. CITY, TO				39	9c. COUNTY	OF DEATH	
СТО	RESIDENCE OF DECEDENT	DICAL	enter		DHI	TIMOR	3,				-	
DIRECTOR	MARYLAND 106. COUNTY			10c. C/1	BA 4	TIM	ORE		10d. INSIDE CITY LIMITS? 1 2 YES 2 NO			
RAL	100. STREET AND NUMBER 524 N CHAP	2188 51	APT. 9	15		10f. ZIP CO				10g. CITIZE	OF WHAT	COUNTRY?
BY FUNERAL	11. MARITAL STATUS 1 [X Never Married 2 Merried 3 Widowed 4 Olvorced	12. WAS DECEON	T EVER IN U.S. A	RMED	MED 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yea or No— 14. RACE — Americ 10 If yes, specify Cuben, Maxican, Puerlo Rican, etc.)					merican Indian, ita, etc.		
COMPLETED	15. DECEDENT'S EOU (Specify only highest grade Elementary/Secondary (0-12) 12	CATION completed) College (1-4 or 5		Give kind of e. Do NOT u	CEDENT'S USUAL OCCUPATION Ver kind of work done during most of working Do NOT use retired.) MERCHANT			18b. KIND OF BUSINESS/INDUSTRY RETAIL				
BE CO	17. FATHER'S NAME (First, Middle, Lest) SOL GREENFELD						PAUL:		INS			
10	190. INFORMANT'S NAME (Type/Print) SIDNEY GREENFELD				ING ADDRESS (Street and Number or Pural Route Number, City or Town, Status, Zip Code) 10 JEREMY CT., APT. C BALTIMORE, MD 21209					21209		
	20a. METHOD OF OISPOSITION 1 Description Method Description Team Description	riece)	MUNO (,,	,			ALTIMO				
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE				22. NAM SC	L LEV	ess of fac INSON	& BRC)S.,			
-	23. BART I. Enter the seeses, of shock, of heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	List Dnly one ca	PNEUM OR AS A CONSI	EOUENCE C	PF:	mode of d	/ h				t,	Approximate Interval Between Onset and Death
CERTIFICATION	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting In death) LAST B. Kight Caute Square (ell (vig Carcer Square)) DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):											
PHYSICIAN: MEDICAL	PART II. Other significent condition	s contributing to	death but not	resulting	in the under	lying cause	given in i		PERFOR	MED?	COM OF 0	E AUTOPSY FINDINGS LABLE PRIOR TO PLETION OF CAUSE DEATH? YES 2 NO
ICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHER:	8. PLACE OF						
	1 YES 2 NO 27. MANNER OF OEATH 1 Netural 5 Pending	28a. DATE O		28b. TH	JURY	Nome 5 1			_	NJURY OCCU	RED	
TED BY	2 Accident Investigation 3 Suicide 8 Could not be detarmined 28e. PLACE OF INJURY — At home, farm, a building, etc. (Specify)								ON (Street a	and Number or	Rurel Route	Number,
COMPLETED	29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINE	CIAN: To the best of										manner as stated,
BE	29b. SIGNATURE AND TITLE OF CONTINUE	2				29c. LI	CENSE NUM	BER		29d. DATE S	IGNED (Mon	th, Day, Year)
5	30. NAME AND ADDRESS OF PERSON WA	O COMPLETED CAL	DE OF DEATH (IT	EM 27) (Typ	e, Print)		Ì			,	1/	
	31. DATE FILED (Month, Day, Year)	32. REGISTR	AR'S SIGNATURE	M.								



DIVISION OF VIRTHE COLORS, F.C. BOX 13149, TO THE HOSPITAL OR ATTENDING PHYSKIAN THE COLORS THE COLORS AND MITTING AND THE HOSPITAL OR ATTENDING PHYSKIAN. THE COLORS AND THE HOSPITAL OR ATTENDING PHYSKIAN THE COLORS AND THE FUNERAL DIRECTOR. After this centrement of the colors are clearly within 72 hours after death with the Sam Optic of Marin and Marin Professor to burial, cremation, or removal. IMPORTANT: If them 28 is marked, or them 23 shown any injury or wither traumatic event, the medical examiner must be notified at once.	
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Robert

I.

16 (Par)

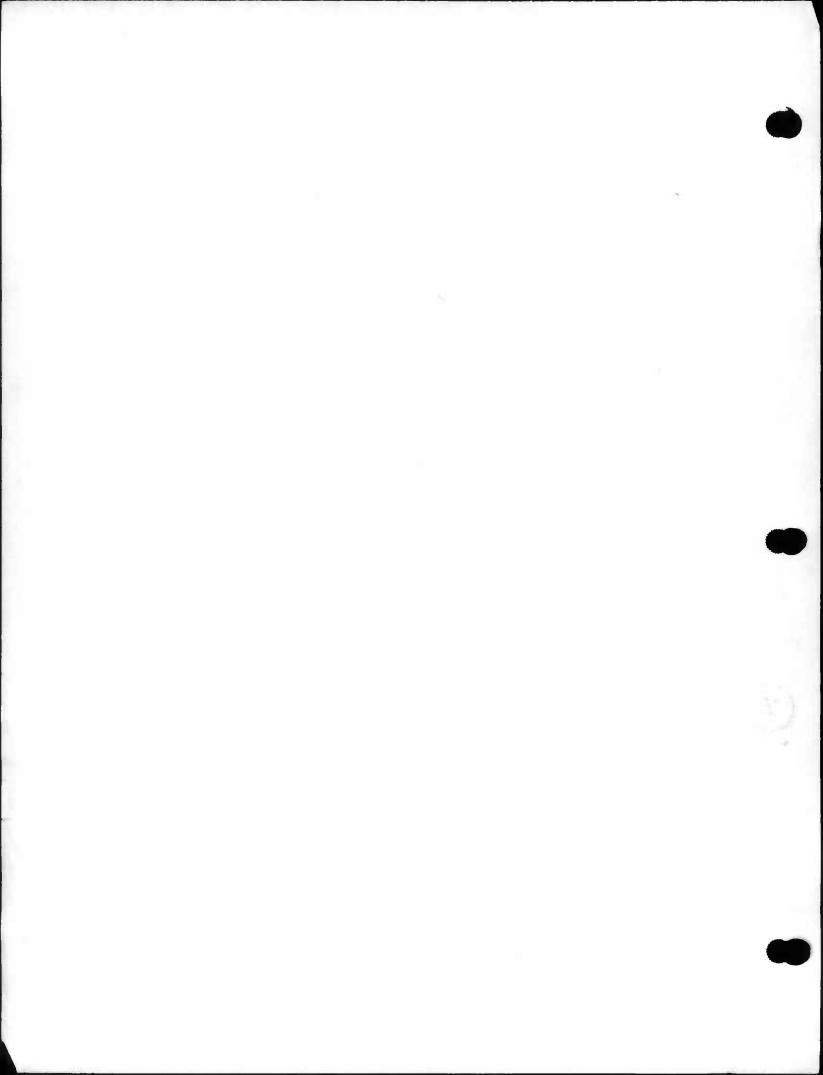
									90) 3	3424
	1 - STATE REGISTRAR	STATE OF N			TMENT OF H	EALTH AND N DEATH	MENTAL	REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)			Ser	12		MONTH	OF DEATH DA	0 19	3. 1	S. 15 A M
	4. SOCIAL SECURITY NUMBER 212-03-9983	5. SEX t	6. AGE (In yrs. last 80	birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	(Month	OF BIRTH n, Day, Year)			CE (State or Foreign MARYLAND
OR	90. FACILITY NAME (If not institution, give st 7202 CHALKSTONE	-	2-A		9b. CITY, TOWN C	21208			9c. COUNTY	OF DEATH	
DIRECTOR	10a. STATE MARYALND 10b. COUNTY	LTIMORE		t0c. CIT	y, town on locat BAI	ION LTIMORE				1.2	I. INSIDE CITY LIMITS? YES 2 YNO
FUNERAL D	toe. STREET AND NUMBER 7202 CHALKSTONE	CT., APT	r. 2-A		tor	21208	B		tog. CITIZEI	OF WHAT	COUNTRY?
BY FUNE	t1. MARITAL STATUS t Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE W	T EVER IN U.S. ARI YES 2 N	MED	t3. WAS DECENDENT OF HISPANIC If yes, specify Cuben, Maxican, P 1 YES 2 NO Specify:			n, Puerto Rican, atc.) Black, 1			Americen Indien, hite, etc. WHITE
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (t-4 or 5 -	(G/	ve kind of Do NOT u	USUAL OCCUPATION Work done during mose ratired.) OWNER	ON st of working	t6b	KIND OF BU	RETAI		
BE CON	17. FATHER'S NAME (First, Middle, Last) JOSEPH SACHS					ts. MOTHER'S NA	ME (First, F REBE		Sumeme)		
TO B	19e. INFORMANT'S NAME (TyperPrint) JERRY SACHS ted. MAILING ADDRESS (Street end Number or Rural Route Number, City or Town, State, Zip Code) C/O CAPITAL CENTRE LANDOVER, MD 20785										
	20e. METHOD OF DISPOSITION 1 Murisi 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify) BETH TFILOH 20b. PLACE OF DISPOSITION (Name of cometery, crematory or other place) BETH TFILOH 20c. LOCATION — City or Town, State										
	21. SIGNATURE OF FUNERAL SERVICE LIC	tellu			22. NAME AT	LEVINSON REISTER	& B			MORE	, MD 21215
	23 PART i. Enter the diseasea, Dr o ahock, or heart fallure.	Dmplicatione the	t ceused the de use on each line	eth. Do							Approximata interval Between Onset and Death
	disease or condition resulting in death) a								6 year		
TION	Sequentially list conditions, If eny, leading to immediata DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):								6 ges		
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST										
	PART II. Other algnificant condition	a contributing to	daeth but not r	eaulting	In the undarlyin	g causa given in	Part I.	24a. WAS AN PERFO		AM	RE AUTOPSY FINDINGS
: MEDICAL								1 TYES	NO	OF	MPLETION OF CAUSE DEATH? YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			26. P	LACE OF DEATH (CA	neck only o	ne)			
HAS	1 Tes 2 To NO 27. MANNER OF DEATH	1 Inpetient 2	ER/Outpatient 3 FINJURY	28b. TII	4 Nursing Hon	JURY AT			INJURY OCCU	RED	
ED BY P	1 Netural 5 Pending 2 Accident Investigation 3 Suicide 8 Could not be	28e. PLACE (-	_		YES 2 NO		CATION (Street or Town, State	and Number or	Rural Rout	s Number,
COMPLETE	4 Homicide determined 29e. CERTIFIER (Check only 1 GERTIFYING PHYSI	CIAN: To the best o	f my knowledge, de	eath occur	red at the time, date	end place, end due	to the ca	use(e) end me	nner ae stated		
	one) 2 MEDICAL EXAMINE		examination end/or	Investigat	lon, in my opinion, o			e end place, e			/
296. SIGNATURE AND TITLE OF CERT WITH 296. DO 212 296. LICENSE NUMBER DO 212 296. DATE SIGNED (March, Day, 1) 1/2/40						10					

WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

M.D., P.A. 101 W. Read St., Suite 114

21201

Baltimore, MD

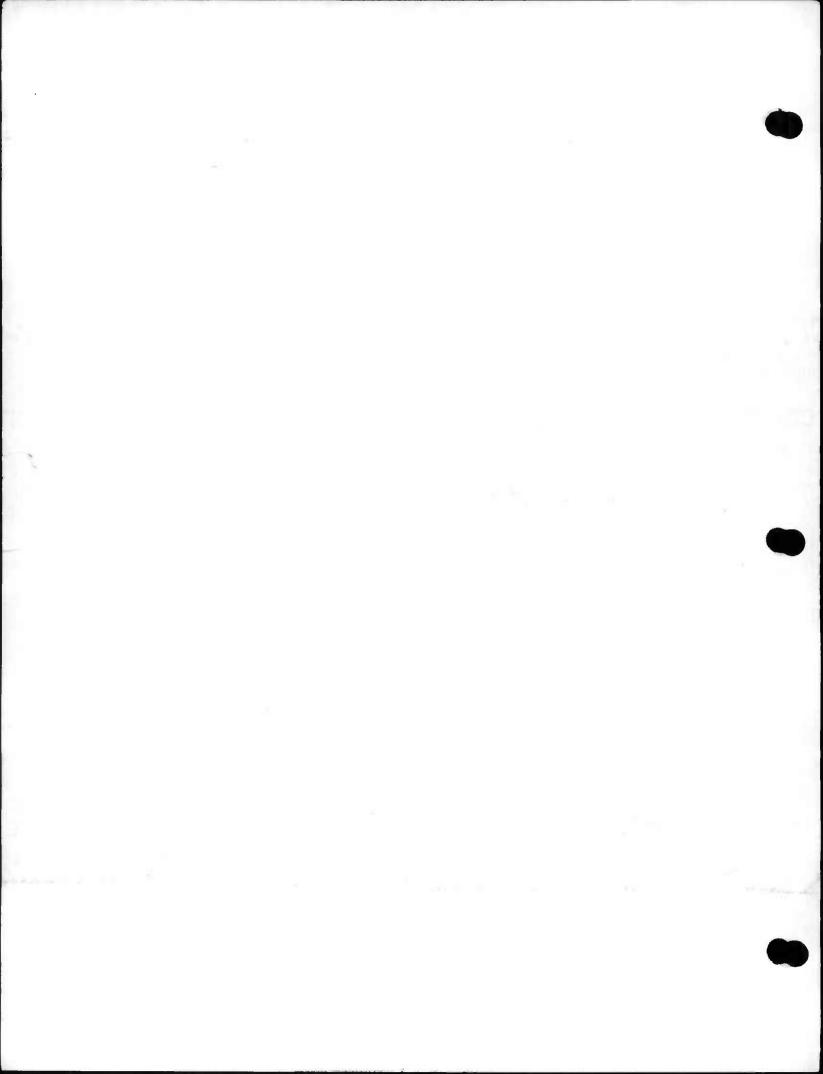


21203-3146	other or attending physical for use as the buria	
BALTIMORE, MARYLAND 21203-3146	rector, page 5 should be detach	HILDER TO HISTINGS OF TANKE
	etely filled in by the funeral diremation, or removal.	it, the modical comme
, P.O. BOX 13146,	death certificate be executed with a strending physician and complemental Hygiene prior to burlal, cre	it, of times national ever
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	SICIAN: The law requires that the certificate has been signed by the the State Dept. of Health and M	" OF REILL ES SHOWS ONLY INTE
DIVISION OF	THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2-mounts after death. Page 6 may be manned by the law requires that the attending physician and completely filled in by the funeral director, page 5-mount of the control of the state better that and Mental Hydien prior to built committed, or removal. The fled within 72 hours after death with the State Dept. of Health and Mental Hydien prior to built committed, or removal.	MPUMIANI: II HEM 40 IS MARKED.

						9	0 33425		
- 1	1 - STATE REGISTRAR	STATE OF MARYLAND /	DEPARTMENT 0		MENTAL HYGIEN REG. NO	E			
	1. DECEDENT'S NAME (First, Middle, Last)	11 8 00	Ja .		2. DATE OF DEATH MONTH D	AY YE	3. TIME OF DEATH		
	HAZEL J.	HARRISON		AR IF UNDER 24 HRS.	12 - 4	- 90	5;20 P.H		
	4. SOCIAL SECURITY NUMBER 215 03 9959	5. SEX 1 \(\triangle M \(2 \) \(\triangle F \) \(\triangle F \) \(\triangle S \) \(\triangle F \) \(\triangle S \					Maryland Maryland		
_	9e. FACILITY NAME (If not institution, give str	reet and number)		WN OR LOCATION OF DE	EATH	9c. COUNTY	OF DEATH		
DIRECTOR	Harbor Hospi	tal Center	Balt	timore (City	====	=====		
E	10a. STATE 10b. COUNTY		10c. CITY, TOWN OR L	OCATION			10d. INSIDE CITY		
E	Maryland Anne	Arundel	Baltimon	re			1 YES 2 NO		
A	10e. STREET AND NUMBER			10f. ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?		
ER	4103 - 3rd St	reet		21225		U.S	S.A.		
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Married 3 Y Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. AR FORCES? 1 YES 2 X N	NO If ye	DECENDENT OF HISPAN s, specify Cuban, Maxica YES 2 NO Specify	n, Puerto Rican, etc.)		RACE — American Indian, Black, White, etc. Specify:		
	15. DECEDENT'S EDUC	CATION 160 DE	CEDENT'S USUAL OCCU	PATION	16b. KIND OF BU	SINESS/INDI IST	White		
	(Specify only highest grade of Elementary/Secondary (0-12)	Completed) (G.	ive kind of work done during Do NOT use retired.)	ng most of working	Total Kills of So	31120011100011			
교	7th Grade		ousewife		Home	Maker			
COMPLETED	17. FATHER'S NAME (First, Middle, Last)			16. MOTHER'S NA	ME (First, Middle, Maiden				
BE	Н	arry McNeal		Ka	atherine	Frailer			
TO B	19a. INFORMANT'S NAME (Type/Print)		b. MAILINO ADDRESS (St						
F	Edward Harrison		4103 - 3rd		Baltimore,				
	20s. METHOD OF DISPOSITION 1 Burlel 2 □ Cremation 3 □ Ramo 4 □ Donatton 5 □ Other (Specify)	oval from State other pl	of DISPOSITION (Name lace) ar Hill Cer			cation - chy ltimore	or Town, State P, Maryland		
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	22 NAR	ME AND ADDRESS OF FA	CILITY Ce Funera	1 Home	Р. А.		
	+ Colored	Comis		01 Ritchie					
\neg	23. PART I. Enter the disesses, Dr c		eth. Do not enter the				Approximete		
	shock, or heert fellure. List only one ceuse on each line. Interval Betwee								
	disease or condition resulting in death) Acute Cardiogenic Shock								
	OUE TO (OR AS A CONSEQUENCE OF):								
Z	Sequentially liet conditions. Acute Cardiogenic Shock OUE TO (OR AS A CONSEQUENCE OF): Congestive Heart Failure								
Ĕ	If sny, lesding to immediate								
5	cause. Enter UNDERLYING CAUSE (Disease or Injury	c. Pheun							
CERTIFICATION	that initiated events resulting in deeth) LAST	Huperten	nive art	erio cale	otic Vasa	ludis	ease_		
CEI		D		<u> </u>					
AL	PART II. Other significent condition	s contributing to deeth but not	recuiting in the unde	rlying ceuse given in	Part I. 24s. WAS AI PERFO		24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO		
00					1 YES	2 NO	OF DEATH?		
M							1 TES 2 NO		
PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL								
2	EXAMINER?	HOSPITAL:	OTHER:	26. PLACE OF DEATH (C)					
₹	1 VES 2 NO 27. MANNER OF DEATH	26s. DATE OF INJURY		Home 5 - Residence	6 ☐ Other (Specify) 26d. OESCRIBE HOW	INJURY OCCUR	EO		
	1 Netural 5 Pending	(Month, Day, Year)	INJURY	WORK?		200000000000000000000000000000000000000	77		
) BY	2 Accident Investigation 3 Suicide e Could not be	28e. PLACE OF INJURY — At he	ome, farm, street, factory	, office	26f. LOCATION (Street	and Number or I	Rural Route Number,		
TEC	4 Homicide determined	building, etc. (Specify)			City or Town, State	,			
COMPLETED	29a. CERTIFIER CERTIFYINO PHYSI	ICIAN: To the best of my knowledge, de	eath occurred at the time	, date and place, and du	to the cause(s) and me	inner se stated.			
MO	ann)	R: On the basis of examination and/or	Investigation, in my opin	ilon, death occured et the	time, date and place, a	nd due to the ci	suse(a) and manner as stated.		
E C	29b. SIGNATURE AND TITLE OF CERTIFIEF	R		29c. LICENSE NU	MBER	29d. DATE SI	ONED (Month, Day, Year)		
00	W. J. Ni	mala House	Stall			▶ /:	2/4/90		
5	30. NAME AND ADDRESS OF PERSON WH	110	EM 27) (Type, Arin)			1			

32. REGISTRAR'S SIGNATURE

31. DATE FILED (Month, Day, Year) DFC 6 1990



permit. Pages 1, 2, 3 should

6 if this certificate has been signed th with the State Dept. of Health arked, or item 23 shows an marked. DIRECTOR: After the hours after death vitem 28 is mark FUNERAL DIN. within 72 hours.

MPORTANT

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FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH 3. TIME OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 9 YEAR 4 Joseph Herfel 0 7. DATE OF BIRTH 4. SOCIAL SECURITY NUMBER 5. SEX 8. AGE (In yrs. last birthday) 8. BIRTHPLACE (State or Foreign IF UNDER 1 YEAR IF UNDER 24 HRS. 79 213-07-9208 15 M 2 - F Sa. FACILITY NAME (If not institution, give street and number, 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Church Hospital Baltimore City RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10d, INSIDE CITY 10e STATE Baltimore 1 YES 2 2 300 FUNERAL 10e. STREET AND NUMBER 10g, CITIZEN OF WHAT COUNTRY? 10f. ZIP CODE USA 1300 Windlass DR. 21220 12. WAS DECEDENT EVER IN U.S. ABMED FORCES? 1 TYES 2 TO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No—
If yee, specify Cuben, Mexican, Puerto Rican, etc.)
1 YES 2 NO Specify: 11 MARITAL STATUS 14. RACE — American Indian, Black, White, atc. 1 Never Married 2 Married Specify: White BY 3 Widowed 4 Divorced COMPLETED 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.)

Crane Director 15. DECEDENT'S EDUCATION pecify only highest grade completed) 16b. KIND OF BUSINESS/INDUSTRY (Spe Elementary/Secondary (0-12) College (1-4 or 5+) Steel Co. 18. MOTHER'S NAME (First, Middle, Melden Surname) 17. FATHER'S NAME (First, Middle, Lest) George Herfel BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Rwn, State. Zip Code)
13009 Eastern Ave. Extended Balto., Md. 21220 2 William McCubbin 20e. METHOD OF DISPOSITION
1 Buriel 2 Cremetion 3 Removal from State
4 Donetion 5 Other (Specify) 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or 20c. LOCATION - City or Town, State
Baltimore Co., Md. Holly Hill Memorial Gardens 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Bruzdzinski Funeral Home PA 1407 Eastern Ave. Balto. Md. Approximate 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest, shock, or hasrt fallure. List only one cause on each line. Interval Between Onset and Death IMMEDIATE CAUSE (Final 5EPS/8 (MRSA) disesse or condition weeks resulting in death) DUE TO OR AS A CONSEQUENCE OF) CERTIFICATION Sequentially list conditions, if sny, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF) that initiated events resulting in death) LAST PART II. Other algnificent conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS MEDICAL AMAILABLE PRIOR TO COMPLETION OF CAUSE 1 - YES 2 - NO OF DEATH? 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL:
1 | Inpatient 2 | ER/Outpatient 3 | DOA **EXAMINER?** OTHER: 1 - YES 2 - NO 4 Nursing Home 5 Residence 6 Other (Specify) 27. MANNER OF DEATH 26s. DATE OF INJURY 26b. TIME OF 28c. INJURY AT 284, DESCRIBE HOW INJURY OCCURED 1 Netural 6 Pending investigation M 1 YES 2 NO BY 2 Accident 26a. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 261, LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 6 Could not be determined COMPLETED 4 Homicide

29e. CERTIFIER (Check only one)

One)

MEDICAL EVAMINED: On the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as atteted. 2 MEDICAL EXAMINER: On the beels of examination and/or investigation, in my opinion, death occured at the time, date and place, and due to the cause(s) and manner as stated.

29b. SIGNATURE AND TITLE OF CERTIFIER 29d. DATE SIGNED (Month, Day, Year) 29c. LICENSE NUMBER 1121

Vorzemi 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

				DARIO CIONIATURE		
A.	Nazemi	Md.	100	Broadway	Church	Hospital

Julia Savidson-Rondasse

40

. 3 . . . record of the all fill

1 -

FOR

STATE REGISTRAR

TARSHA

A SOCIAL SECURITY NUMBER

213-78-8739

1. DECEDENT'S NAME (First, Middle, Last)

RENAE

1 M 2 TF

5. SEX

VEAD

Howard

U.

MD

Specify.

90

3. TIME OF DEATH

4:50

a. BIRTNPLACE (State or Foreign

Maryland

14. RACE — American Indian, Black, White, etc.

21076

Approximate

24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE

OF DEATH? 1) YES 2 | NO

Howard County,

12-1-90

Interval Between

Onset and Death

Black

10d. INSIDE CITY 1 YES 2 NO

PM M

2. DATE OF DEATH

02/04/197

7. DATE OF BIRTH

30

(n signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the buria terminal
/	quires that the death certificate be executed within 2. , nours after death. Page 6 may be retained by the hospital or attending physican.	puri.
9	JAS.	unia
BALTIMORE, MARYLAND 21203-3146	ng pr	the bi
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80	cate	physic
o.	certif	ging
0	eath	aften
S.	the d	the
BE	that	ed by
CORDS, P.O. BOX 13146,	uires	Sign

DIVISION OF VITAL

9b. CITY, TOWN OR LOCATION OF DEATH 9a. FACILITY NAME (If not institution, give street and number) 9c. COUNTY OF DEATN DIRECTOR Howard County General Hospital Columbia 10a. STATE 10b. COUNTY 10c, CITY, TOWN OR LOCATION Maryland Anne Arundel Hanover 10g. CITIZEN OF WHAT COUNTRY? FUNERAL 10a. STREET AND NUMBER 101. ZIP CODE 1712 Greens Lane 21076 12. WAS DECEDENT EVER IN U.S. ARMED 11. MARITAL STATUS 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yea or No-If yes, specify Cuban, Mexican, Puarto Rican, etc.)

1 YES 2 NO Specify: 1 Never Married 2 Married YES, GIVE WAR OR DATES BY 3 Widowed 4 Divorced 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade completed) COMPLET Elementary/Secondary (0-12) College (1-4 or 5+) 12th Grade Tranfer Puller W. Bell_Company once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTNER'S NAME (First, Middle, Maiden Surname) Emerson L. Hebron Ħ Geraldine M. Cooper BE notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Emerson & Geraldine Hebron 1712 Greens Lane Hanover, ě 20a METNOD OF DISPOSITION
1 🛱 Burisl 2 Cremation 3 Removal from State
4 Donetion 5 Other (Specify) 20b. PLACE OF DISPOSITION (Name of cometery, cremetory or 20c. LOCATION - City or Town, Stata must Saints Rest Cemetery Harmans, Maryland 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY examiner 22. NAME AND ADDRESS OF FACILITY Nutter Funeral Homes, 2501 Gwynns Falls Parkway vero 1400 Baltimore, Maryland 21216 medical 23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cerdiec or reepiratory arrest, shock, or heart fellure. List only one cause on each line. 6 IMMEDIATE CAUSE (Final the cremation, disease or condition Head and neck injuries other traumatic event, resulting in death) DUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF) 2 if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST 0 Mental injury, PART II. Other algnificant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 24a, WAS AN AUTOPSY PERFORMED? MEDICAL and shows amy 1 XYES 2 NO Health been t. of has be Dept. PHYSICIAN: . OR ATTENDING PHYSICIAN: The law or DIRECTOR: After this certificate has be hours after death with the State Dept. 28. PLACE OF DEATN (Check only one) 25. WAS CASE REFERRED TO MEDICAL Hom HOSPITAL: OTHER: 1 KYES 2 NO 1 Inpetient 2 IN ER/Outpetient 3 IDOA 4 🗌 Nu ng Home 5 Residence 6 Other (Specify) 6 28c. INJURY AT WORK? 27. MANNER OF DEATH 28d. DESCRIBE NOW INJURY OCCURED 26a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF marked, 1 Naturai 5 Pending 1 YES 2X NO 3:47 PM 11-30-90 Driver of auto/lost control/ BY 2 Accident investigation 28e. PLACE OF INJURY — All home, farm, street, factory, office building, etc. (Specify) 201. LOCATION (Street and Number of Pural Route Number of City or Yown, State) fixed object impact 3 Suicide ETED. 6 Could not be determined 0.0 4 Homicide 28 175/Rt. road Item 29a. CERTIFIER
1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated. COMPL HOSPITAL FUNERAL within 72 I = TO THE HOSPITA
TO THE FUNERAL
De filed within 72
IMPORTANT: II 2 🔀 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the lime, date and place, and due to the cause(a) and manner as stated. 296. AIGNATURE AND TITLE OF CENTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE OCME 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Baltimore, MD 21201

M.D.

32. REGISTRAR'S SIGNATURE

<u>Korell</u>

Margarita A.

1990

31. DATE FILED (Month, Day, Year)

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

IF UNDER 1 YEAR

DAYS

111 Penn Street

IF UNDER 24 HRS.

MIN.

HOURS

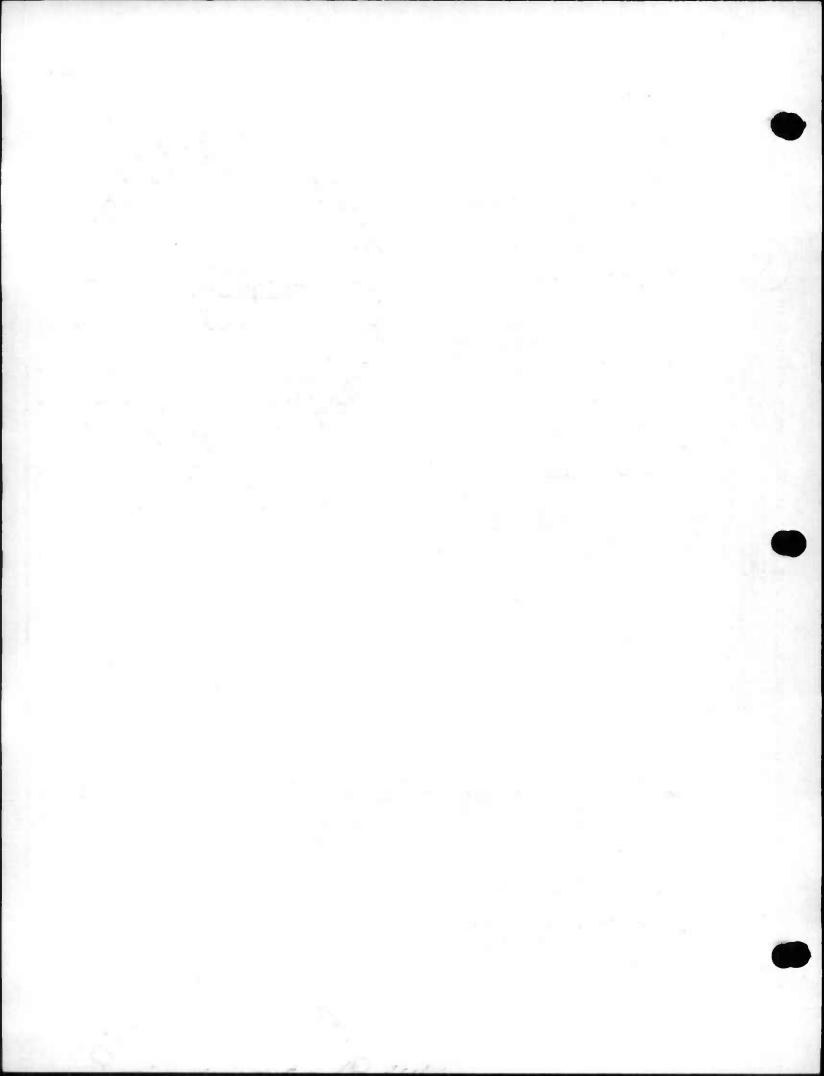
HEBRON

MONTHS

8. AGE (In yrs. last birthday)

19

DHMH-16 Rev 1/89



B. BIRTHPLACE (State or Foreign

YEAR

New

10g. CITIZEN OF WHAT COUNTRY?

Specify:

A.

14. RACE — American Indian, Black, White, etc.

S.

9c. COUNTY OF DEATH

U.

3. TIME OF DEATH

Jersey

10d. INSIDE CITY LIMITS?

1 YES 2 NO

Black

140

1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH HUBBARD WARREN 7. DATE OF BIRTH (Month, Dey, Year) 02/12/1925 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. DAYS HOURS 1 W 2 - F 65 YAS. 52-16-1904 permit. Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH DIRECTOR Liberty Medical Center Baltimore 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION Maryland Baltimore FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE iours after death. Page 6 may be retained by the hospital or attending mystician. d in by the funeral director, page 5 should be detached for use as the burial-transit 3412 Powhatan 21216 Avenue 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No— If yea, specify Cuban, Mexican, Puerto Rican, etc.) 11. MARITAL STATUS MARYLAND 21203-3146 If yes, specify Cuben, Mexican, Puerto Rica

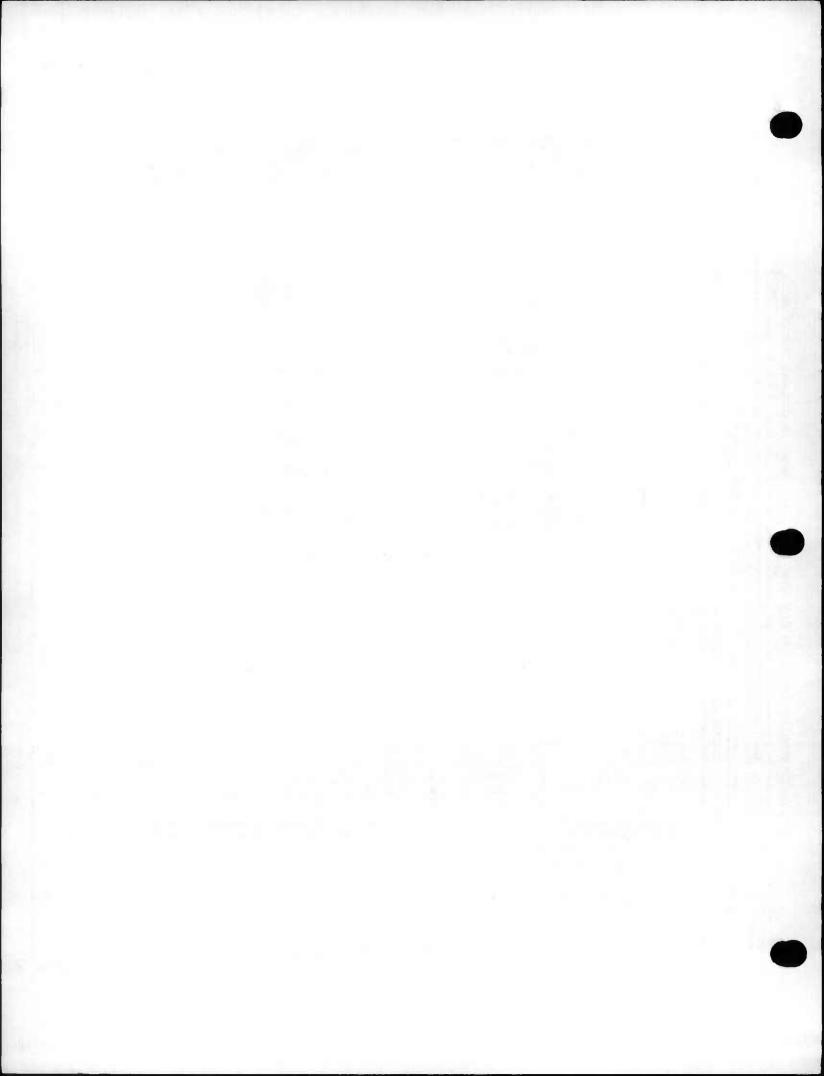
1 YES 2 NO Specify: 1 Never Married 2 Married B 3 Widowed 4 Divorced World War II COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highe during most of working (Give kind of work done life. Do NOT use retired.) Baltimore City Coffege (1-4 or 5+) Elementary/Secondary (0-12) College Teacher Public School System 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Malden Surname) notified at Chauncey Hubbard Mabel Bryant BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Flural Route Number, City or Town, State, Zip Code) 0 3412 Powhatan Ave. Georgeanna Hubbard 9 BALTIMORE, 20s. METHOD OF DISPOSITION
1 Surial 2 Cremation 3 Removal from State
4 Donation 5 Other (Specify) 20b. PLACE OF DISPOSITION (Name of cornetery, crematory or other place) must completely filled in by the funeral director, VETERAN CEM/Garrison examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Herbert ٤, medicai 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, 6 IMMEDIATE CAUSE (Final sen signed by the attending physician and completely fille of Health and Mental Hygiene prior to burlal, cremation, ş resulting in death) The law requires that the death certificate be executed within traumatic event, BOX 13146, CERTIFICATION Sequentially list conditions. DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING m CAUSE (Disease or Injury other 1 DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST P.O. met shows any Injury, or DIVISION OF VITAL RECORDS, PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part W MEDICAL Deed PHYSICIAN: State Dept. Item 23 has 26. PLACE OF DEATH (Check only one) 25. WAS CASE REFERRED TO MEDICAL HOSPITAL:
1 Impatient 2 ER/Outpatient 3 DOA certificate OTHER: HOSPITAL OR ATTENDING PHYSICIAN: 1 YES 2 NO Home 5 - Rasidence 6 - Other (Specify) 4 🗆 Nun marked, or 2 28e. DATE DF INJURY (Month, Day, Year) 27. MANNER OF DEATH 29c. INJURY AT WORK? 28b. TIME OF With this 1 Natural 1 YES 2 NO L DIRECTOR: After to hours after death BY 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28 is r 3 Suicide 6 Could not be COMPLETED 4 🔲 Homicide Hem 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated. FUNERAL within 72 h MPORTANT: II 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(a) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTS 29c. LICENSE NUMBER BE 일본 보 119 223 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) PELAYO

Corner

3. BEGISTRAR'S SIGNATURE

31. DATE FILED (Month, Day, Year) 12-3-90

Baltimore, MD 21216 20c. LOCATION - City or Town, State Owings Mills Nutter Funeral Homes, 2501 Gwynns Falls Parkway Baltimore, Maryland 21216 **Approximata** Interval Between Onset and Death 24s. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS COMPLETION OF CAUSE 1 TYES 2 NO OF DEATH? 1 YES 2 NO 28d. DESCRIBE HOW INJURY OCCURED 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 29d. DATE SIGNED (Month, Day, Year) 12-3-P LIBERTY MEDICA CEXTEN DHMH-18 Rev 1/89



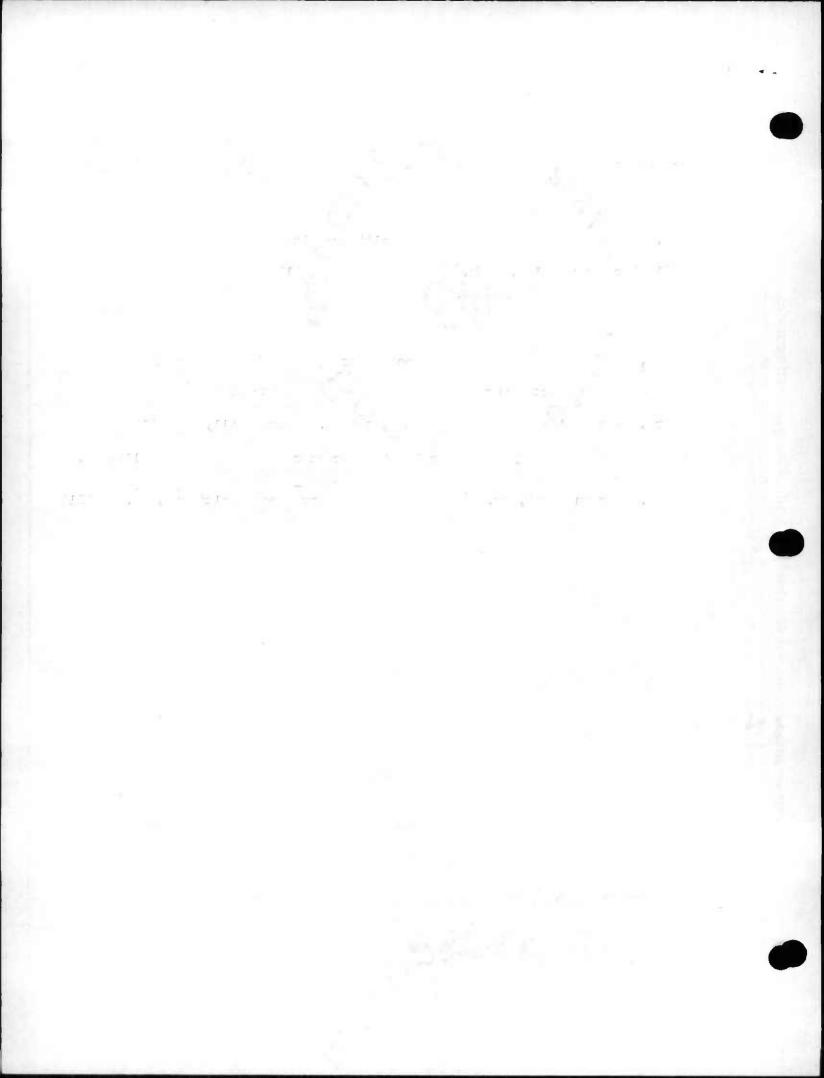
BALLIMORE, MARYLAND 21203-3146	ter death. Page 6 may be retained by the hospital or attending physician.	certification has see signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	al examiner must be notified at once.	
DIVISION OF VITAL SECONDS, P.O. BOX 13146,	TO THE HOSPITAL DR ATTENDING PHYSICIAN: Fe-Law grain, is that the death certificate be executed within 2 iours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certifical has been simed by the attending physician and completely filled in by the fu	be filed within 12 forous after deast with the Seas begin of grain an western styrete prior to success the smallest startings he notified at once.	IMPURIANT: If nom 20 18 marked, of nom co-more any man, or come

90 33429

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DHMH-15 Rev 1/89

	FOR STATE REGISTRAR	STATE OF MA	ARYLAND / DEPAR CERTIF	TMENT OF H		MENTAL	HYGIENE REG. NO.			
	DECEDENT'S NAME (First, Middle, Lest) LOU	uise	Ε.	Hess	sona	MONTH	DF DEATH DAY 1-28-9(YEA	R	:39PM M
	4. SOCIAL SECURITY NUMBER 216 03 8753	5. SEX 1 M 2 F	8. AGE (In yrs. last birthday) 82 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE O		8. B		CE (State or Foreign
OR	9a. FACILITY NAME (If not institution, give st 5710 Loch Raver				R LOCATION OF D	EATN		c. COUNTY (F DEATH	
FUNERAL DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY Md.			y, town or Locat Baltimor	ION		10d. INSIDE C			INSIDE CITY LIMITS? XYES 2 \(\square\) NO
RALD	10a. STREET AND NUMBER 5710 Loch Raven Blvd. Apt. D				ZIP CODE 2123	39	10g. CITIZEN OF WHAT COUNTRY? USA			
COMPLETED BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Olvorced 12. WAS DECEDENT EVER IN U.S. AI FORCES? 1 YES 2 NEW YES, GIVE WAR OR DATES				an, Puerto R	? (Specify Yes or licen, etc.)	fy Yes or No— 14. RACE — American Indian,			
	15. OECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	(Give kind of life. Do NOT us	USUAL OCCUPATION work done during mose retired.) KKeeper	DN st of working	16b.	KIND OF BUSIN	ket	₹Y		
BE CON	17. FATNER'S NAME (First, Middle, Last) James Bened	ict Hesso	ng		18. MOTHER'S NA Edj	AME (First, A Lth II		кпате)		
TO B	190. INFORMANT'S NAME (Type/Print) Mrs. Laura Wel	don		Smithy C			er, City or Town,		236	
	20a, METHOD OF DISPOSITION 1 1 Burlet 2 Cremetion 3 Rem 4 Donation 6 Other Reserve	metery, cremetory or metery			kesvi					
	22. NAME AND ADDRESS OF FACILITY MITCHELL-WIEDEFELD HOME, INC. 6500 York Road Baltimore, Md. 21212									21212
	23. PART I. Enter the diseases, preshock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	List only one caus Arteri		cardiova				itory arrest,	; ;	Approximate Interval Between Onset and Death
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST b. DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):									
PHYSICIAN: MEDICAL CI	PART II. Other algorificant condition Basal Cell Care	death but not resulting	iting in the underlying cause given in Part I. 24a. WAS AN AUTOPS PERFORMED? 1 □ YES 2次於o INSPECTIO					AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES NO		
ICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHER:	LACE OF DEATH (C					
	27. MANNER OF CEATH 1. Netural 5 Pending	28a. OATE OF (Month, Da	ER/Outpetient 3 DOA INJURY 28b. Till in, '\(\text{their} \)	ME OF 28c. IN.	ne SZAResidence JURY AT DRK? YES 2 □ NO	7	CRIBE HOW IN	JURY OCCUR	ED	
red BY	2 Accident Investigation 2 Subcides 28s. PLACE OF INJURY — At home, farm, street, factory, office 28s. LLC						ATION (Street an or Rown, State)	d Number or F	lural Route	Number,
COMPLETED			my knowledge, death occur						luse(s) sn	nd menner se stated.
TO BE CO								onth, Day, Year)		
F	ANN M. DIXON, MD	O COMPLETED CAUS	E OF DEATH (ITEM 27) (Typ	e, Print) 111 Penn	Street.	Balti	more.M			
	31. DATE FILED (Month, Dey, Year)	32. REGISTRA	R'S SIGNATURE							



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13146,	OD ATTENDING DUVCKINAN. The law sequines that the death certificate he executed within 22 and
BOX	artificate he
S, P.C	a dash o
ECORD	received that the
DIVISION OF VITAL RECORDS, P.O. BOX 13146	CICIAM. The law
O NOISI	ATTENDING DRY
S	90

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FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH 2. DATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 3. TIME OF DEATH 29,1990 10 Irene J. Herrnstadt November 9:15 a 4. SOCIAL SECURITY NUMBER 7. DATE OF BIRTH (Month, Day. Year) Sept. 10, 1903 5. SEX 6. AGE (in yrs. last birthday) IF UNDER 1 YEAR | IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign 87 MONTHS DAYS HOURS MIN. 1 M 2 XF YRS. 049-10-3969 New York Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c, COUNTY OF DEATH DIRECTOR Rockville Nursing Home Rockville Montgomery RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? 1 X YES 2 NO Maryland Montgomery Kensington permit. FUNERAL 10e. STREET AND NUMBER 101, ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? 4500-Puller Drive 20895 United States use as the burial-transit retained by the hospital or attending physician. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-If yes, specify Cuban, Mexican, Puerto Rican, etc.)

1 YES 2 NO Specify: 14. RACE — American Indian, Black, White, etc. FORCES? 1 YES 2
IF YES, GIVE WAR OR DATES 1 Never Married 2 Married Specify BY 3 Widowed 4 Divorced White ETED. 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only higher ast of working entary/Secondary (0-12) College (1-4 or 5+) funeral director, page 5 should be detached for 12 COMPL Public relations director Private company 17 FATHER'S NAME (First Middle Lest) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Ħ Herman Herrnstadt Johanna Bauman notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILINO ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Carol H.Shulman (Niece) 4500-Puller Dr., Kensington, Maryland 20895 9 20a. METHOD OF DISPOSITION
1 Burlet 2 X Cremetion 3 Rem 20b. PLACE OF DISPOSITION (Name of cometery, cremetery or 20c. LOCATION - City or Town, State must Lee's Crematory 4 Donation 5 Other (Specify). Washington, D.C. 21. SIGNATURE OF FUNERAL SERVICE LICENSEE examiner 22. NAME AND ADDRESS OF FACILITY J.William Lee's Sons Company Funeral Home Selan lacles 300-4th St., NE, Washington, D.C. 20002-5816 filled in by the the medical 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Interval Between cremation, or Onset and Death IMMEDIATE CAUSE (Finel disease or condition resulting in death) an and completely fill to burial, cremation Congestive Heart Failure Injury, or other traumatic event, DUE TO (OR AS A CONSEQUENCE OF): Carcinoma of lung CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING signed by the attending physician Health and Mental Hygiene prior to CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS MEDICAL AVAILABLE PRIOR TO COMPLETION DF CAUSE shows any 1 TYES 2 NO OF DEATH? 1 YES 2 NO 10 certificate has been the state Dept. PHYSICIAN: marked, or Item 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) OTHER: 1 | Inpetient 2 | ER/Outpetient 3 | DOA 1 TYES 2 NO 4 I Nun ng Home 6 - Rasidence 6 - Other (Specify) 28a. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 26b. TIME OF INJURY 28c. INJURY AT WORK? 26d, DESCRIBE HOW INJURY OCCURED this c 1XXNatural 1 YES 2 NO After t BY 2 Accident 28s. PLACE OF INJURY — At home, ferm, street, factory, office building, etc. (Specify) 261. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 28 Is 6 Could not be COMPLETED DIRECTOR: J 4 Homicide FUNERAL DIRECT within 72 hours a TANT: If Item 2 29a, CERTIFIER 1 🔀 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 2 MEDICAL EXAMINER: On the basis of axamination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(a) and menner as stated. MPORTANT 29b. SIGNATURE AND TITLE OF CERTIFIER 25d. DATE SIGNED (Month, Day, Year) 29c. LICENSE NUMBER THE BE

809-Viers Mill Rd., Rockville, Maryland

LWY

32. REGISTRAR'S SIGNATURE

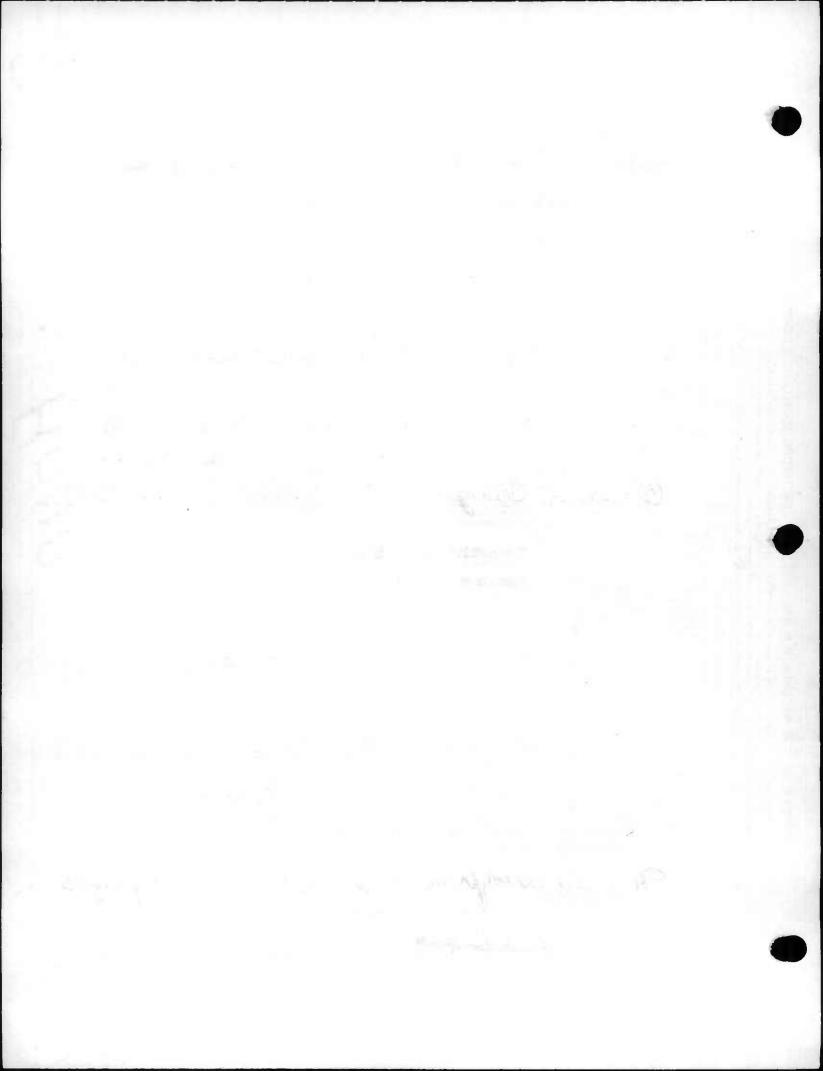
whie Davidson-Randall

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

Frauke Westphal, MD

31. DATE FILED (Month, Day, Year)

29



the medical examiner must be notified at once.

FOR STATE REGISTRAR

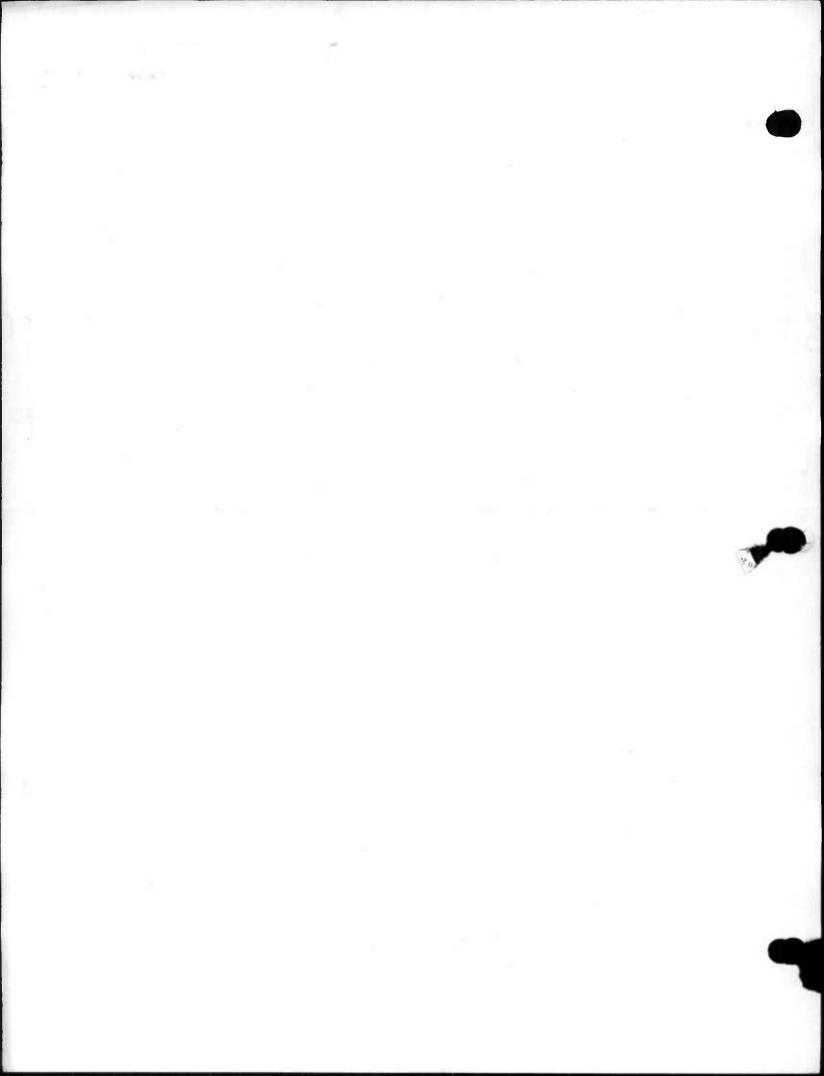
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	D	E .	3
	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed a	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and comit be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial. d	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic ev
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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIEN CERTIFICATE OF DEATH REG. NO.

AND/MEN	TAL HYG	IENE	70	-33431	
HETMA	MSCI	TH	On		
531		87	A		dr

1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH DAY YEAR 3. TIME OF DEATH									3. TIME OF DEATH			
	THERESA HETMANSKI								12 04 1990 2:50 A M			
	4. SOCIAL SECURITY NUMB	-	5. SEX	6. AGE (In yrs. last t		IF UNDER t YEAR	7. DATE OF BIRTH 8. BI (Month, Day, Year) Co		8. BIRTH Countr	SIRTHPLACE (State or Foreign		
	213-01-4	902	1 M 2 F	79	YRS.	MUNINS DAYS	HOURS MIN.		8-1	1	M	0
	9e. FACILITY NAME (If not in	stitution, give s	treet and number)			9b. CITY, TOWN	OR LOCATION OF DI	EATH		9c. COU	NTY OF D	EATH
DIRECTOR	THE JOHNS		NS HOSPI	TAL		BALTIMO	ORE			BAL	CIMO	RE CITY
E E	10a. STATE	10b. COUNTY	Υ	T	10c. CITY,	, TOWN OR LOCA	ATION					10d. INSIDE CITY
E	MD BALTIMORE								IMITS? 1 ✓ YES 2 ☐ NO			
									10g. CITIZEN OF WHAT COUNTRY?			
FUNERAL	7818 DIF	LON	JT				21224			L	ISA	
5	11. MARITAL STATUS	53050	12. WAS DECEDE	NT EVER IN U.S. ARM	ED		CENDENT OF HISPAI			or No-	14, RACI	E — American Indien, k, White, etc.
ВУ Г	1 Never Merried 2 3 W Widowed 4 Divo			WAR OR DATES			S 2 NO Specif		Specify:			
		EDENT'S EDU	CATION	140- 050	EDENTIO I	101141 0001017	1001	I can vini	D OF 8116	SINESS/IND		JHITE
TE	(Specify onl	y highest grade	completed)	(Glv	kind of w	USUAL OCCUPAT rork done during n retired.)	nost of working	100. KIN	D OF BUS	NESS/INL	JUSTRY	
PLE	Elementery/Secondery (0)-12)	College (1-4 or 5	+)		MAKER						
COMPLETED	17. FATHER'S NAME (First, M	liddle, Last)		1,70	7 1001	771172	18. MOTHER'S NA	ME (First, Middle	e, Maiden	Sumame)		
BE C	JACENTY	M	AJKA				MARY	WEI	BER			
TO B	19e, INFORMANT'S NAME (ype/Print)					end Number or Rural				A -	^ ·
	SHIRLEY	HUST	IN	31:			es Run R	BAL			212	
	20a. METHOD OF DISPOSIT 1 Buriel 2 Crematic 4 Donation 5 Other	on 3 🗆 Rem	noval from State	20b. PLACE O	al la	NIS LA	emetery, crematory or			GATION -		
	21. SIGNATURE OF FUNERA		CENSEE	-10/	0 114			ACILITY		7610	111	12,
) ,	- 0	1.11	1/		CUAC	NIROSEOR					
	1 Jenu		NILL	<i>M</i>		1211	CHESAL					1.0
	23. PART i. Enter the d ahock, or h			at caused the dea use on each line.	th. Do n	ot antar tha m	loda of dying, suc	ch aa cardlec	or respi	ratory an	reat,	Approximate interval Between
	IMMEDIATE CAUSE (Fig disease or condition	nei	•	l	to a							Onset and Death
1	resulting in death)	→	a. Ush	O OR AS A CONSECU	JENGE OF	uurko	i damage 9 days					
_			- am	oxer b	(de	n dar	nage					9 days
CERTIFICATION	Sequentially list condit if any, leading to imme		OUE TO	O (OR AS A CONSEQU	DENCE OF	·):	0		1			2 12
S	cause. Enter UNDERLY CAUSE (Disease or inju		a Ve	ntricula			atron o	aries	+			9 days
E	that initieted events resulting in death) LAS		OUE TO	O (OR AS A CONSEO	JENCE OF	7:						
Ы			d									<u> </u>
	PART II. Other aignifica	ent condition	ne contributing t	o death but not re	sulting i	n the underly	ing cause given in	Part i. 24	. WAS AN	AUTOPSY	24	b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
MEDICAL								1	YES 2			COMPLETION OF CAUSE OF DEATH?
ME												1 YES 2 NO
¥	25. WAS CASE REFERRED TEXAMINER?	O MEDICAL	HOERITAL				PLACE OF DEATH (C	heck only one)				
YSI	1 VES 2 NO		1 inpatient 2	☐ ER/Outpatient 3	□ DOA	OTHER: 4 - Nursing He	ome 5 🗆 Residence	6 - Other (Sp	pecify)			
PHYSICIAN:	27. MANNER OF DEATH	Pending	28a. DATE C (Month,	Day, Year)	28b. TIMI INJ	URY	NJURY AT WORK?	26d. DESCRI	BE HOW I	NJURY OC	CURED	
B	2 Accident	Investigation	28a PLACE	OF INJURY — At hor	ne ferm s		YES 2 NO	281 LOCATIO	ON (Street	end Numbe	e or Rumi	Route Number,
	3 Suicide 8 4 Homicide	Could not be determined	building	g, stc. (Specify)	, mirit, a	ittoet, nictory, or	inya		bwn, State		W OF FIDIGI	rious everinos,
9	290. CERTIFIER	TIEVING BHYS	CICIAN: To the best	of my knowledge, des	th course	nd at the time de	the and plane, and dis	o to the equest	e) and ma		et a d	
COMPLET	CONSULT ONLY											(s) end manner ea stated.
	29b. SIGNATURE AND TITL	E OF CERTIFIE	R				29c. LICENSE NL	IMBER		29d. DA	TE SIGNE	D (Month, Day, Year)
BE	SS MINI	u 1	10							> /	2/4	190
5	30. NAME AND ADDRESS C			USE OF DEATH (ITEM	1 27) (Type,	, Print)					, ,	1
	Sarah E.	Slines	ARABA									
	31. DATE FILED (Month, Day	Ybar)	32. REGIST	his Deviden	70_	2.00°						
	12/01/10	1 6										



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permit. Pages 1.	₫	Md
E	4	10s. STREET AND NUMBER
苍	BY FUNERAL DIRECTOR	1614 Dartford
physician. burial-transit	Z	11. MARITAL STATUS
hysio	E	1 Never Married 2 Married
ing the t	ВУ	3 Widowed 4 Divorced
as and		15. DECEDENT'S
or ath	BE COMPLETED	/Specify only highest
of for	ايرا	Elementary/Secondary (0-12)
the hospit detached once.	2	17. FATHER'S NAME (First, Middle, Las
the det	8	Lawrence Ackw
2 P P	ш	
5 should	0	19a. INFORMANT'S NAME (Type/Print)
6 5	F	Lawrence
pag bag		20a. METHOD OF DISPOSITION
6 n		1 Donation 5 Other (Specify)
din din		21. SIGNATURE OF FUNERAL SERVICE
# E		x 1)
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executed within Les nours after death. Page 6 may be retained by the hospital or and completely filled in by the funeral director, page 5 should be detached for up burial, cremation, or removal. matic event, the medical examiner must be notified at once.		23. PART I. Enter the diseases
Noun		shock, or heart fáil IMMEDIATE CAUSE (Final
the miles		disease or condition
itthin lettel lettel lettel lettel		resulting in death)
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secuted ind con burial, atic e	2	Sequentially list conditions,
# 10 E	Ĕ	if sny, leading to immediate
188	질	CAUSE (Disease or Injury
1114	틸	that initiated events
E B	돈	resulting in death) LAST
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been sign c. of Healt	I: MEDIC	
e law requires that the control of the control of the host state death. Page 6 may be retained by the host been signed by the man of the control of the functal director, page 5 should be detach. Dept. of Health and Mintal Ingeries of build, cremation, or removal. 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.	AN: MEDIC	25. WAS CASE REFERRED TO MEDIC
I: The law requires cate has been sign state Dept. of Heali	ICIAN: MEDIC	25. WAS CASE REFERRED TO MEDIC EXAMINER?
CIAN: The law requires ertificate has been sign the State Dept. of Heall or Item 23 shows:	YSICIAN: MEDIC	EXAMINER?
HYSICIAN: The law requires that the list certificate has been signed by this the State Dept. of Health and ted., or Nem 23 shows any in	HYSICI	EXAMINER? YES 2 NO 27. MANNER OF DEATH
IG PHYSICIAN: The law requires or this certificate has been sign ath with the State Dept. of Healinarked, or Rem 23 shows:	PHYSICI	EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending
NDING PHYSICIAN: The law requires It. After this certificate has been sign of death with the State Dept. of Heali is marked, or Item 23 shows:	BY PHYSICI	EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investige 3 Suicide 8 Could in
ATTENDING PHYSICIAN: The law requires CTOR: After this certificate has been sign after death with the State Dept. of Healt 28 is marked, or Item 23 shows:	BY PHYSICI	EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investige
OR ATTENDING PHYSICIAN: The law requires DIRECTOR: After this certificate has been sign ours after death with the State Dept. of Healiem 28 is marked, or Item 23 shows:	BY PHYSICI	EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigs 3 Suicide 8 Could in 20 Accident determin
TAL OR ATTENDING PHYSICIAN: The law requires VAL DIRECTOR: After this certificate has been sign 72 hours after death with the State Dept. of Healt If Nem 28 is marked, or Nem 23 shows:	BY PHYSICI	EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident 3 Suicide 8 Could no determin 29a. CERTIFIER (Check only) 1 CERTIFYING
OSPITAL OR ATTENDING PHYSICIAN: The law requires INEPAL DIRECTOR: After this certificate has been sign thin 72 hours after death with the State Dept. of Healt INT: If Item 28 is marked, or Item 23 shows:	BY PHYSICI	EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigs 3 Suicide 8 Could in 20 Accident determin
HE HOSPITAL OR ATTENDING PHYSICIAN: The law requires HE FUNERAL DIRECTOR: After this certificate has been sign bd within 72 hours after death with the State Dept. of Healt DRTANT: If Nem 28 is marked, or Nem 23 shows:	BY PHYSICI	EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident 3 Suicide 8 Could no determin 29a. CERTIFIER (Check only) 1 CERTIFYING
SICIAN: The certificate h the State h th or Item d, or Item	PHYSICI	EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investige 3 Suicide S Could in 29a. CERTIFIER (Check only one) 1 CERTIFYING MEDICAL EXAM

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										90	33432
FOR STATE REGISTRAR	STATE OF	MARYLAND C	/ DEPAR	TMENT	OF H	EALTH DEAT	AND 1	MENTAL HYGIEN REG. NO.	E		38.
1. DECEDENT'S NAME (First, Mid	Idle, Lest)							2. DATE OF DEATH		YEAR	3. TIME OF DEATH
	Fatima		Jeffe	ersor	1			12-5-90 ba	Y	YEAR	12:00AM M
4. SOCIAL SECURITY NUMBER	S. SEX	6. AGE (In yrs.	lest birthday)	IF UNDER	1 YEAR	IF UNDER	24 HRS.	7 DATE OF BURTH		0. BIRTH	HPLACE (State or Foreign
062-58-0820	1 🗆 M 2 💢 F	19	YRS.	MONTHS	DAYS	HOURS	MIN.	(Month, Day, Year) 97	1	Count	N.Y.
9a. FACILITY NAME (If not institu	tion, give street and number)			9b. CITY,	TOWN C	R LOCATIO	ON OF D	EATH	9c. COU	NTY OF D	
University He	ospital				Ba	ltimo	ore	City			
	b. COUNTY		10c. CITY	r, TOWN O	R LOCAT	ION					10d. INSIDE CITY
Md			Ra	ltimore				-		LIMITS?	
10e. STREET AND NUMBER			1 00	101111		. ZIP CODE			10a, CIT	IZEN OF	WHAT COUNTRY?
1614 Dartfo	rd Road				21207				USA		
11. MARITAL STATUS 1 ☐ Never Married 2 ☑ Married 3 ☐ Widowed 4 ☐ Divorced 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☐ YES 2 ☑ NO IF YES, GIVE WAR OR DATES				13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No							
15. DECEDENT'S EDUCATION (Specify only highest grade completed) 16a. DECEDENT'S (Give kind of v				vork done o			g	16b. KIND OF BUSINESS/INDUSTRY			
Elementary/Secondary (0-12)	College (1-4 or	5+)	ile. Do NOT us	ee redred.)							
17. FATHER'S NAME (First, Middle Lawrence Ac	kwood					18. мот і Ro	sita	ame (First, Middle, Malden a Meighan	Surname)		
19a. INFORMANT'S NAME (Type/ Lawrence	Ackwood		196. MAILING 9835	Bran	ch le	nd Number	Road	Randallst	OWN	code) Md	21133
1 D Burial 2 Cremation 3 - Removal from State other place)				DISTION (Name of cametery, cremetory or Cemetery Baltimore, Md					- 10		
21. SIGNATURE OF FUNERAL III	3. Cegl			22. M	name al	F/H	Wes	ACILITY			
23. PART I. Enter the disease of condition resulting in death)	t fáilure. List only one c	ause on each li	ne.	not enter	the mo	de of dy	ng, suc				Approximate Interval Between Onset and Death
Sequentially list condition	b	TO (OR AS A CONS									

DUE TO (OR AS A CONSEQUENCE OF): 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? ther significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED?

25. WAS CASE REFERRED TO MEDICAL					28. PLACE OF DEATH (C	theck only one)	_
EXAMINER?		HOSPITAL: 1 Inpetient 2 XXR/Outpetient	OTHE 4 - Nu	R: rsing Home 5 - Residence	6 ☐ Other (Specify)		
27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation		28a. DATE OF INJURY 1(Month) Date (Mar)	55 PM	28c. INJURY AT WORK? 1 YES 2 NO	Subject stabbed and cut		
	Could not be	28e. PLACE OF INJURY A	home, farm,	street, for	281. LOCATION (Street and Number or Rural Route Number,		

17"Minkier Court, Baltimore co Outside house Maryland to the cause 1 CERTIFYING PHYSICIAN: To the best of my kn

MEDICAL EXAMINER	1: On the b	O	and/or investigation,	in my opinion, death occured at the time, data and p	lece, and due to the cause(s) and menner as stated.
GNATURE AND TITLE OF CENTIFIER	411	1	D W	29c. LICENSE NUMBER OCME	29d. DATE SIGNED (Month, Day, Year) 12-5-90

MARIO F. GOLLE, JR.,MD

111 Penn Street, Baltimore, MD 21201

YES 2 NO

31. DATE FILED (Month, Day, West)
DEC 6 1990 32. REGISTRAR'S SIGNATURE YES 2 NO



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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death contineate be executed within 24 nours after death. Page 6 may be retained by the hospital or attended to the hospital or atte	AL DIF	2 hou	I Ite
SPIT	ER	in 7	E
_	Z	#	
포	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the product of physician and completely filled in by the funeral director, page 5 should be detached for use a	led with	IMPORTANT: If Item 28 is marked, or Item 23 shows any impury, or other traumatic event, the medical examiner must be notified at once.

DEC 6 1990

4. SOCIAL SECURITY NUMBER 22 0 36 0184 SEX S	35 A								
L SOCIAL SECURITY NUMBER 20 36 0184 1									
220 36 0184 1 M 2 D F 52 YRS. SOUTH DATE DATE DOURS MAN. APT 119, 1918 COUNTY MA. SP. COUNTY OF GEATH Maryland General Hospital Baltimore City THESIDENCE OF DECEDENT 106, STATE TOS. COUNTY Baltimore 106. COUNTY OF DECEDENT 106. STATE TOS. COUNTY Baltimore 106. STATE TOS. COUNTY Baltimore 106. STATE TOS. COUNTY Baltimore 106. STATE TOS. COUNTY Baltimore 106. STATE TOS. COUNTY Baltimore 106. STATE TOS. COUNTY Baltimore 107. POPULAL TOS. STATE TOS. COUNTY TOWN ON LOCATION 108. STATE TOS. COUNTY TOWN ON LOCATION 109. CITY.									
Maryland General Hospital Baltimore City — RESIDENCE OF DECEDENT 105. STATE 106. COUNTY BALTIMORE 107. STATE 108. STATE 109. COUNTY BALTIMORE 109. CITIZEN OF WHAT COUNT BALTIMORE 109. CITIZEN OF WHAT COUNT BALTIMORE 109. CITIZEN OF WHAT COUNT BALTIMORE 109. CITIZEN OF WHAT COUNT BALTIMORE 109. CITIZEN OF WHAT COUNT BALTIMORE 109. CITIZEN OF WHAT COUNT BALTIMORE 109. CITIZEN OF WHAT COUNT BALTIMORE 109. CITIZEN OF WHAT COUNT BALTIMORE 109. CITIZEN OF WHAT COUNT BALTIMORE 110. WAS DECEMBENT OF HISPANIC ORNORITY (Speedly Yes or No— 110. Yes & No. Speedly Whit 110. See CESSORITY OF HISPANIC ORNORITY (Speedly Yes or No— 110. Yes & No. Speedly Whit 110. See CESSORITY OF HISPANIC ORNORITY (Speedly Yes or No— 110. Yes & No. Speedly Whit 110. See CESSORITY OF HISPANIC ORNORITY (Speedly Yes or No— 110. Yes & No. Speedly Whit 110. See CESSORITY OF HISPANIC ORNORITY (Speedly Yes or No— 110. Yes & No. Speedly Whit 110. Yes & No. Speedly Whit 110. See CESSORITY OF HISPANIC ORNORITY (Speedly Yes or No— 110. Yes & No. Speedly Whit 110. Yes & No. Speedly Whit 110. See CESSORITY OF HISPANIC ORNORITY (Speedly Yes or No— 110. Yes & No. Speedly Whit 110. Yes & No. Speedly Whit 110. See CESSORITY OF HISPANIC ORNORITY (Speedly Yes or No— 110. Yes & No. Speedly Whit 11	1.0								
Dundalk Comparison of Market Process Dundalk Dund									
8358 KAVARIACH Rd. 11. MANTAL STATUS 12. WAS DECEDENT EVER IN U.S. ADMED 13. WAS DECEDENT OF HIRPANIC ONIGNY (Specify Yes or No.— 14. DECEDENT S EDUCATION 15. OECEDENT'S EDUCATION 15. OECEDENT'S EDUCATION 16. CEDENT'S EDUCATION 16. CEDENT'S USUAL OCCUPATION 17. FATHER'S NAME (First, Middle, Last) 18. DECEDENT'S USUAL OCCUPATION 19. INFORMANT'S NAME (First, Middle, Last) 18. INFORMANT'S NAME (First, Midd									
TI. MARTAL STATUS TO MARTHAL STATUS TO MOREST 1 1 1 1 25 2 2 1 Married TO Mover Married 2 Married 3 Married 2 Married 2 Married 3 Married 2 Married 3 Married									
Elementary/18-econdary (0-12) College (1-4 or 5 +) College (1-4 or 5 +) Janitor Areo-Space	can Indian, itc.								
196. INFORMANT'S NAME (**Ipper*frint) 196. MAILING ADDRESS (Street and Number of Rural Route Number. City or Town. State, Zip Code)									
Margie Smith, Friend Rt. 3 Box 55 Quinwood, We Va. 25981 20a. METHOD OF DISPOSITION Surface of DISPOSITION (Name of segments); appealing or the Surface of Disposition (Name of segments); appealing or the Surface of Disposition (Name of segments); appealing or the Surface of Tennet or Disposition (Name of segments); appealing or Dis									
22. NAME AND ADDRESS OF FACILITY Bruzdzinski Funeral Home PA 1407 Fastern Ave. Balto., Md. 21221 23. PART I. Enter tha diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiec or reapiratory arrest, shock, or heart fellure. List only one cause on each line. IMMEDIATE CAUSE (Finel disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):									
22. NAME AND ADDRESS OF FACILITY Bruzdzinski Funeral Home PA 1407 Eastern Ave. Balto., Md. 21221 23. PART I. Enter tha diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiratory arrest, shock, or haart feliure. List only one cause on each line. IMMEDIATE CAUSE (Finel disease or condition resulting in death) a. Ovarian Cancer - Stage IV. DUE TO (OR AS A CONSEQUENCE OF): b. DUE TO (OR AS A CONSEQUENCE OF): d. DUE TO (OR AS A CONSEQUENCE OF): d. DUE TO (OR AS A CONSEQUENCE OF): d. DUE TO (OR AS A CONSEQUENCE OF): 1 DUE TO (OR AS A CONSEQUENCE OF): 1 DUE TO (OR AS A CONSEQUENCE OF): 1 DUE TO (OR AS A CONSEQUENCE OF): 1 DUE TO (OR AS A CONSEQUENCE OF): 1 DUE TO (OR AS A CONSEQUENCE OF): 1 DUE TO (OR AS A CONSEQUENCE OF): 1 DUE TO (OR AS A CONSEQUENCE OF): 1 DUE TO (OR AS A CONSEQUENCE OF): 1 DUE TO (OR AS A CONSEQUENCE OF): 1 DUE TO (OR AS A CONSEQUENCE OF): 1 DUE TO (OR AS A CONSEQUENCE OF): 1 DUE TO (OR AS A CONSEQUENCE OF): 1 DUE TO (OR AS A CONSEQUENCE OF): 1 DUE TO (OR AS A CONSEQUENCE OF):	Md.								
Application that diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiec or reapiratory arrest, shock, or heart feiture. List only one cause on each line. IMMEDIATE CAUSE (Finel disease or condition resulting in death) Application of the mode of dying, such as cardiec or reapiratory arrest, intermediate cause or condition as a consequence of process. Application of the mode of dying, such as cardiec or reapiratory arrest, intermediate of the mode of dying, such as cardiec or reapiratory arrest, and process. Application of the mode of dying, such as cardiec or reapiratory arrest, and process. Application of the mode of dying, such as cardiec or reapiratory arrest, and process. Application of the mode of dying, such as cardiec or reapiratory arrest, and process. Application of the mode of dying, such as cardiec or reapiratory arrest, and process. Application of the mode of dying, such as cardiec or reapiratory arrest, and process. Application of the mode of dying, such as cardiec or reapiratory arrest, and process. Application of the mode of dying and cardiec or reapiratory arrest, and process. Application of the mode of dying and cardiec or reapiratory arrest, and cardiec or reapiratory arrest, and cardiec or reapiratory one disease or large or process. Application of the mode of dying and cardiec or reapiratory arrest, and cardiec or reapiratory arrest, and cardiec or reapiratory one disease or large or process. Application of the mode of dying and cardiec or reapiratory arrest, and cardiec or reapiratory arrest, and cardiec or reapiratory arrest, and cardiec or reapiratory arrest, and cardiec or reapiratory arrest, and cardiec or reapiratory arrest, and cardiec or reapiratory arrest, and cardiec or reapiratory arrest, and cardiec or reapiratory arrest, and cardiec or reapiratory arrest, and cardiec or reapiratory arrest, and cardiec or reapiratory arrest, and cardiec or reapiratory arrest, and cardiec or reapiratory arrest, and cardiec or rea	21. SIGHATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Bruzdzinski Funeral Home PA								
CAUSE (Disease or Injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): d. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 1	proximate erval Between set and De								
PERFORMED? 1 YES 2 NO OF DEATH?									
PERFORMED? 1 TYES 2 17 NO									
24b. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO OF D 1 YES 2 NO OTHER: 1 YES 2 NO OTHER: 1 YES 2 NO OTHER: 1 YES 2 NO OTHER: 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO OTHER: 4 Norming Home 5 Realdence 6 Other (Specify) 26. PLACE OF DEATH (Check only one) 27. MANNER OF DEATH 28. INJURY AT WORK?									
27. MANNER OF DEATH 1 Natural 5 Pending Investigation 28a. DATE OF INJURY 28b. Time OF INJURY AT WORK? 1 YES 2 NO 28a. DATE OF INJURY AT WORK? 1 YES 2 NO 28a. DATE OF INJURY AT WORK? 1 YES 2 NO 28a. DATE OF INJURY AT WORK?									
3 Suicide 4 Homicide Centrifier Check only Centrifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) end manner as stated.	ther								

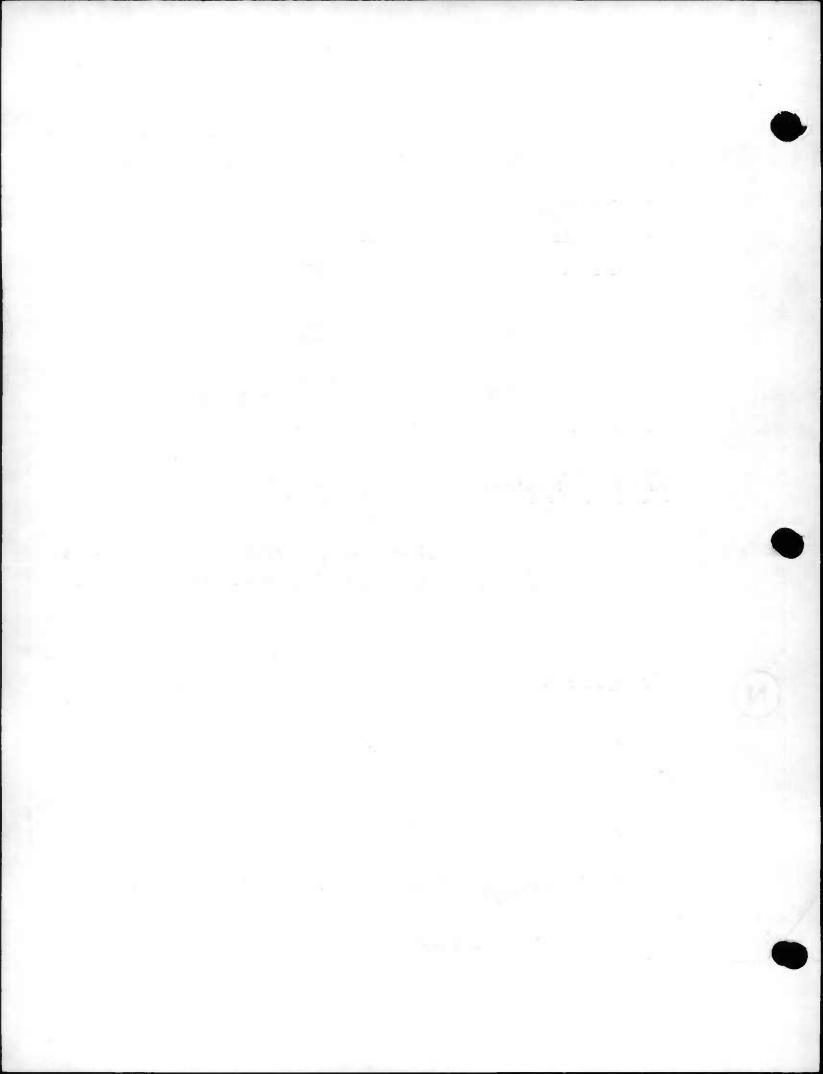
OF DEATH (ITEM 27) (Type, Print)

An Q 95

with the view of the I le le mante de la le le to apply the following

DIVISION OF VITAL RECORDS, P.O. BOX 13146, BALLIMORE, MAHYLAND 21203-3146	TO THE MOSPITAL OR ATTENDING PHYSICIAN: The last framework of death carefuled within c- wours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been seen and physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be also within 27 known which the State have the burial-transit permit. Pages 1, 2, 3 should be also within 27 known which the State have been with the State have been supported by the burial transit permit.	MPORTANT: If New 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
NOISIAIG	TO THE HOSPITAL OR ATTENDING P	TO THE FUNERAL DIRECTOR: After the flad within 72 hours after death of	IMPORTANT: If Item 28 Is mari

Ġ	FOR 1 - STATE REGISTRAR	STATE OF MARYLA		MENT OF H			YGIENE BEG. NO.	30	33434
	1. DECEDENT'S NAME (First, Middle, Last))				2. DATE OF MONTH		YEAR	3. TIME OF DEATH
	(Mrs.) Lotti	e Christine K	olpack					0.1990	10 30 M
	4. SOCIAL SECURITY NUMBER	THE STATE OF THE S	yrs. last birthday)	IF UNDER 24 HRS. HOURS MIN.	HRS. 7. DATE OF BIRTH 6. BIRTHPLACE (State or Foreign				
	220-34-6451	1 M 2 TF	94 YRS.	MONTHS DAYS	MOUNS MIN.		,1896	Balt	o.Md.
~	9a. FACILITY NAME (If not institution, give	street and number)			R LOCATION OF DE	ATH	9c.	COUNTY OF	DEATH
5	Meridan Homewood	nore							
DIRECTOR	10e. STATE 10b. COUN	TY	10c. CITY	, TOWN OR LOCAT	ION				10d. INSIDE CITY
F .	Maryland Bal	.to		Balto			1 TYES		
AL	10e. STREET AND NUMBER			101	ZIP CODE		100	. CITIZEN OF	WHAT COUNTRY?
FUNERAL	5220 Castle Dr.				21212			USA	
5	11. MARITAL STATUS 12. WAS DECEDENT EYER IN U.S. AI 1 Never Married 2 Merried FORCES? 1 YES				ENDENT OF HISPAN			0 14. RAC Black	CE — American Indian, ck, White, etc.
ВУ	1 Never Married 2 Merried 3 Wildowed 4 Divorced	IF YES, GIVE WAR OR DAT	EŚ	1 TYES				Spe	White
	15. DECEDENT'S EO		16a. DECEDENT'S I			16b. KII	ND OF BUSINES	S/INDUSTRY	
E	(Specify only highest grad Elementary/Secondary (0-12)	completed) College (1-4 or 5+)	(Give kind of w life. Do NOT use	Do NOT use retired.)					
APL				Sai	les		Re	tail	
COMPLETED	17. FATHER'S NAME (First, Middle, Last)		18. MOTHER'S NA						
BE		en Schroeder					Schul		
2	19e. INFORMANT'S NAME (Type/Print)		0.00		nd Number or Rural I			ite, Zip Code)	
	Mrs. Dorothy W.				1. Bal.Mo		_	ON City or 1	Farma Danta
-	1 Buriel 2 Cremetion 3 Re 4 Donetics 5 Other (Specify)	moval from State	other place)	tern Cer				o.City	
	21. SIGNATURE OF FUNERAL SERVICE	ID ADDRESS OF FA	OF FACILITY						
	Dennis S. Xe				ell-Wiede				
	23. PART I. Enter the diseases, or		the death Do n		ork Rd.				Approximate
		. List only one couse on as	ch line.				·		interval Between Onset and Death
	disease or condition								MIN
	DUE TO (OR AS A CONSEQUENCE OF):								40
CERTIFICATION	Sequentially list conditions, If any, leading to immediate DUE TO (OR AS A CONSCOUENCE OF):								
8	cause. Enter UNDERLYING	с							
F	CAUSE (Disease or injury that initiated events resulting in death) LAST								
H	reading in death, CAST	d	ż .						
ALC	PART ii. Other aignificant condition	ona contributing to death bu	t not resulting i	n the underlying	g cause given in	Part i. 24	le. WAS AN AUTO		Ib. WERE AUTOPSY FINDINGS
2	Dement	1					PERFORMED		AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
AED.									1 TYES 2 NO
ä									
PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. PI OTHER:	ACE OF DEATH (Ch	neck only one)			
YSI	1 TYES 2 NO	1 Inpetient 2 ER/Outpe		4 Nursing Hon	e 5 🗆 Residence	_			
PH	27. MANNER OF OEATH 1 Netural 5 Pending	(Month, Day, Year)	28b. TIMI	URY WO	URY AT PRK? YES 2 NO	28d. OEŞCR	IBE HOW INJUS	TY OCCURED	
ВУ	2 Accident Investigation 3 Suicide 8 Could not b	28e. PLACE OF INJURY	At home, ferm, s	-		28f. LOCATI	ON (Street and h	lumber or Rura	I Route Number,
COMPLETED	4 Homicide 8 Could not b	building, etc. (Specif	V)			City or	Town, State)		
3	29e, CERTIFIER 1 CERTIFYING PHY	SICIAN: To the best of my knowle	dge, death occurre	ed at the time, date	and place, and due	to the cause	(s) end manner	as stated.	
MC	and any	NER: On the basis of examination							e(s) end manner as stated,
	296. SIGNATURE AND TITLE OF CERTIF	IER			29c. LICENSE NU		29	d. DATE SIGNI	ED (Month, Day, Year)
) BE	Stoler	altah	M.D,		DIIO	26		12-	1-90
5	30. NAME AND ADDRESS OF PERSON V	VHO COMPLETED OF DEA	TH (ITEM 27) (Type,	Print)					
	Dr. S.J. Venabl	e.Jr							
- 1	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNA	andelle						
	DEC 6 1990	grant the labor -							
									DHMH-18 Rev 1/81



il examiner must be notified at once.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the modical examiner must be notified at once.
wal.	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, England and emoval.
the funeral director, page 5 should be detached	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and complement by the funeral director, page 5 should be detached
er death. Page 6 may be retained by the hosp	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within the after death. Page 6 may be retained by the hosp
BALTIMORE, MARYLAND	DIVISION OF VITAL RECORDS, P.O. BOX 13146,

	1 - FOR STATE REGISTRAR	STATE OF MARYL		TMENT OF ICATE OF		MENTAL HYGIE REG. N			
	1. DECEDENT'S NAME (First, Middle, Last) FAYE COLD ber	. V				2. DATE OF DEATH	DAY 1	YEAR 07/5 A. M	
	4. SOCIAL SECURITY NUMBER 577 18 0209	7	(In yrs. lest birthdey) 73 YRS.	IF UNDER 1 YEAR MONTHS DAYS	7. DATE OF BIRTH	Lis	BIRTHPLACE (State or Foreign		
E	9a. FACILITY NAME (If not institution, give	street and number) Adventist He	OR LOCATION OF D	ATION OF DEATH 9c. COUNTY OF DEATH					
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNT		10c. CIT	Y, TOWN OR LOC	777		10d, INSIDE C		
		, , ,						1 X YES 2 NO	
FUNERAL	100. STREET AND NUMBER 15013 Candover (Court		1	2090	6	10g. CITIZEN OF WHAT COUNTRY? United States		
B	11. MARITAL STATUS 1	N U.S. ARMED 2 INO DATES A	If yea, a	CENDENT OF HISPA pecify Cuben, Maxic \$ 2 PM NO Speci	ea or No- 14. RACE — American Indian, Black, Whita, etc. Specify: White				
COMPLETED	15. DECEDENT'S EDI (Specify only highest gradi Elementary/Secondary (0-12)			work done during n se retired.)	ION ost of working		USINESS/INDUS	STRY	
M M	12 years 17. FATHER'S NAME (First, Middle, Last)		House	wite	16 MOTHER'S N.	Own Ho			
BE C	Harry Goldberg				Ida Bre	ssler			
2	19a. INFORMANT'S NAME (Type/Print) Harvey S. Kram		7904	Van Gog	h Court,	Potomac,			
	20a. METHOD OF DISPOSITION 12 Burial 2 Cremation 3 Ran 4 Donation 6 Other (Specify)	noval from Stata	Mount Le	ebanon C	emetery, cremetory or emetery			ty or Town, Stata Maryland	
	21. SIGNATURE OF FUNERAL SERVICE LI	CENTED STOCKE	meser	DONAL		FACILITY IN HEBREW MEMORIAL FUNERAL HOME STREET, NW., WASHINGTON, DC.			
	23. PART i. Enter the diseases, or ehock, or heart feliure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	complications that cause. Liet only one cause on e	oach line.	fail	ode of dying, su	ch as cardiac or rea	piratory arres	Approximata Interval Between Onset and Desth	
NO	Sequentially list conditions,	b. DUE TO (OR AS	A CONSEQUENCE O	eine		day			
CERTIFICATION	If any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST	c. DUE TO (OR AS	A CONSEQUENCE O	Bre F):	my C	area .		months	
	PART II. Other significent condition	ons contributing to death [but not resulting	In the underivi	a cause alven ir	Part I. 24a WAS	AN AUTOPRY	24b. WERE AUTOPSY FINDINGS	
: MEDICAL	Com		dises			PERF	art I. 24a. WAS AN AUTOPSY PERFORMED? 24b. WE AM CO		
BY PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26.	PLACE OF DEATH (C	heck only one)			
HYSI	1 TYES 2 TO NO 27. MANNER OF DEATH	1 Depatiant 2 ER/Out	patient 3 DOA	4 - Nursing Ho	ma 5 - Residenca	6 Other (Specify)	V INJURY OCCU	RED	
ВУР	1 Naturel 5 Pending 2 Accident Investigation		IN.	JURY W	YES 2 NO				
ED	3 Suicide 6 Could not be 4 Homicide detarmined	28s. PLACE OF INJURY building, atc. (Spe	Y — At home, farm,	atreet, factory, off	ca	261. LOCATION (Stree City or Town, Sta		Rural Route Number,	
COMPLET		SICIAN: To the best of my know IER: On the basis of examination						i. cause(a) and manner as stated.	
O BE (29b. SIGNATURE AND TITLE OF CERTIFIE	enpa			29c. LICENSE NU	UY6	29d, DATE 5	SIGNED (Morith, Day, Year)	
۲	30. NAME AND ADDRESS OF PERSON W Dr. Stephen New				Village		Gaither Marvlan		
	31. DATE ELEC (Month Park 1990	32. REGISTRAR'S SIGN	NATURE				Jararan	<u>.u20079</u>	

.... 104 TO BE COMPLETED BY FUNERAL DIRECTOR

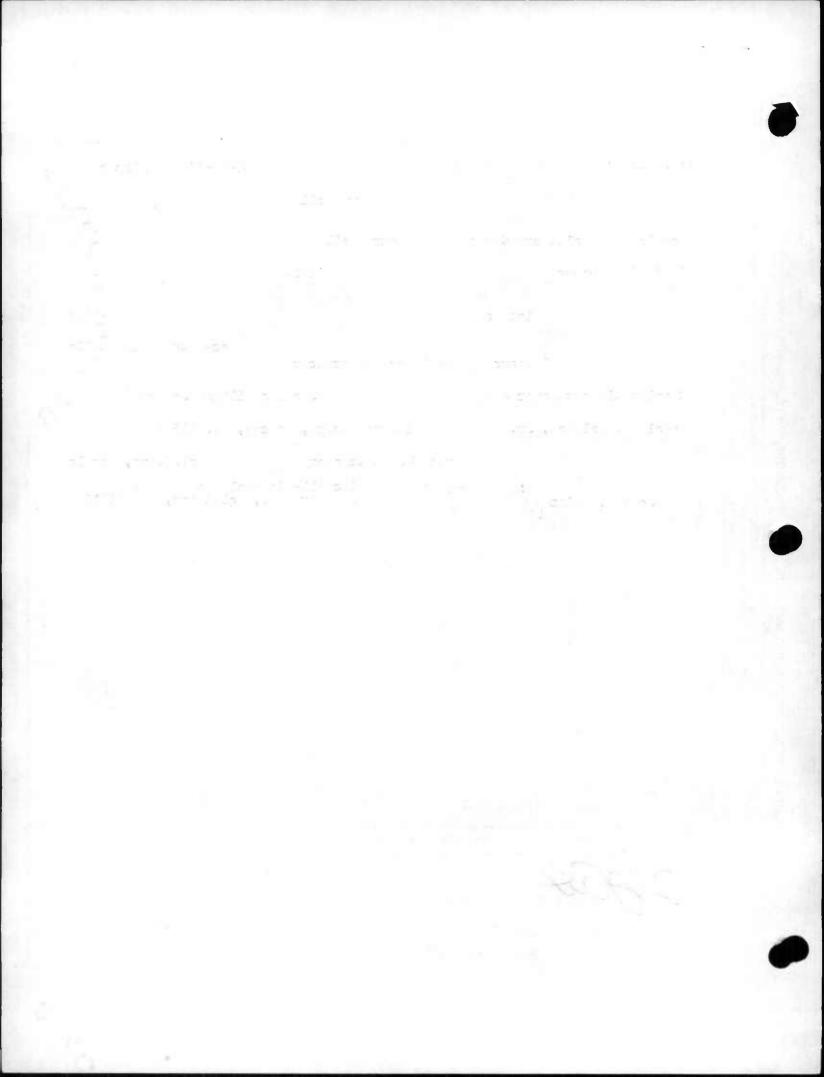
#23a_~ , 27,28a. FilmG670 12/28/90 kam

1 - STATE REGISTRAR	STATE OF MARY	CERTIF	ICATE OF	DEATH	REG. NO		
1. DECEDENT'S NAME (First, Middle, La	ast)	CERTIFIC	IOAIL OI	DEATH	2. DATE OF DEATH		3. TIME OF DEATH
	RIFFITH	TALLEDA	A A ATAT		MONTH D.	0	PO 10.00 Δ M
4. SOCIAL SECURITY NUMBER		LAUERN (In yrs. lest birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH		BIRTHPLACE (State or Foreign
215-56-1821	1 🕁 M 2 🗆 F	39 YAS.	MONTHS DAYS	HOURS MIN.	(Month, Day, Year) 01-26-51		Country) Alaska
9a. FACILITY NAME (If not institution, gi	7.	3,	9b, CITY, TOWN	OR LOCATION OF DEA		_	OF DEATH
3904 Link Ave			Perry			D 1	
RESIDENCE OF DECEDENT			relly	Hall		I Bal	timore
10e. STATE 10b. COL			Y, TOWN OR LOC	ATION			10d. INSIDE CITY LIMITS?
Maryland Bal	ltimore County	y Po	erry Ha	11			1 YES 2 NO
10e. STREET AND NUMBER			1	Of. ZIP CODE		10g. CITIZEI	N OF WHAT COUNTRY?
3904 Link Avenu	ıe			21236			U.S.A.
11. MARITAL STATUS	12. WAS DECEDENT EVER FORCES? 1 ∑ YES	IN U.S. ARMED		CENDENT OF HISPANI		a or No- 14	I. RACE — American Indian, Black, White, etc.
1 Never Married 2 Married 3 Widowed 4 Divorced	Viet Nam			S 2 NO Specify:	,		Specify: White
15. DECEDENT'S		16a, DECEDENT'S	Herral Occupa	TON	16b. KIND OF BU	CINESC AND IS	
(Specify only highest g	rade completed)		work done during r		110000000000000000000000000000000000000		nity College
Elementary/Secondary (0-12)	College (1-4 or 5+) 2 years	Mail Ro		rvisor	Lober	COMMICI	nicy dollege
17. FATHER'S NAME (First, Middle, Last)		THE THE	om oupc		IE (First, Middle, Maiden	Surname)	
Charles Clement					Lillian		nn -
19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Stree	and Number or Rural Re			
Donald W. Kalkn	nan. Jr.	1,000		ourt, Tows			,
20a. METHOD OF DISPOSITION		Ob. PLACE OF DISPOS		:			y or Town, State
1 Burial 2 Cremation 3 1 1 4 Donation 5 Other (Specify)	Removal from State	Green Mot					re, Maryland
21. SIGNATURE OF FUNERAL SERVICE	E LICENSEE		22. NAME	AND ADDRESS OF FAC	ILITY		Ley Mary Zana
	John 9 A	(ce fry		chell-Wied			
John G. Rei		/		York Rd.			
23. PART I. Enter the diseases, ahock, or heart falls	or complications that cause on		not anter the n	10da ot dying, such	as cardiac or resp	iretory arres	it, Approximate
MANAGOLATE CALIFOR (Class		decii iiiie.					Interval Between
IMMEDIATE CAUSE (Final	22	outil lilla.		, .			Interval Between Onset and Death
disease or condition resulting in death)	. Arter/osc	lerotic c	ardiova	scular dı	sease		
disease or condition	Arter/osc DUE TO (OR AS		eardiova	scular dı:	sease		
disease or condition	DUE TO (OR AS	lerotic c	OF):	scular dis	sease		
disease or condition resulting in death) Sequentially list conditions, if eny, leading to immediate	DUE TO (OR AS	lerotic c	OF):	scular dis	sease .		
Sequentially list conditions, if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	bDUE TO (OR AS	lerotic c S A CONSEQUENCE O	0F):	scular di:	sease		
Sequentially list conditions, if eny, leading to immediate cause. Enter UNDERLYING	bDUE TO (OR AS	lerotic c	0F):	scular dis	sease		
Sequentially list conditions, if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	bDUE TO (OR AS	lerotic c S A CONSEQUENCE O	0F):	scular dis	sease		
Sequentially list conditions, if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	b	lerotic c S A CONSEQUENCE O)))))))))		Part I. 24a. WAS A	N AUTOPSY PRMED?	
Sequentially list conditions, if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b	lerotic c S A CONSEQUENCE O)))))))))		Part I. 24a. WAS A	RMED?	Onset and Death
Sequentially list conditions, if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b	lerotic c S A CONSEQUENCE O)))))))))		Part I. 24a. WAS AI PERFO	RMED?	Onset and Death 24b. WERE AUTOPSY FINDINGS ANALABLE PRIOR TO COMPLETION OF CAUSE
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Sequentially list conditions, if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST PART II. Other significent cond	DUE TO (OR AS C. DUE TO (OR AS d. Itions contributing to death	lerotic c S A CONSEQUENCE O S A CONSEQUENCE O D but not resulting	In the underly 26. OTHER:	ing cause given in I	Part I. 24a. WAS AI PERFO LY YES	RMED?	24b. WERE AUTOPSY FINDINGS AMULABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
Sequentially list conditions, if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other aignificent cond 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH	DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS d	S A CONSEQUENCE O	In the underly OTHER: 4 Numing H ME OF 28c. 1	ing cause given in I	Part I. 24a. WAS AI PERFO LY YES	RMED? 2 □ NO	24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 11/2 YES 2 NO
Sequentially list conditions, if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other aignificent cond 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS d. Itions contributing to death HOSPITAL: 1 Inperiant 2 ERVO 28a. DATE OF INJUR (Month, Day, Year	Denotic Cost A CONSEQUENCE Of S A CONSEQUENCE Of but not resulting supported to the consequence of the conse	OFF: In the underly OTHER: 4 Nursing H ME OF JURY 1	PLACE OF DEATN (Cheome 5 M Residence NJURY AT WORK?	Part I. 24a. WAS AI PERFO LX: YES Other (Specify) 28d. DESCRIBE NOW	RMED? 2 NO	24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 11/2 YES 2 NO
Sequentially list conditions, if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant cond 25. WAS CASE REFERRED TO MEDICAEXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending investiget 3 Suicide 8 Could no	DUE TO (OR AS DUE TO (OR AS C. DUE TO (OR AS d. Itions contributing to death HOSPITAL: 1 Inperiant 2 ERVO 28s. DATE OF INJUR (Month, Day, Ves. 28s. PLACE OF INJUR building, etc. (S)	Denotic C S A CONSEQUENCE O S A CONSEQUENCE O S A CONSEQUENCE O S Dut not resulting utpetient 3 DOA IV 28b, Tile IN IN INI INI INI INI INI INI INI INI	OFF: In the underly OTHER: 4 Nursing H ME OF JURY 1	PLACE OF DEATN (Cheome 5 M Residence NJURY AT WORK?	Part I. 24a. WAS AI PERFO LX: YES Other (Specify) 28d. DESCRIBE NOW	INJURY OCCU	24b. WERE AUTOPSY FINDINGS ANALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 □ NO
Sequentially list conditions, if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other aignificent cond 25. WAS CASE REFERRED TO MEDICAEXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending investigate investigate.	DUE TO (OR AS DUE TO (OR AS C. DUE TO (OR AS d. Itions contributing to death HOSPITAL: 1 Inperiant 2 ERVO 28s. DATE OF INJUR (Month, Day, Ves. 28s. PLACE OF INJUR building, etc. (S)	Denotic C S A CONSEQUENCE O S A CONSEQUENCE O S A CONSEQUENCE O S Dut not resulting utpetient 3 DOA IV 28b, Tile IN IN INI INI INI INI INI INI INI INI	OFF: In the underly OTHER: 4 Nursing H ME OF JURY 1	PLACE OF DEATN (Cheome 5 M Residence NJURY AT WORK?	Part I. 24a. WAS AI PERFO LY YES ck only one) 8 Other (Specify) 28d. DESCRIBE NOW	INJURY OCCU	24b. WERE AUTOPSY FINDINGS ANALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 □ NO
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Sequentially list conditions, if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significent cond 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	DUE TO (OR AS C. DUE TO (OR AS d. DUE TO (OR A	Denotic Cost A CONSEQUENCE Of S A CONSEQUENCE Of S A CONSEQUENCE Of S A CONSEQUENCE Of S A CONSEQUENCE Of S A CONSEQUENCE Of S A CONSEQUENCE Of S A CONSEQUENCE Of S A CONSEQUENCE OF S	OF): 26. OTHER: 4 Nursing H ME OF JUNY Street, fectory, or	PLACE OF DEATN (Cheome 5 M Residence NJURY AT WORK? YES 2 NO fice	Part I. 24a. WAS AI PERFO 1X YES Ck only one) 8 Other (Specify) 28d. DESCRIBE NOW 28f. LOCATION (Street City or Yown, State City or Yown, State City or Young, State City or	INJURY OCCU	Onset and Death 24b. WERE AUTOPSY FINDINGS ANALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO PRED PRED
Sequentially list conditions, if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other aignificent cond 25. WAS CASE REFERRED TO MEDICAEXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending investigate investigate 3 Suicide 8 Could no determine (Check only one) 2 MEDICAL EXA	DUE TO (OR AS C. DUE TO (OR AS d. DUE TO (OR A	Denotic Cost A CONSEQUENCE Of S A CONSEQUENCE Of S A CONSEQUENCE Of S A CONSEQUENCE Of S A CONSEQUENCE Of S A CONSEQUENCE Of S A CONSEQUENCE Of S A CONSEQUENCE Of S A CONSEQUENCE OF S	OF): 26. OTHER: 4 Nursing H ME OF JUNY Street, fectory, or	PLACE OF DEATN (Che PLACE OF DEATN (Che DIAGNAT (Che DIAG	Part I. 24a. WAS A PERFO 1X YES Other (Specify) 28d. DESCRIBE NOW 28f. LOCATION (Street City or Town, State to the cause(a) and m time, date and place, at the cause to th	INJURY OCCU	Onset and Death 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO PRED PRED Rural Route Number, d. cause(a) and manner as stated. SIGNED (Month, Day, Year)
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Sequentially list conditions, if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other aignificent cond 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	DUE TO (OR AS DUE TO (OR AS C. DUE TO (OR AS d	DEATH (ITEM 27) (Type	26. OTHER: 4 Nursing H ME OF JURY Street, factory, of	PLACE OF DEATN (Cheome 5 No Residence NJURY AT WORK? YES 2 NO fice sta and place, and dua, death occured at the OCM	Part I. 24a. WAS A PERFO 1X YES Other (Specify) 28d. DESCRIBE NOW 28f. LOCATION (Street City or Town, State to the cause(a) and m time, date and place, at the cause to th	INJURY OCCU and Number or short as states and due to the	Onset and Death 24b. WERE AUTOPSY FINDINGS ARALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1x YES 2 NO PRED PRED PRURAL Route Number, d. ceuse(a) and manner as stated. SIGNED (Month, Day, Year) — 1 — 9()

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death control of within an accompletely fled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be fled within 72 hours after death with the State Dept. of Health and Mental Hours or unial, cremation, or removal.

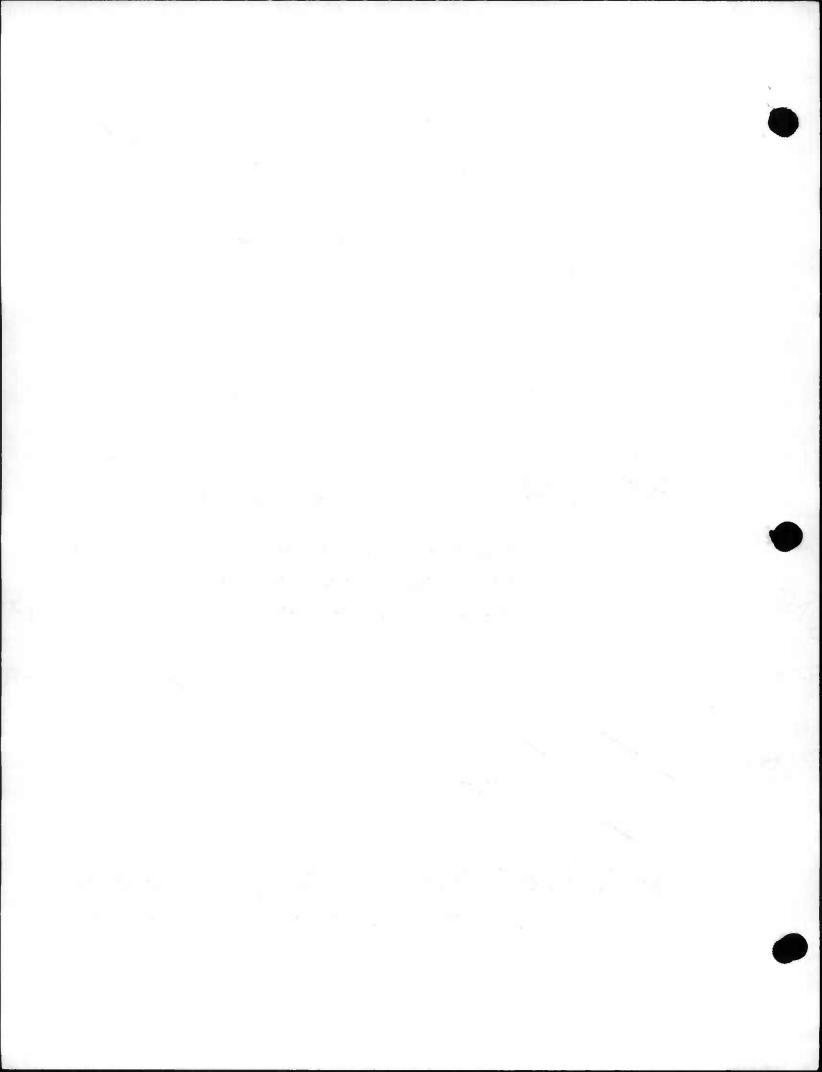
IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other transfer event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

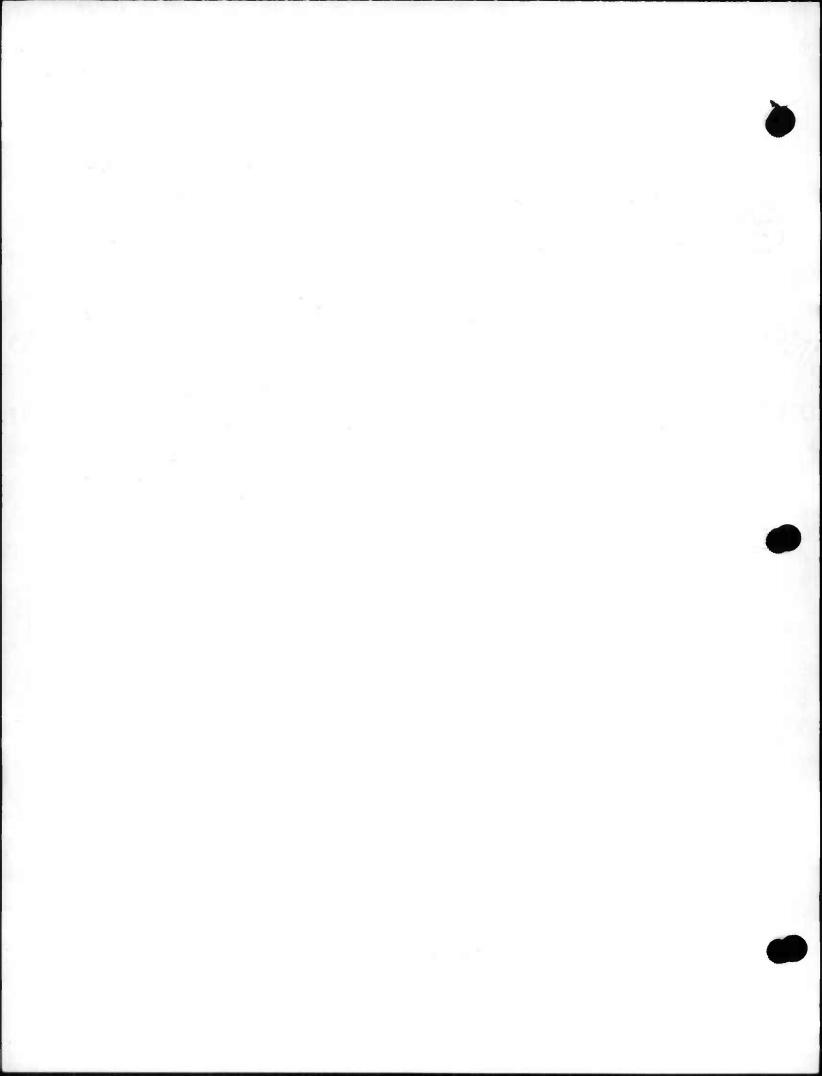


BALTIMORE, MARYLAND 21203-3146	er death. Page 6 may be retained by the hospital or attending physician.	integrates have been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should realth and Mental Hygiene prior to burial, cremation, or removal.	il examiner must be notified at once.	
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	TO THE HOSPITAL OH ATTENDING MYSS AT THE IAW requires that the death certificate be executed within 2% nears after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DESCRIPE. The conflictor has been signed by the attending physician and completely filled in by the be filed within 72 rount see double with the filed within 72 rount see double with the filed within 72 rount see double with the filed within 72 rount see double within 50 roundings.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	

	FOR 1 - STATE REGISTRAR	STATE OF MAP	RYLAND / DEPARTI	MENT OF HEA		HTAL HYGIENE				
	1. DECEDENT'S NAME (First, Middle, Lest) ANN	W LOVE	+		2.1	DATE OF DEATH DAY	29 9	3. TIME OF DEATH		
	4. SOCIAL SECURITY NUMBER 216-07-6143	5. SEX 6. A			OURS MIN.	DATE OF BIRTH Month, Day, Year) 1/28/1903	C	IRTHPLACE (State or Foreign ountry) [aryland]		
TOR	98. FACILITY NAME (If not institution, give UNION MEMORIAL I RESIDENCE OF DECEMENT			ALTIMORE	CITY		9c. COUNTY C	OF DEATH		
DIRECTOR	10a. STATE 10b. COUNT	ΓY	10c. CITY,	TOWN OR LOCATIO		more Cit	10d. INSIDE CITY LIMITS? 1 X YES 2 NO			
FUNERAL	106 STREET AND NUMBER 106 Homeland Avenue			92.00	IP CODE 21212		10g. CITIZEN O	OF WHAT COUNTRY?		
À	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EV FORCES? 1 [] IF YES, GIVE WAR (VES 2 NO	if yes, speci	IDENT OF NISPANIC Of ty Cuban, Mexican, Pu		or No- 14, F	RACE — Amarican Indian, Black, Whita, etc. Specify: White		
COMPLETED	15. DECEDENT'S EDI (Specify only highest gred Elementary/Secondary (0-12) 12	UCATION (se completed) College (1-4 or 5+)	Ille. Do NOT use	rk done during most o	of working	16b. KIND OF BUS	INESS/INDUSTR			
S S	17. FATHER'S NAME (First, Middle, Last)			1	IS. MOTHER'S NAME (
BE	Frederick P.	Weller				neva Dun				
٩	19a. INFORMANT'S NAME (Type/Print) Mr. Dick Love		106 Но	meland A	Number or Rural Route	imore, M	D 21	212		
	20a. METHOD OF DISPOSITION 1X Burial 2 Cremation 3 Red 4 Donation 5 Q Other (Specify)	noval from State	other place) Parkwood				timore			
	21. SIGNATURE OF JUNERAL SERVICE L	Denny, Jr.	Λ ν	22. NAME AND	ADDRESS OF FACILITY	Υ	В	alt i more, MD		
	23. PART I. Enter the diseases, or shock, or heart failure	complications that ca	used the death. Do no					Approximate interval Between Onset and Death		
	iMMEDIATE CAUSE (Final disease or condition resulting in death)		CONTROL OF							
NOI	Sequentially list conditions, if any, leading to immediate	conditions, b. Restanted Durdenal Ulcer						11		
CERTIFICATION	cause, Enter UNDERLYING CAUSE (Disease or injury that initiated events	C. Respiratory Failure DUE TO (OFI AS A CONSEQUENCE OF):								
	resulting in death) LAST	d								
4	PART II. Other algolificant condition	ns contributing to dea	ith but not resulting in	the underlying (cause given in Pari	24a. WAS AN PERFOR	MED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE		
PHYSICIAN: MEDIC								OF DEATH? 1 YES 2 NO		
CIA	25. WAS CASE REFERRED DO MEDICAL EXAMINER?	HOSPITAL:		26. PLAC	CE OF DEATN (Check of	only one)				
IXSI	1 YES 2 NO 27, MANNER OF DEATH	1 Inpetient 2 ER	/Outpetient 3 □ DOA 4	4 - Nursing Home	5 Residence 6	Other (Specify)	HIRV OCCURE	20		
BY Pt	1 Natural 5 Pending 2 Accident investigation	(Month, Day,	A INJU	M 1 YE	K? S 2 NO					
ETED	3 Suicide 8 Could not be determined 28. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28. PLACE OF INJURY — At home, farm, street, factory, office City or Rown, State)									
COMPLETED	conductory		knowledge, death occurred ination and/or investigation					use(a) and manner as stated.		
TO BE (29b. SIGNATURG AND TIPLE OF CERTIFI	MD	Housest	TF	DUO (43	≥ U	SNED (Month, Day, Year)		
	30. NAME AND ADDRESS OF PERSON V	Boggish	M.D.	UNTO	n Nem	mal Ho	spita	1 Balto-		
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S	SIGNATURE PANDALL					f		
	All p idan	June province	2000					DHMH-16 Rev 1/89		



	REGISTRAR		OLITI	ICATE OF	DEATH	REG. NO). 			
	1. DECEDENT'S NAME (First, Middle, Last)	0.01-0000						3. TIME OF DEATH		
		onvac Lindenberger 12 05 90 0 SECURITY NUMBER 6. SEX 6. AGE (In yrs. lost birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLAC								
	216-10-0157 15	ØM 2 □ F	75 YRS.	MONTHS DAYS	HOURS MIN.	(Month, Day, Year) 4/3/18	95	5 Country) D.		
	9e. FACILITY NAME (If not institution, give street e			9b. CITY, TOWN OR LOCATION OF DEATH				Y OF DEATH		
6		OSP		BAL	Timore		C	.1+4		
<u> </u>	RESIDENCE OF DECEDENT 10a, STATE 10b, COUNTY		10c, CIT	Y, TOWN OR LOC	ATION			10d. INSIDE CITY		
DIRECTOR	MD.	MD.					LIMITS? 1 YES 2 NO			
FUNERAL	100. STREET AND NUMBER 5917 PRINCE GEORGE ST				21207			10g. CITIZEN OF WHAT COUNTRY? U. S. A		
5		WAS DECEDENT EVER IN FORCES? 1 YES			CENDENT OF HISPAN					
BY	1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE WAR OR DA	ATES		S 2 DYNO Specify			Specify: White		
	15. DECEDENT'S EDUCATIO (Specify only highest grade comp	ON pleted)	16a. DECEDENT'S	USUAL OCCUPAT	TION nost of working	16b. KIND OF B	USINESS/INDUS	STRY		
COMPLET		ollege (1-4 or 5+)		work done during reserved.)						
S	17, FATHER'S NAME (First, Middle, Last)				_	WE (First, Middle, Maide	n Sumame)			
Ö	MARTIN LINDEN	BERGER			MAR	GARET	GUN ?	ZELMAN		
BE	19e. INFORMANT'S NAME (Type/Print)	DERGE	19b. MAILING	AOORESS (Stree						
2	Joseph LINDO	NBERGE	R 50	917 D	RINCE	FORGO	-57.	BALTO MD 2/207		
	20a. METHOD OF DISPOSITION 1 M Burial 2 Cremation 3 Ramoval 4 Donation 5 Other (Specify)	200	. PLACE OF DISPO		cemetery, cremetory or	20c. 1	OCATION - CH	ty or Town, Stata VIIIE MD.		
	21. SIGNATURE OF FUNERAL SERVICE LICENS	EE			AND ADDRESS OF FA	CILITY - D (10	WD T	WEBER F.H.		
	>				5311 EL					
	23. PART I. Enter the diseases, or com			not enter the n	node of dying, suc	h as cardlec or rea	piratory arres			
1	shock, or heart failure. List IMMEDIATE CAUSE (Fine)		1					Interval Batween Onset and Death		
	disease or condition Resmiratory Failure									
	resulting in death) DUE TO (OR AS A CONSEQUENCE OF):									
- 1	Preumonia									
z	C h.	Pheu	AND AND AND							
TION	Sequentielly list conditions, if any, leading to immediate		CONSEQUENCE O	OF):						
ICATION	If any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A	CONSEQUENCE O							
TIFICATION	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	DUE TO (OR AS A								
SERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	DUE TO (OR AS A	CONSEQUENCE O							
IL CERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	OUE TO (OR AS A	CONSEQUENCE O	PF):	ing ceuse given in		AN AUTOPSY	24b. WERE AUTOPSY FINDINGS		
	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST	OUE TO (OR AS A	A CONSEQUENCE O	PF):	ing ceuse given in	PERF	ORMED?	AWAILABLE PRIOR TO COMPLETION OF CAUSE		
	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST	OUE TO (OR AS A	A CONSEQUENCE O	PF):	ing ceuse given in		ORMED?	AVAILABLE PRIOR TO		
	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST	OUE TO (OR AS A	A CONSEQUENCE O	PF):	ing ceuse given in	PERF	ORMED?	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?		
	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initieted events resulting in deeth) LAST PART II. Other significent conditions of the conditions of the cause of the conditions of the cause	OUE TO (OR AS A	A CONSEQUENCE O	in the underly	ing ceuse given in	PERF 1 TYES	ORMED?	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?		
	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significent conditions of the cause of the cau	OUE TO (OR AS A	A CONSEQUENCE OF	in the underly 26. OTHER:		PERF 1 YES	ORMED?	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?		
	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significent conditions of the cause of the cau	OUE TO (OR AS A OUE TO (OR A) OUE TO (OR AS A OUE TO (OR A) OU	A CONSEQUENCE OF A CONS	26. OTHER:	PLACE OF DEATH (Ch	PERF 1 YES	ORMED?	AMMLABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
PHYSICIAN: MEDICAL	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initieted events resulting in deeth) LAST PART II. Other significent conditions of the conditions of the cause of the conditions of the cause	OUE TO (OR AS A	A CONSEQUENCE OF A CONS	26. OTHER: 4 Nursing H	PLACE OF DEATH (Ch	PERF 1 VES eck only one) 8 Other (Specify)	ORMED?	AMMLABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
BY PHYSICIAN: MEDICAL	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST PART II. Other significent conditions of the conditions of the cause of the conditions of the cause	OUE TO (OR AS A OUE TO (OR AS	A CONSEQUENCE OF A CONS	or): in the underly 26. OTHER: 4 Nursing H ME OF JURY M 1 [PLACE OF DEATH (Ch ome 5 Residence NJURY AT WORK? YES 2 NO	PERF 1 YES eck only one) 8 Other (Specify) 26d. DESCRIBE HOTH 28f. LOCATION (Street	ORMED? 2 NO V INJURY OCCU	AMMLABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
BY PHYSICIAN: MEDICAL	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST PART II. Other significent conditions of the conditions of the cause of the conditions of the cause	OSPITAL: OSPITAL: Inpetient 2 ER/Out 28s. DATE OF INJURY (Month, Day, Year)	A CONSEQUENCE OF A CONS	or): in the underly 26. OTHER: 4 Nursing H ME OF JURY M 1 [PLACE OF DEATH (Ch ome 5 Residence NJURY AT WORK? YES 2 NO	PERF 1 YES eck only one) 8 Other (Specify) 28d. DESCRIBE HOW	ORMED? 2 NO V INJURY OCCU	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
BY PHYSICIAN: MEDICAL	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST PART II. Other significent conditions of the conditions of the cause of the conditions of the cause	OUE TO (OR AS A OUE TO (OR AS	A CONSEQUENCE OF A CONS	26. OTHER: 4 Nursing H ME OF JURY M 1 cetreet, fectory, of	PLACE OF DEATH (Chome 5 Rasidence Natural Work? YES 2 NO	PERF 1 YES ack only one) 8 Other (Specify) 28d. DESCRIBE HOTH City or Rown, Str	V INJURY OCCU	AMMLABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO URED OF Rural Route Number,		
BY PHYSICIAN: MEDICAL	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significent conditions of the cause of the cau	OUE TO (OR AS A OUE TO (OR A) OUE TO (OR A)	A CONSEQUENCE OF A CONS	26. OTHER: 4 Nursing H ME OF JURY M 1 Contract, factory, of	PLACE OF DEATH (Ch ome 5 Rasidence INJURY AT WORK? YES 2 NO Nica	PERF 1 YES ack only one) 8 Other (Specify) 28d. DESCRIBE HOTH City or Town, Str	V INJURY OCCL	AMMLABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO URED OF Rural Route Number,		
COMPLETED BY PHYSICIAN: MEDICAL	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significent conditions of the cause of the cau	OUE TO (OR AS A OUE TO (OR A) OUE TO (OR A)	A CONSEQUENCE OF A CONS	26. OTHER: 4 Nursing H ME OF JURY M 1 Contract, factory, of	PLACE OF DEATH (Ch ome 5 Rasidence INJURY AT WORK? YES 2 NO Nica	PERF 1 YES ack only one) 8 Other (Specify) 28d. DESCRIBE HOTH City or Town, Sti	V INJURY OCCL of and Number of the individual o	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO URED Or Rural Route Number, d. cause(a) and menner as stated. SIGNED (Month, Day, Year)		
BE COMPLETED BY PHYSICIAN: MEDICAL	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST PART II. Other significent conditions of the conditions of the cause of the conditions of the cause	OUE TO (OR AS A OUE TO (OR A) OUE TO (OR A)	A CONSEQUENCE OF A CONS	26. OTHER: 4 Nursing H ME OF JURY M 1 Contract, factory, of	PLACE OF DEATH (Ch ome 5 Residence NJURY AT WORK? YES 2 NO Mice sete end place, end due h, death occured at the	PERF 1 YES ack only one) 8 Other (Specify) 28d. DESCRIBE HOTH City or Town, State to the cause(a) and a time, data and place, MBER	ORMED? 2 NO V INJURY OCCL et and Number of tite)	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO URED Or Rural Route Number, d. cause(a) and menner as stated. SIGNED (Month, Day, Year)		
E COMPLETED BY PHYSICIAN: MEDICAL	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initieted events resulting in deeth) LAST PART II. Other significent conditions of the conditions of the cause of the conditions of the cause	OUE TO (OR AS A OUE TO (OR A) OUE TO (OR A)	A CONSEQUENCE OF A CONS	26. OTHER: 4 Nursing H ME OF 28c. IJURY M 1 street, factory, of	PLACE OF DEATH (Chome 5 Rasidence in NJURY AT WORK? YES 2 NO Mice were end place, end due in, dasth occured at the second in	PERF 1 YES ack only one) 8 Other (Specify) 28d. DESCRIBE HOTH City or Town, State to the cause(a) and a time, data and place, MBER	V INJURY OCCL of and Number of the individual o	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO URED Or Rural Route Number, d. cause(a) and menner as stated. SIGNED (Month, Day, Year)		
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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

_		TICOTOTIAL					TOATE	- 01				HEG. NO.			
	,	1. DECEDENT'S NAME (First,	Middle, Last)								2. DAT	E OF DEATH	v	YEAR	3. TIME OF DEATH
1	,	XKXXXXX.	Gertr	ude Lev	in (GERTR	UDE	LEVI	N)		MON	" 11 "	30	90	9:44 a M
	- 1	4. SOCIAL SECURITY NUMBI		5. SEX	6. AGE (In yrs. Is		IF UNDER		T	R 24 HRS.	7. DATI	E OF BIRTH		& SIRTHI	PLACE (State or Foreign
		172-10-596]		1 M 2 F	76	YRS.	MONTHS	DAYS	HOURS	MIN.	4-	nth, Day, Year) 20–1914			ÉNNSYLVANIA
1	_	9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH									EATH				
1	6	Montgome		eneral,	Hospit	al		Olney				Mo	ontg	omery	
		RESIDENCE OF DEC	10b. COUNTY	,		10c. CI1	Y, TOWN C	OR LOCAT	TION						10d. INSIDE CITY
	DIRECTOR	MARYLAND HOWARD COLUMBIA								1			XX YES 2 NO		
١	ERAL	100. STREET AND NUMBER 11990-G LITTLE PATUXENT PKWY. 21044)44		10g. CIT	USA	HAT COUNTRY?		
BY FUNERAL		11. MARITAL STATUS 1 Never Married 2 3 XX Widowed 4 Divor		12. WAS DECEDEN FORCES? 1 IF YES, OIVE V	TEVER IN U.S. A YES WAR OR DATES	RMED NO		3. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yelf yes, specify Cuban, Maxicen, Puerto Rican, stc.) 1 YES 1 NO Specify:				or No— 14. RACE — American Indian, Black, White, etc. Specify: WHITE			
1			EDENT'S EDU		16s. E	ECEDENT'S	USUAL O	CCUPATION	ON	do o	16	b. KIND OF BUS	SINESS/IN	DUSTRY	
,	COMPLETED	Elementary/Secondary (0-	1	College (1-4 or 5	- 4	le. Do NOT u	retired.)		ST OF WORK	ang		SPEC]	TAT. F	DUCA	TION
once.	N N	17, FATHER'S NAME (First, Mi	iddle. Last)	-1			LLACI		16. MOT	THER'S NAI	ME (First	, Middle, Maiden			
5	Ü	JOSEPI	211	UL						GOLD		SALADI			
E E	00	19a, INFORMANT'S NAME (7)		OD	1	9b. MAILIN	O ADDRESS	S (Street a	and Number	er or Rural F	Route Nu	mber, City or Tow	n, State, Zi	p Code)	
e notified	2	MRS. BREN		BLYWEISS		6330	FERR	YBO	AT C	IRCLE	E C	OLUMBIA			044
must be		20a. METHOD OF DISPOSITION 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or other place) 20c. LOCATION — City or Town, Stats other place)													
		4 Donation 5 Other (Specify) TIFERETH ISRAEL NEW CASTLE, PA													
examiner		21. SIONATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY SOL LEVINSON & BROS., INC. 6010 REISTERSTOWN RD., BALTO., MD 21215													
	_	THE TOTAL PROPERTY OF THE PARTY													
medica		23. PARTI. Enter the diagons, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, interval Between													
E =		IMMEDIATE CAUSE (Fine)									Onset and Death				
		disease or condition								4 days					
event,										2 weeks					
traumatic	No.	Sequentielly list conditione, Due To (OR) As a CONSCOURAGE OF:													
Tac	CAT	cause, Enter UNDERLYING Treatment of great Jametons Colatis									4 years				
other	Ĕ	that initiated events Due 10 (OR AS A CONSCIDENCE OF);													
6	CERTIFICATION	resulting in death) LAST													
Injury.		PART II. Other algnifice	nt condition	s contributing to	deeth but no	resulting	in the u	nderiyin	g ceuse	given in	Part i.	24a. WAS AN		24b.	WERE AUTOPSY FINDINGS
È	EDICAL	Periphe	ral V	ascular	ather	roscl	eros	15				PERFOI			AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
21	_														1 YES 2 NO
ĕ	2				-										
m 23	A	25. WAS CASE REFERRED TO	O MEDICAL					26. P	LACE OF	DEATH (Ch	eck only	one)			
or Nem 23	PHYSICIAN:	EXAMINER?		HOSPITAL:	☐ ER/Outpatient	3 🗆 DOA	OTHE 4 Nu		ne 5 🗆 I	Residence	8 🗆 Ot	ther (Specify)			
	¥	27, MANNER OF DEATH	00000	28s. DATE O	F INJURY Day, Year)	28b. TI	ME OF		JURY AT ORK?		28d. D	ESCRIBE HOW	INJURY O	CCURED	
lar.	BY		Pending Investigation	1	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	_ ~	M		YES 2	□ NO					
28 is marked,	TED E		Could not be determined	28s. PLACE building	OF INJURY — A1, atc. (Specify)	home, farm.	street, fac	tory, offic	cs		28f. LC	OCATION (Street ity or Town, State,	and Numb	er or Rurel F	Route Number,
E		29s. CERTIFIER	TIEVINO BUYO	ICIAN: To the best of	d mu knowlede-	double sec	read at the	time det	a and al-	on and de-	to the	navaela) and ==	DD4/ 00 -1	ated	
IMPORTANT: If Item	COMPLE	(Oneck only		7											s) and menner as stated.
ORTA	BE C	29b. SIGNATURE AND TITLE	OF CERTIFIE	izi gmi M	り				1	CENSE NUI		C.	29d. DA		(Month, Day, Year)
¥	2								D	29	53	8		11/3	0/90
	-	30. NAME AND ADDRESS OF	F PERSON WI	O COMPLETED CAL	SE OF DEATH (I	MON	o, Print)		01-	Har	nit.	a (
	- 1	Julian	1 6	99111	ヘワ	MON	1 9 DM	1 O	en	1102	T '''	- 6 1			

film physician. the burial-transit permit, Pages 1, 2, 3 should

903-3146

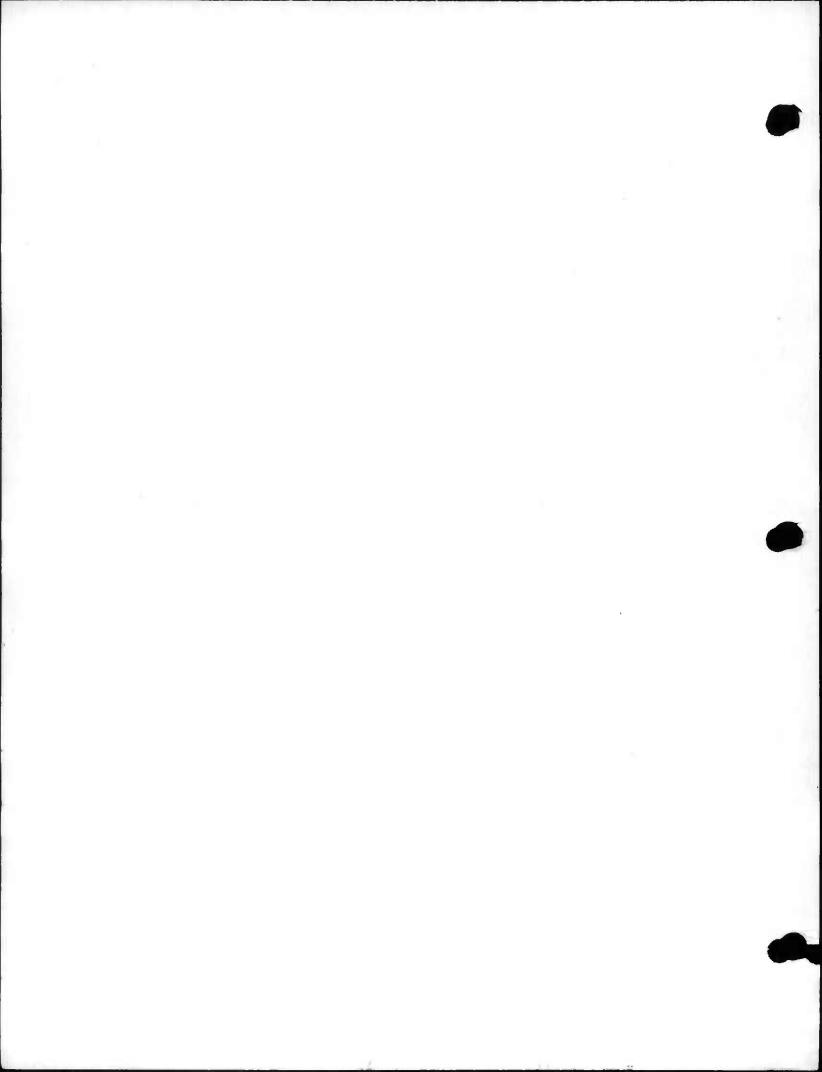
BALTIMORE, MARYLAND

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a count after death. Plan 6 may be managed by the 10 THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

DEC 6 1990

32. REDISTRAR'S SIGNATURE

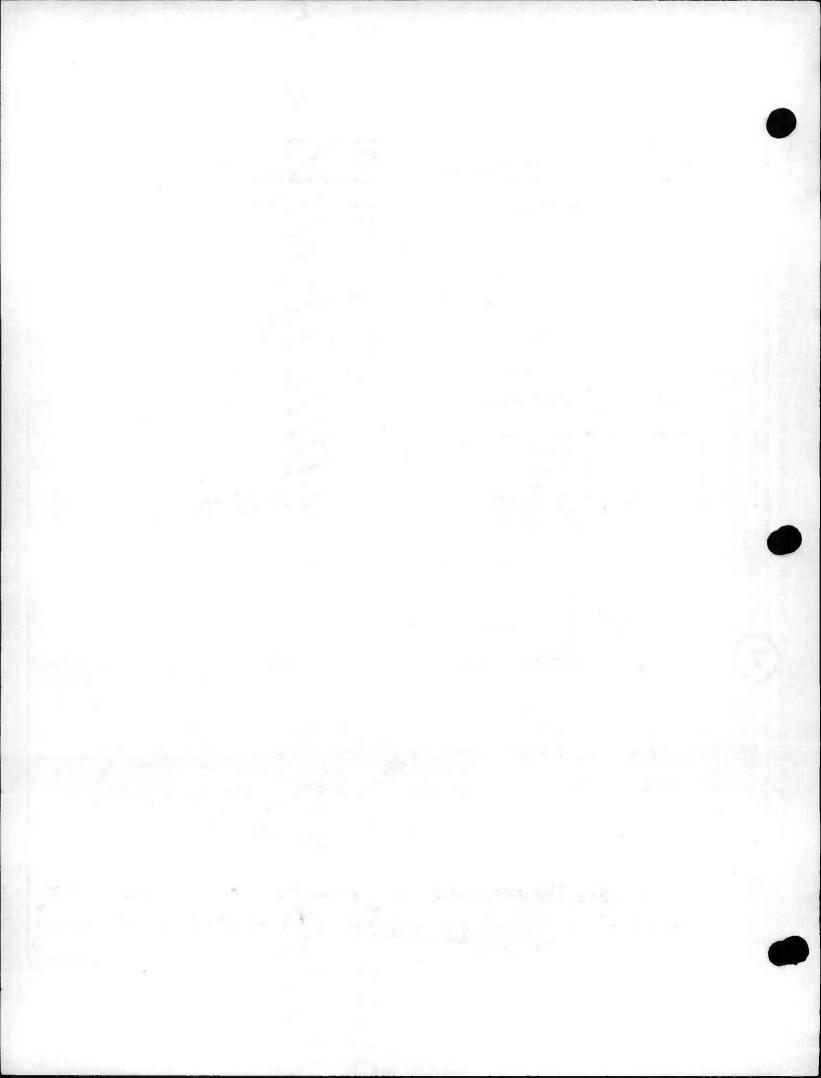


traumatic event, the medical examiner must be notified at once.

TO THE HOSPITAL OR ATTENDING PHYSICIAN The ser requires that TO THE FUNERAL DIRECTOR: After this certifican has been signed be filed within 72 hours after death with the State Dept. of Hearth MPORTANT: If Item 28 is marked, or Item 23 shows any

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	ROSE	E F.	LASKY			2. DATE OF DEATH NOV . 30	, 1990	WEAR !	7:00A
4. SOCIAL SECURITY NUMBER	6. SEX	6. AGE (In yrs. is	st birthday) IF UN	DER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)		8. BIRTHPL Country)	ACE (State or Fareign
216-01-0303	1 🗆 M 2 🔀 F	83	YRS.	IS DAYS	HOURS MIN.		, 1907	M	ARYLAND
9a. FACILITY NAME (If not institution, give	street and number)		9b. C	ITY, TOWN	OR LOCATION OF D	EATH	9c. COUN	TY OF DEA	TH
SINAI HOSPITAI					BALTIMOR	E			
RESIDENCE OF DECEDENT 10e, STATE 10b, COUNT	TY		10c. CITY, TOW	N OR LOCA	ATION			1	Dd. INSIDE CITY
MARYLAND					TIMORE				LIMITS? YES 2 NO
10e. STREET AND NUMBER			1		Of, ZIP CODE		10a, CITIZ		AT COUNTRY?
1190 W.NORTHER	DN DADKWAY	7. ДОТ.	413		2121	.0		USA	
II. MARITAL STATUS	12 WAS DECEDEN	T EVED IN II C A	DMED .			NIC ORIGIN? (Specify		14. RACE -	- American Indian,
Never Married 2 Married	FORCES? 1 IF YES, GIVE W	YES 2	NO		pecify Cuban, Mexico S 2 NO Speci	en, Puerto Ricen, etc.) fy:			White, etc.
3 Widowed 4 Divorced								1	WHITE
15. DECEDENT'S ED (Specify only highest grad	UCATION de completed)	18a. D	ECEDENT'S USUAL	occupat	TON nost of working	16b. KIND OF I	USINESS/INDU	JSTRY	
Elementary/Secondary (0-12)	College (1-4 or-5	·) #	Give kind of work do b. Do NOT use retire HOUSEW			2	T HOME		
	т		110000	11.13					
77. FATHER'S NAME (First, Middle, Last)	DORE				18. MOTHER'S NA	AME (First, Middle, Meid			
SAMUEL FONAL	KUPP						DELL		
9a. INFORMANT'S NAME (Type/Print) MID A 1010 A 11 A M T 1	A CVV	1	DE MAILING ADDR	ESS (Street	and Number or Rural	Route Number, City or 1	112	ALTI	MORE , MD
MR. ABRAHAM LA									1210
ne. METHOD OF DISPOSITION	moval from State	20b. PLACI			emetery, cremetory or	20c.	BALTIM		- mine-
Donation S Other (Specify)	HORNER 27.4					4.0H 177V		1000	FILD
II. SIGNATOR OF PURENAL SERVICE E	1 11			SO	LEVINS	N & BROS.	, INC.		
Hydury -	Juli	uen		6010	REISTERS	STOWN RD.	BALTIM	ORE,	MD 21215
Sequentielly list conditions,	bDUE TO	(OR AS A CONS	EQUENCE OF:						
cause. Enter UNDERLYING	c		30=5-104						
if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	c. DUE TO	(OR AS A CONS	30=5-104						
cause. Enter ÜNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	d		EQUENCE OF):	underlyl	ng Cause given ir	n Part I. 24a. WAS PERI	AN AUTOPSY ORMED?		MAILABLE PRIOR TO
cause. Enter ÜNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	d		EQUENCE OF):	underlyi	ng cause given ir	PERI		0	MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
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NAME AND ADDRESS DE

31. DATE FILED (Month, Day,

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PERSON WHD COMPLETED CAUSE DF DEATH (ITEM 27) (Type, Print)

32. REGISTRAR'S SIGNATURE relia Davidson-Bandalla

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TO THE HOSPITAL OR ATT TO THE FUNERAL DIRECT be fied within 72 hours at IMPORTANT: If Item 2

33441 90 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH 3 TIME OF DEATH YEAR Mabe Moutton 2330hr A 1990 Dec 4. SOCIAL SECURITY NUMBER 5. SEX 5. AGE (In yrs. last birthday) 7. DATE OF BIRTH (Month, Day, Year) IF UNDER 1 YEAR | IF UNDER 24 HRS. 8. BIRTHPLACE /State or Foreign DAYS HOURS 214-12-1644 1 M 2 F 99 YRS. 5/25/1891 Marvland 9a. FACILITY NAME (If not institution, give atreet and number) Sh. CITY TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Liberty Medical Center DIRECTOR Baltimore 10b. COUNTY the CITY TOWN OR LOCATION 10a. STATE 10d, INSIDE CITY Maryland Baltimore TX YES 2 | NO FUNERAL 10s. STREET AND NUMBER 10g. CITIZEN OF WNAT COUNTRY? 10f. ZIP CODE 2011 Whittier Avenue 21217 U. S. A. 11, MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☐ YES 2 ☑ NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or If yes, specify Cuban, Maxican, Puerto Rican, etc.) 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Married 1 YES 2 NO Specify: Specify: BY 3 Widowed 4 Divorced Black COMPLETED 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION pecify only highest grade comple 16b. KIND OF BUSINESS/INDUSTRY (Spe Elementary/Secondary (0-12) College (1-4 or 5+) High School Nursing Aid Private Family 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) James Thomas DeCoursev BE Jane 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Lillian Wainwright 2011 Whittier Ave Baltimore, MD 20s, METHOD OF DISPOSITION
1 A Buriel 2 Cremation 3 Re 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or 20c. LOCATION - City or Town, State Woodlawn 4 Donation 6 Other (Specify) Cemetery Baltimore Co., MD 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Nutter Funeral Homes .Rollins 2501 Gwynns Falls Parkway Baltimore, Marvland 21216 Jary 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximate Interval Between Onset end Death IMMEDIATE CAUSE (Final disease or condition resulting in death) Sepsis Due to (or as a consequence of): Infected decubitus CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leeding to immediate cause. Enter UNDERLYING TO (DR AS A CONSEQUENCE OF): CAUSE (Disease Dr Injury that initiated events resulting in death) LAST PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part I. MEDICAL 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO 1 TES 2 PAO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 28. PLACE OF DEATH (Check only one) HOSPITAL:
1 Dinpatient 2 ER/Outpatient 3 DOA OTHER: 1 YES 2 NO me 5 - Residence 2 - Other (Specify) 4 Nural 27. MANNER OF DEATH 26a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 284. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Sulcide 6 Could not be COMPLETED 4 Homicide 29a, CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and piece, and due to the cause(s) and manner as sta 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE

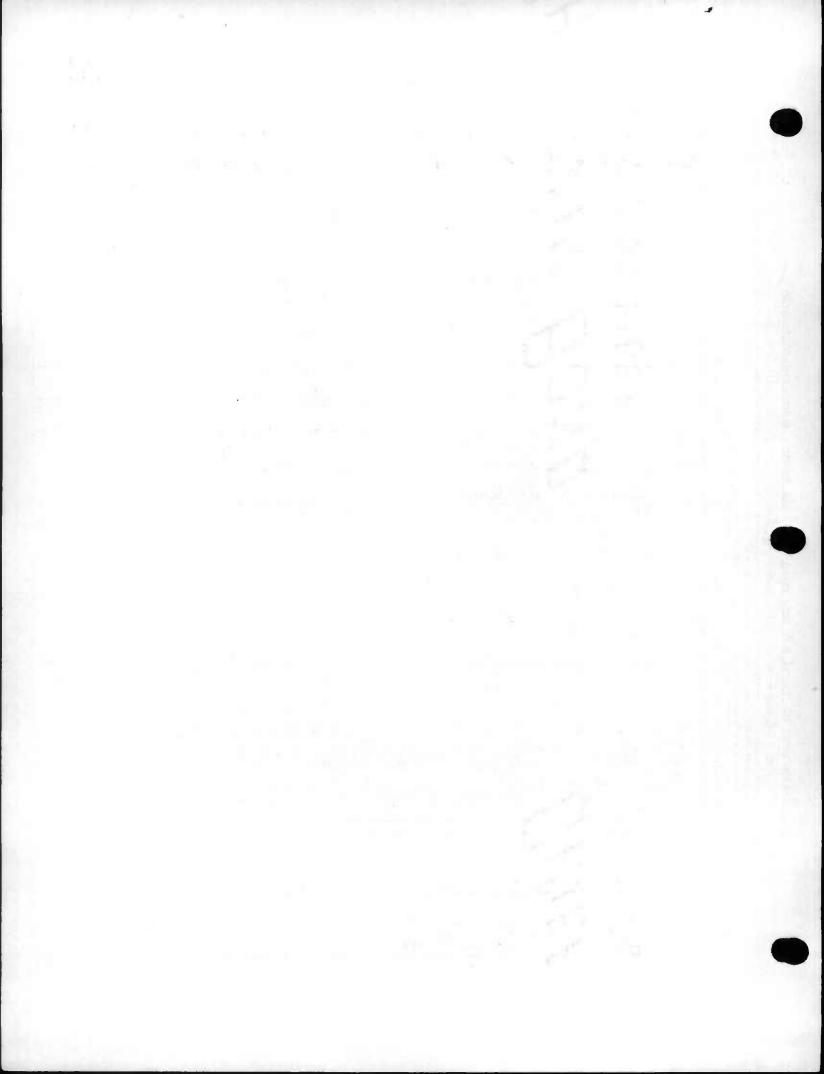
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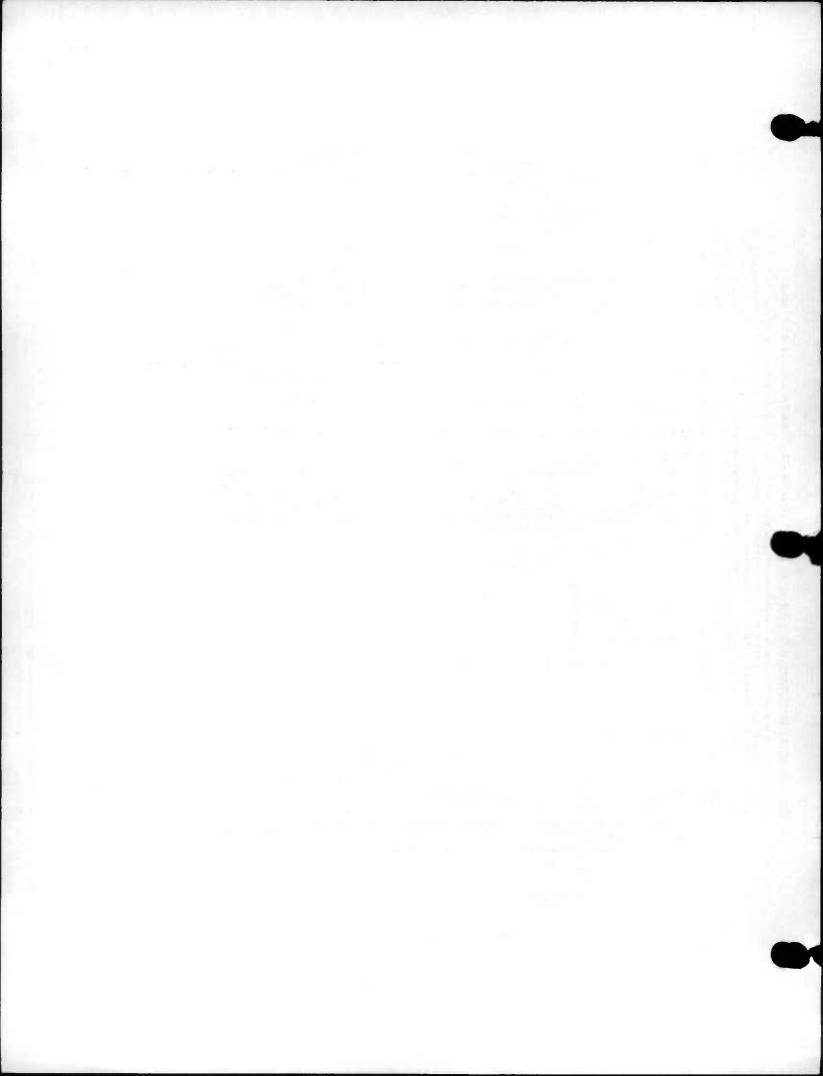
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FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be		reads it tem 28 to marked or them 23 shows any injury or other traumatic event the medical axaminar must be notified at
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FOR STATE REGISTRAR		CE	ERTIFIC	ALE OF DE	AIH	REG. I	Ю.			
I. DECEDENT'S NAME (First, Middle, Last) W	illiam	Henry		Morris		2. DATE OF DEATH MONTH 12-5-9	DAY 1	rear .	3. TIME OF DEATH 3:18AM	M
SOCIAL SECURITY NUMBER 245-56-0075	1-M 2 F	6. AGE (In yra. les	YRS. MON	THE DAYS HOUR		7. DATE OF BIRTH (Month, Day, Your Sept. 9,	1938	Nor	th Carol	_
u. FACILITY NAME (If not institution, give state) University Hospitals RESIDENCE OF DECEMENT			96.	Baltimo			9c. COUNT	Y OF DE	ATH ,	
Maryland Maryland			Balti	wn or Location					10d. INSIDE CITY LIMITS? YES 2 \(\) N	0
o. STREET AND NUMBER 2032 Summit Avenu	e			101. ZIP C			U. S		HAT COUNTRY?	
II. MARITAL STATUS Never Married 2XX Married Widowed 4 Divorced	12. WAS DECEDENT	YES 2 X		13. WAS DECENDEN	IT OF HISPANI uban, Mexican	IC ORIGIN? (Specify 1, Puerto Rican, etc.)	Ves or No- 14	L RACE	- American Indian White, etc. Black	
15. DECEDENT'S EDUC (Specily only highest grade Elementary/Secondary (0-12)		(G.	CEDENT'S USU We kind of work Do NOT use not Labores	AL OCCUPATION done during most of we ired.)	orking	Bakin		у С	ompany/	
7. FATHER'S NAME (First, Middle, Last)			Lavore		IOTHER'S NAM	ME (First, Middle, Mai	A. Cer	10	w sons	
Jessie Morris				M	innie	Worsley				
9a. INFORMANT'S NAME (Type/Print)		191	b. MAILING ADI	ORESS (Street and Nun			Town, State, Zip C	iode)		
Doris Mórris				mit Ave.			MD 212			
na, METHOD OF DISPOSITION A Burial 2 Cremation 3 Remo	oval from State	other pl	lece)	norial Par	rk	Ва	ltimore	. C	ounty. M	D
1. SIGNATURE OF FUNERAL SERVICE LIC	R. Pru	caused the de	eath. Do not	22. NAME AND ADD 2501 Gw Baltimo	ynns f re. Ma	Yalls Par Taryland	r Funer kway 21216	al 1	Homes, I	nc.
23. PART I. Enter the diseases, or canonic shock, or heart failure. If immediate the disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate	Complications that List only one cause Head an	caused the de	injuri	22. NAME AND ADD 2501 GW Baltimo enter the mode of	ynns f re. Ma	Yalls Par Taryland	r Funer kway 21216	al 1	Homes, I	nc.
23. PART I. Enter the diseases, or c	M. Pour complications that List only one cause Head an DUE TO (caused the de	injuri quence orp:	22. NAME AND ADD 2501 GW Baltimo enter the mode of	ynns f re. Ma	Yalls Par Taryland	r Funer kway 21216	al 1	Approximat	nc.
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23. PART I. Enter the diseases, or cahock, or heart failure. If MMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (caused tile de se on each line ad neck for as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consec	injuri quence orp: quence orp: quence orp:	22. NAME AND ADD 2501 GW Baltimo enter the mode of es	ynns re. Ma dylng, such	Part I. 24a. WAR	r Funer kway 21216 spiratory arres AN AUTOPSY FORMED? 5 2 □ NO	24b.	Approximatinterval Bel Onset and Onset and Were Autopsy Fin Analiable Prior Troumterior of Completion of Co	nc . e ween Death
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23. PART I. Enter the diseases, or c shock, or heart failure. I MMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? **EXAMINER?*** **EXAMINER OF DEATH** 1 Natural 5 Pending investigation 1 CERTIFYING PHYSIC (Check only) 1 CERTIFYING PHYSIC (CHECK ONL) 1 CERTIFYING PHYSIC (Check only) 1 CERTIFYING PHYSIC (Check only) 1 CERTIFYING PHYSIC (Check only) 1 CERTIFYING PHYSIC (Check only) 1 CERTIFYING PHYSIC (Check only) 1	DUE TO (DUE TO	caused the deseron each line and neck line a	Death. Do not a series of the	22. NAME AND ADD 2501 GW Baltimo Balti	ynns fre. Madying, such	Part I. 24a. WAS PER J. 24b. WAS PER J. 24c. W	T Funer kway 21216 spiratory arrest spiratory arrest spiratory arrest spiratory arrest spiratory arrest spiratory arrest spiratory arrest spiratory arrest spiratory s	24b.	Approximation of constant of c	nc. www.mc ponts pungs pungs co m

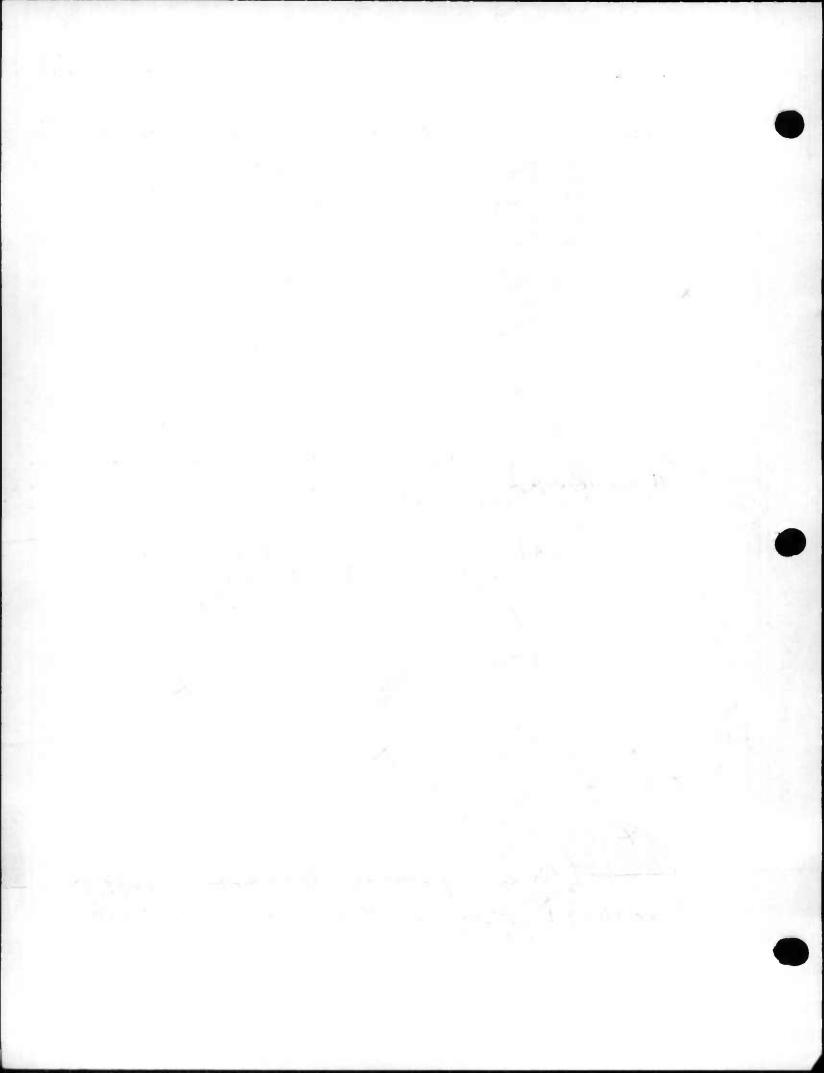


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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 tours affection, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, an executed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, an executed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, an executed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, and mental mental and the state Dept. of Health and Mental Hygiene prior to burial, the military and mental at once.

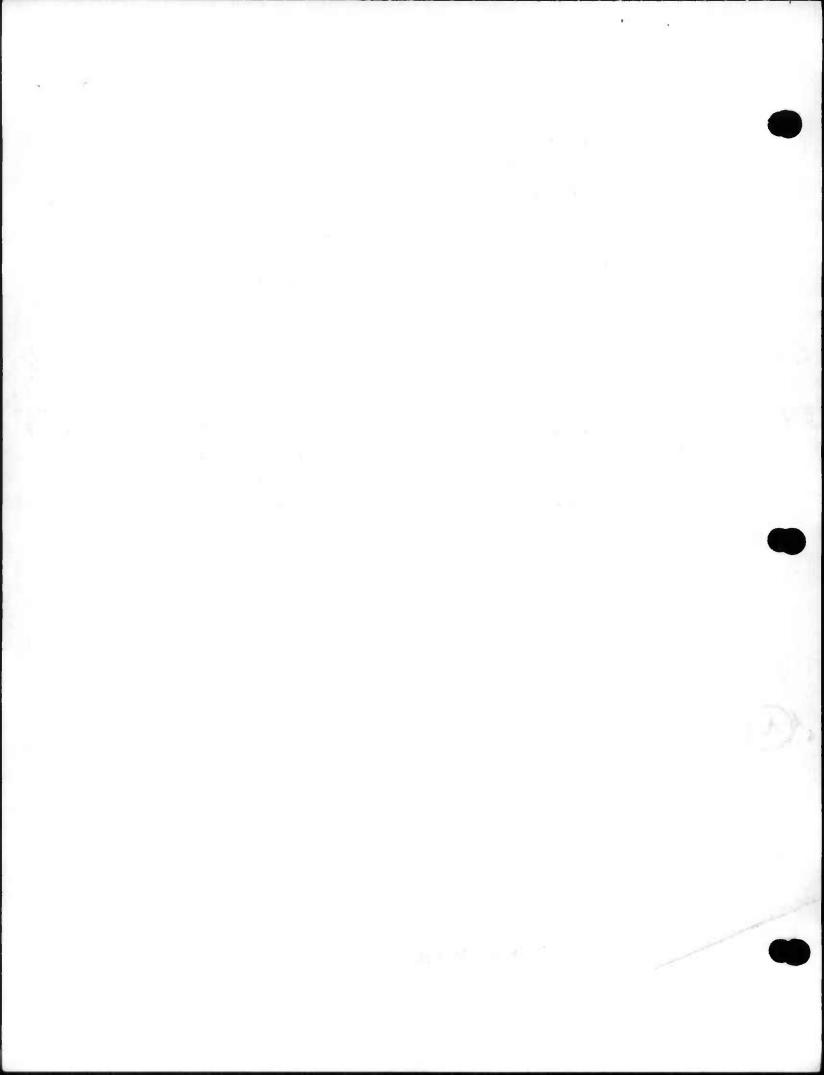
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	FOR STATE REGISTRAR	STATE OF MARYLAN		T OF HEALTH A		AL HYGIENE REG. NO.		
	1. DECEDENT'S NAME (First, Middle, Last)	EllA.	MAYS	Š		TE OF DEATH DAY	4 3	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 705 03 7488	1 □ M 2 □ F 92	YAS. MONTH	300	ин. (Mc	TE OF BIRTH onth, Day, Year) 11-1898	3	NRTHPLACE (State or Foreign Jountry) Maryland
DIRECTOR	9a. FACILITY NAME (# not institution, give a St. Luke Lut RESIDENCE OF DECEDENT	heran Home	Feb I	ty, town on Location lebbyille	OF DEATH		Bal:	timore Co
	MD Ba 10e. STREET AND NUMBER	ltimore Co	10c. CITY, TOW	Hebbyille Tool zip code			10g. CITIZEN	10d, INSIDE CITY LIMITS? 1 YES 2 NO OF WHAT COUNTRY?
FUNERAL	7600 Cla 11. MARITAL STATUS 1 Never Merried 2 Merried	ys Lane 12. WAS DECEDENT EVER IN U FORCES? 1 □ YES IF YES, GIVE WAR OR DATE	2 XNO	2 1 2 3. WAS DECENDENT OF If yes, specify Cuban, I	HISPANIC ORI Mexican, Puer		or No- 14.	USA RACE — American Indien, Black, White, etc.
TED BY	3 Widowed 4 Divorced 15. DECEDENT'S EDU (Specify only highest grade	ICATION 10 completed)	6a. DECEDENT'S USUAL	OCCUPATION le during most of working		16b, KIND OF BUSI	NESS/INDUST	
COMPLETED	Elementary/Secondary (0-12) 12 17. FATHER'S NAME (First, Middle, Last)	College (1-4 or 5+)	Retired	/Clerk	R'S NAME (Fin		5141	RoadWorker
BE	John Gra	nt Mays	19b. MAILING ADDRI	SS (Street and Number or	Rural Route N		a Bull State, Zip Coo	
2	St.Luke Luthe 20e. METHOD OF DISPOSITION 1 Burlel 2 Cremetton 3 Rem	20b. P		Clays Lan				7 or Town, Stata
	21. SIGNATURE OF FUNERAL SERVICES Burgee Henss Funeral	n state M	etro Crema	2. NAMÉ AND ADDRESS		STATE A	ANATO	lle, Md MY BOARD ore, MD 2120
CERTIFICATION	23. PART I. Enter the disease, or shock, or heart failure. IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a. Ad varced	ONSEQUENCE OF:	Last Ser which d	rile lises	Den Den olik	entia	Approximate Interval Between Onset and Death
PHYSICIAN: MEDICAL CER	PART II. Other algnificent condition	na contributing to death but	not resulting in the	underlying cause giv	ren in Part i	24e. WAS AN PERFORI	MED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
CIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	् रा					
	1 YES 2 NO 27. MANNER OF DEATH 1 Siletural 5 rending investigation	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	28c. INJURY AT WORK? 1 YES 2	28d.	DESCRIBE HOW IN	JURY OCCUR	ED
TED BY	2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJURY — building, etc. (Specify	- Al home, farm, street,	lectory, office	281.	LOCATION (Street e City or Town, State)	nd Number or i	Rural Route Number,
COMPLETED	Control of the contro	SICIAN: To the bast of my knowled ER: On the basis of examination of						suse(s) and manner as stated.
BE	29b. SIGNATURE AND TITLE OF CENTRE	Mr.	playsozi	A 29c. MCEN	SE NUMBER	-69	29d. DATE SI	GNED (Marith, Day, Year) 2/4/90
5	30. AND ADDRESS OF PERSON W	HO COMPLETED CAUSE OF DEAT	TH (ITEM 27) (Type, Print)	516 W.	Ro	lling	Rd V	Ba (to
	31. DATE FILED (Month, Day, Joer)	32 REGISTRAR'S SIGNAT	CURE			1		



DHMH-18 Rev 1/89

	FOR 1 - STATE REGISTRAR	STATE OF MARYLAND / I	DEPARTMENT OF		MENTAL HYGIEN REG. NO.	E	
	1. DECEOENT'S NAME (First, Middle, Last)	V.			2. DATE OF OEATH MONTH DA	V VE	3. TIME OF DEATH
ì	GENEUIEUE	= "MCCLASK!	EA		19-	5-9	5:00 Pm
	011 211 0531	S. SEX B. AGE (In yrs. last I	birthday) IF UNDER 1 YEA YRS. MONTHS DAY		7. DATE OF BIRTH (Month, Day, Year)		HRTHPLACE (State or Foreign country)
	Se. FACILITY NAME (If not institution, give street	it and number)	9b. CITY, TOW	N OR LOCATION OF OE		9c. COUNTY (OF OEATH
05	RESIDENCE OF DECEDENT	77.0	1	A HIM	ore		
DIREC	10e, STATE 10b. COUNTY		10c. CITY, TOWN OR LO	HIMOR	e		10d. INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL	3736 MH PA	EASON L Ave	NUE	101. ZIP CODE	4	10g. CITIZEN	OF WHAT COUNTRY?
	11. MARITAL STATUS 1	12. WAS DECEDENT EVER IN U.S. ARM	AED 13. WAS I		HC ORIGIN? (Specify Yes	or No — 14.1	RACE — American Indian,
E A	1 Never Merried 2 Married 3 Widowed 4 Divorced	FORCES? 1 YES 2 INC		specify Cuban Mexica ES 2 NO Specify			specify the te
	15. DECEDENT'S EDUCAT (Specify only highest grade co	TION 16a. DEC (Giv	CEDENT'S USUAL OCCUP- re kind of work done during Do NOT use retired.)	ATION most of working	16b. KIND OF BU	SINESS/INDUST	RY
COMPLET		College (1-4 or 5+)	-41			Afra	all P
M M	17. FATHER'S NAME (Since, Michille, Land)		Home,		ME (First, Middle, Meiden	Sumama)	1 = 1/
S	James Lo	DOBSO		Is. WOTHER SH	2 th prin	P. F	eller
0 8	19e. INEORMANT'S NAME (Type/Print)		MAILING ADDRESS (Street	et and Number or Rural i	Route Number, City or Tow	n, State, Zip Cod	6 6 land Burnie
۲	ALFRED (Us)	9CC/NSkey 6.	644 W	hit Mon	e Count	Apt1.	30 Md. 2106
	20a METHOD OF DISPOSITION 1 Buriel 2 Cremetion 3 Remove 4 Donation 8 Other (Specify)		OF DISPOSITION (Name of	SWAY	ery F	CATION - CITY	Hanland
	21. SIGNATURE OF POWERAL SERVICE LICES	BEE	22. NAM	AND AODRESS OF FA	CILITY	TE	Frank Home
	* Ukall	20	2/2	Zely / //	entities.	< + Z	Zalla 148 =17.2
	23. PART I. Enter the Uncases, of CD			mode of dying, auc	h as cerdled or reep	iratory arrest,	
	IMMEDIATE CAUSE (Final	et only one ceuse on each line.					Interval Between Onset and Death
	disease or condition resulting in deeth)	UEMMUL	ULAR TO	CHYCALD	1A		himmer
		OUE TO (OR AS A CONSEC			,		
NO O	Sequentielly list conditions, b.	DUE TO (OR AS A CONSECU		CHOWL			HOUND
CATION	If any, leading to immediate cause. Enter UNDERLYING	CORONAR	24 ARTI	Ry DI	SUACE		108
RTIF	CAUSE (Disease or Injury that Initiated evente	DUE TO (OR AS A CONSECU	UENCE OF):				
CER	resulting in death) LAST						
4	PART II. Other aignificant conditions	contributing to death but not re	eaulting in the under	ying cause given in	Part I. 24a. WAS AN		24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO
	METASTATIC	BRUAST CA.	ncur		1 YES :		COMPLETION OF CAUSE OF DEATH?
ME							1 TYES 2 NO
PHYSICIAN: MEDI	25. WAS CASE REFERRED TO MEDICAL		20	B. PLACE OF DEATH (C)	neck anth one)		
SICI	EXAMINER?	HOSPITAL:	OTHER:	Home 5 - Residence			
H	27. MANNER OF DEATH	28a. OATE OF INJURY (Month, Day, Year)		INJURY AT WORK?	28d. OEŞCRIBE HOW	INJURY OCCUR	EO
ВУ Р	1 Natural 5 Pending 2 Accident Investigation	(WONIII, Day, Year)		YES 2 NO			
COMPLETED E	3 Suicide 8 Could not be 4 Homicide determined	20s. PLACE OF INJURY — At hor building, etc. (Specify)	me, farm, street, factory,	offica	20t. LOCATION (Street City or Town, Statu		lural Route Number,
ZE.	29a. CERTIFIER 1 CERTIFYING PHYSICI	IAN: To the best of my knowledge, dea	ath occurred at the time,	date and place, and dua	to the cause(s) end ma	nner se stated.	
OM	anal .	On the basis of examination and/or is	investigation, in my opinio	n, death occured at the	time, date and place, e	nd due to the ca	suse(e) and manner ea stated.
	296. SIGNATURE AND TITLE OF CERTIFIER			29c. LICENSE NU	MBER	29d, DATE SI	GNED (Month, Day, Year)
TO BE		Q_M.D.					68-2-6
F	30. NAME AND AODRESS OF PERSON WHO				PEASTORY		
	31. DATE FILED. (Month. Dey. Year)	32. REGISTRAR'S SIGNATURE	3. FT	cruces:	SLOTT ILON	1 140	>4
	DEC 6 1000						



TO THE FUNEFAL OIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the fled within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2-

	FOR 1 - STATE REGISTRAR	STATE OF	MARYLAND /				EALTH DEAT		MENTA	L HYGIENI REG. NO.	E	90	3	3445
	1. DECEDENT'S NAME (First, Middle, Last)			0	1/2	11			2. DATE	OF BEATH	7 ,	YEAR	3. TIM	E OF DEATH
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. les	ot birthday) YRS.	IF UNDER	1 YEAR	IF UNDER :	24 HRS. MIN.	7. DATE (Mont) Dec	of BIRTH 5 1894	90	8. BIRTH	PLACE y	(State or Foreign
OR	263. 36. 8678. A 9a. FACILITY NAME (If not institution, give in the control of t	street and number)/			9b. CITY	TOWN	PR LOCATION					NTY DF D		
DIRECTOR	10a. STATE 10b. COUNT	Y		10c, CIT	TY, TOWN !	OR LOCAT	TION		/					ISIDE CITY
	Florida Volu	sia		Day	tona									YES 2 ND
FUNERAL	10e. STREET AND NUMBER						. ZIP CODE					ZEN OF V	WHAT CO	DUNTRY?
NE	121 Atares Avenu		NT EVER IN U.S. AF	1150	- 40		2118	r I HODAN	IIO ODIOIS	i? (Specify Yea	US		- 4-	erican Indian,
BY FU	1 Never Married 2/7/20Married 3 Widowed 4 Divorced	FORCES?	1 YES 2 (1)			If yes, sp	ecify Cuban	, Mexicar	n, Puerto I		or No-	Black Spec	k, White	, atc.
ED	15. DECEDENT'S EDU (Specify only highest grade		16a. Di	ECEDENT'S	S USUAL O	CCUPATIO	ON set of working	a	16b	KIND OF BUS	INESS/IN	DUSTRY		
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5	+)		aker		s of working			wn hom				
MP	17. FATHER'S NAME (First, Middle, Lust)		по	me m	aker.		I sa MOTH	ED'C NAI		Middle, Maiden		1111		
	unobtainable								nabl		ourname)			
BE	19a. INFORMANT'S NAME (Type/Print)		19	b. MAILIN	G ADDRES	S (Street				ber, City or Tow	n, State, Zij	Code)		· · · · · · · · · · · · · · · · · · ·
2	Paul W. O'Neill		1	21 A	tare	s Av	e I	ayto	ona.	Beach,	Flo:	rida	32:	118
	20a. METHOD OF DISPOSITION 1 (1) Burlal 2 Cremation 3 Ren 4 Departion 5 Other (Specify)	noval from Stata	20b. PLACE other p Natio	of dispo	Memo:	eme of co	metery, crem Park	atory or			CATION -			na Virginia
	21. SIMMATURE OF FUNERAL SERVICE L	CENSEE .	Book	wal						l Home Dr., A	rlin	aton	. Vo	a. 22203
CERTIFICATION														
PHYSICIAN: MEDICAL C	PART II. Other algnificant condition	na contributing t	o death but not	resulting	in the u	nderlyir	g cause g	given in	Part I.	24a. WAS AN PERFOI 1 YES 2	RMED?	24	COMP OF DE	AUTOPSY FINDINGS ABLE PRIOR TO LETION OF CAUSE ATH? YES 2 ND
IAN	25. WAS CASE REFERRED TO MEDICAL					36. P	LACE OF D	EATH (Ch	eck only o	ne)			_	
SIC	1 YES 2 NO	HOSPITAL:	☐ ER/Outpatient	3 🗆 DOA	OTHE		ne 5 🗆 Re	sidence	6 🗆 Oth	er (Specify)				
ВУ РНУ	27. MANNER OF DEATH 1		Dey, Year)	28b. TI	IME OF NJURY M	W	JURY AT ORK? YES 2] ND	28d. DE	SCRIBE HOW	NJURY O	CCURED		
	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE building	OF INJURY — At h g, etc. (Specify)	ome, farm	, street, fa	tory, offi	De .			CATION (Street or Yown, State		or or Aural	Route N	lumber,
BE COMPLETED	29a. CERTIFIER (Check only 2 MEDICAL EXAMIN						death occur	red at the	time, det	a and place, a	nd dua to	the cause	,	Day, Year)
TO B	30 NAME AND ADDRESS OF PERSON N	HO COMPLETED CA	UISE OF DEATH (IT	FM 27) /3a	no Orient)		KKK	XXX	D085	4	•	2	4	140

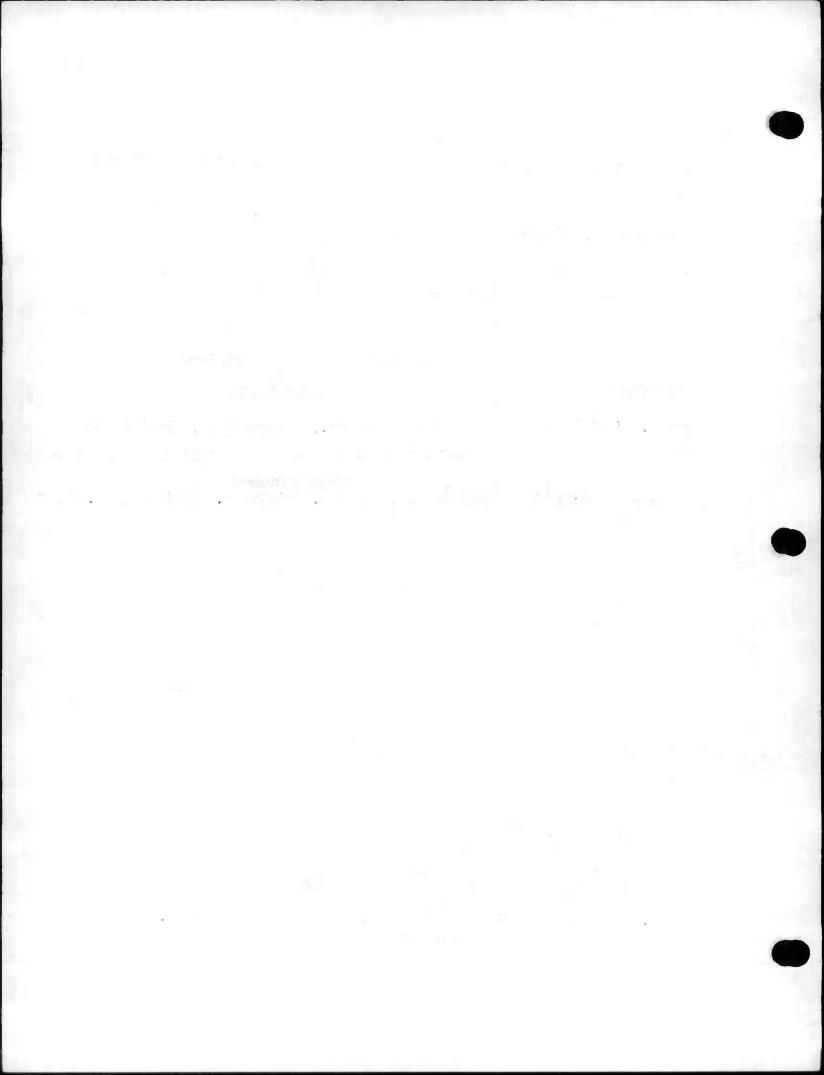
DEATH (ITEM 27) (Type, Print)

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1990

Randolph Road, Suite 216 Rockville, Md.

20852

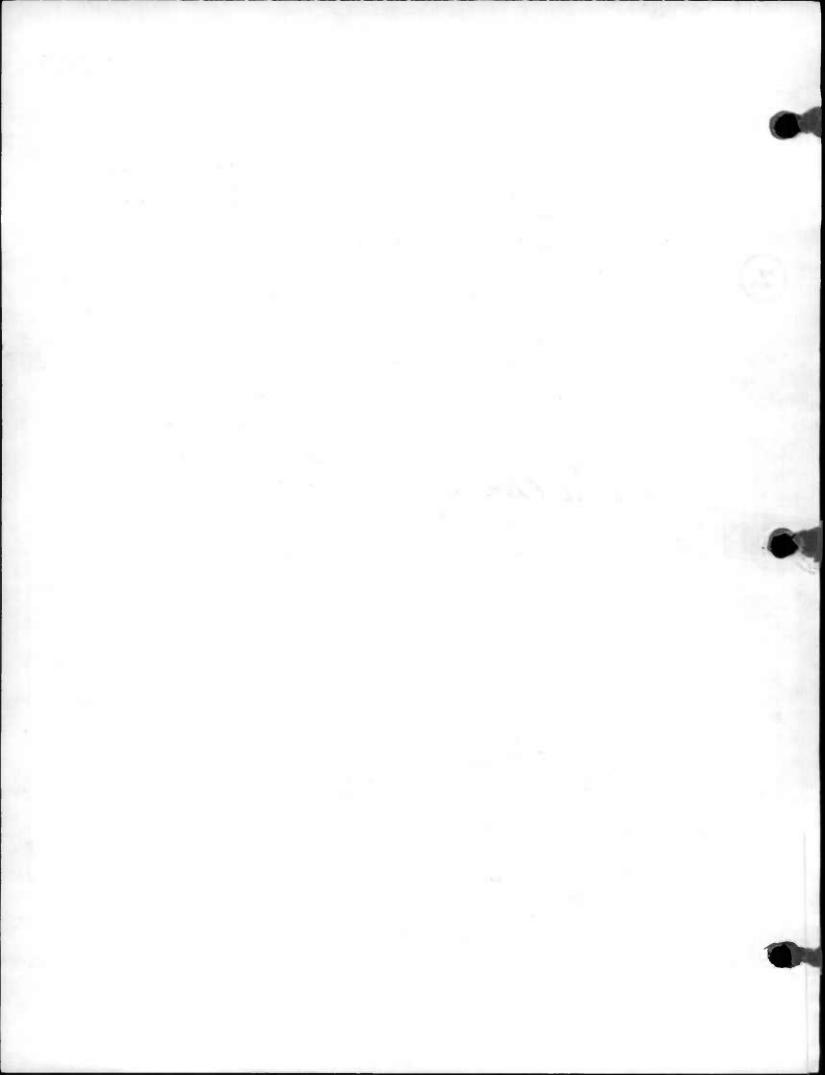


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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CERTIF	ICATE OF	DEATH	RI	EG. NO.		
1	1. OECEDENT'S NAME (First, Middle, Last)					2. DATE OF D	EATH	wese	3. TIME OF DEATH
	MARY F		P	ERKINS		12	04	90	01:20 AM M
		SEX 6. AGE	(In yrs. lest birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF B			PLACE (Stelle or Foreign
			51 YRS.	MONTHS DAYS	HOURS MIN.	(Month, Dey	/. Year)	Countr	y)
	E 1E E0 3000) '			7-29-			aryland
_	9a. FACILITY NAME (If not institution, give street	and number)			OR LOCATION OF OR	EATH	9	c. COUNTY OF O	
DIRECTOR	NORTH ARUNDEL HOSE	'ITAL ASSOC	CIATION	GLEN	BURNIE			A.A.	COUNTY
Ĭ	10s. STATE 10b. COUNTY		10c. CIT	Y, TOWN OR LOC	ATION				10d. INSIDE CITY LIMITS?
5	Maryland Anne A	Arundel	Pa	sadena					1 YES 2 NO
	10e. STREET AND NUMBER				01. ZIP CODE		10	Dg. CITIZEN OF V	VHAT COUNTRY?
FUNERAL	115 Appian Way				21122			U.S.A	
5	The state of the s	. WAS DECEDENT EVER I			CENDENT OF HISPAN			No- 14. RACE	American Indian, t, White, etc.
BY F	1 Never Married 2 Merried 3 Widowed 4 Divorced	IF YES, GIVE WAR OR D			S 2 NO Specifi		, attal	Spec	
	15. DECEDENT'S EDUCATI	ON	16a, DECEDENT'S	USUAL OCCUPAT	TON	16b. KIN	D OF BUSINE	ESS/INDUSTRY	
E	(Specify only highest grade corr Elementary/Secondery (0-12) C		(Give kind of a	work done during i se retired.)	nost of working				
اي	12th Grade	College (1-4 or 5 +)	House	: 50			Home M	folcon	
X			nousew	/ITE	18. MOTHER'S NA				
COMPLETED	17. FATHER'S NAME (First, Middle, Last)							nemej	
BE		mes Henn				ary Clo			
9	19e. INFORMANT'S NAME (Type/Print)				end Number or Rural				
-	Eugene Perkins	.lr.	115 A	Appian V	lay Pasa	adena,	Maryl	end 2	1122
	20e. METHOD OF DISPOSITION 1 ☑ Burlei 2 ☐ Cremation 3 ☐ Removal	20	b. PLACE OF DISPO	SITION (Name of	emetery, crematory or		20c. LOCAT	TION — City or To	wn, State
	4 Donation 8 Other (Specify)	from State	Glen Hav	en Memo	rial Park	<	Gler	Burnie	e, Maryland
	21. SIGNATURE OF FUNERAL SERVICE LICENS	SEE		22. NAME	AND ADDRESS OF FA	CILITY			
	21. SIGNATURE OF FUNERAL SERVICE LICENS	P Nove	N		ge J. Gor				
					Ritchie				1. 21225
	23. PART i. Enter the diseases, or comshock, or heart feliure. List iMMEDIATE CAUSE (Final disease or condition resulting in dauth)		each line.						Approximate interval Between Onset and Death
		7	13	. ,.		1/2			j
CERTIFICATION	Sequentially list conditions, b	DUE TO (OR AS	A CONSEQUENCE O	- Q	and.	1600	- 01		
F	if any, leading to immediata cause. Enter UNDERLYING			. ,.					
2	CAUSE (Disease or injury C	DUE TO (OR AS	A CONSEQUENCE O	FI:					+
Ē	that initiated events resulting in death) LAST	·		•					
浜	d								+ -
7	PART ii. Other aignificant conditions of	ontributing to death	but not resulting	in the underly	ing ceuse given in	Part i. 24	. WAS AN AU		. WERE AUTOPSY FINDINGS
DICAL							PERFORME		AVAILABLE PRIOR TO COMPLETION OF CAUSE
						- ''	YES 2	NO	OF DEATH?
ME					_	_			1 YES 2 NO
Ä									
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	OSPITAL:		26. OTHER:	PLACE OF DEATH (C)	heck only one)			
YSI	1 TYES 2 NO	Inpatient 2 - ER/Out		4 Nursing H	ome 5 - Residence	8 Other (Sp	pecify)		
PH	27. MANNER OF DEATH	28e. DATE OF INJURY (Month, Day, Year)			NJURY AT WORK?	28d. DESCRI	BE HOW INJ	URY OCCURED	
BY	1 Natural 5 Pending Investigation			M 1 [YES 2 NO				
	3 Suicide 8 Could not be	28e. PLACE OF INJUR building, etc. (Spi		street, factory, o	fice		ON (Street and own, State)	Number or Rural	Route Number,
H	4 Homicide determined					197.00	, ,		
4	29a. CERTIFIER 1 CERTIFYING PHYSICIA	N: To the best of my know	wiedne, death necur	red at the time d	ete and place, and du	e to the causel	e) and manne	or no stated	
M	(Check only one) 2 MEDICAL EXAMINER:	- The supplication							(a) and manner as stated
COMPLETED				. ,,					
BE	29b. SIGNATURE AND TITLE OF CERTIFIER	01	- a.	0	29c. LICENSE NU				D (Month, Day, Year)
TO E	mage 100	-oxes			027	738		12	14190
F	MAYER GORBATY, M.	OMPLETEO CAUSE OF D	EATH (ITEM 27) (Typ	e, Print)	DIIDNITE M	ADVI AND	2100	1	
		D./ 93 KQUAI	IAUN IAM)/GLEN	DURNIE, M.	AKILAN	D 2106	ΣŢ	
	DEC 6 1990	St. Medistron as	Avandous						



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TO BE COME	MEDICAL CERTIFICATION	SE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION
examiner must be notified at once.	ORTANT: II Item 28 is marked, or item 24 shows any Injury, or other traumatic event, the medical examiner must be notified at once.	ANT: If Item 28 is marked, or Item 24
il.	led within 72 hours after death with the Stree-put experience of Mental Hysiene prior to burial, cremation, or removal.	ithin 72 hours after death with the Standard
e funeral director, page 5 should be detache	the meaning physician and completely filled in by the	UNERAL DIRECTOR; After this certificam the be
death. Page 6 may be retained by the hosp	HE HOSPITAL DR ATTENDING PHYSICIAN. The property of the control of the control of the hosp	OSPITAL DR ATTENDING PHYSICIAN The

ď	FOR 1 - STATE REGISTRAR	STATE OF MARYLAN		MENT OF HEA		NTAL HYGIENE REG. NO.		
	1. DECEDENT'S NAME (First, Middle, Last)	PE-	TROF	F	2.	DATE OF DEATH DAY	YEAR 90	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 220149 308	1□ M 2 ØF 79	YRS.	ONTHS DAYS H	OURS MIN.	DATE OF BIRTH (Month, Day, Year) 12/24/10	Ma	ryland
TOR	98. FACILITY NAME (If not Institution, give s GOOD Samaritian H RESIDENCE OF DECEDENT		.9	Baltimo	OCATION OF DEATH	1	9c, COUNTY OF I	DEATH
DIRECTOR	Maryland 106. COUNTY	/		iown or location		Belvedere	e Ave.	10d. INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL	100. STREET AND NUMBER 1105 E. Belvedere	Avenue		10f. ZI	P CODE			S.A.
Β¥	11. MARITAL STATUS 1 Never Married 2 Married 3 X Widowed 4 Divorced	12. WAS DECEDENT EVER IN U. FORCES? 1 _ YES IF YES, GIVE WAR OR DATE	2 🔀 NO		y Cuban, Maxican, P	ORIGIN? (Specify Year Puerto Rican, etc.)	or No 14, RAC Blac Spec	E — American Indian, sk, White, atc.
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5+)	Give kind of wor He. Do NOT use i	k done during most o retired.)		166. KIND OF BUSH	ness/industry	ny
BE COM	17. FATHER'S NAME (First, Middle, Last)	John Janetzke		1	8. MOTHER'S NAME	(First, Middle, Melden S Edna Wils		
TO B	Julia LeBouvier		1536	6 Inlet	Place Du	umfries, \	/irginia	
	20e. METHOD OF DISPOSITION 1 Burial 2 X Cremation 3 Rem 4 Donation 6 Other (Specify)	oval from State	ther place) Met	ro Crema	tory	Cato		, Maryland
	21. SIGNATURE OF PINERIAL SERVICE LI	Jens Carpe	intu	3631 F	alls Road		ore, Mar	yland 21211
	23. PART I. Enter the diseases, preshock, or head feilure. IMMEDIATE CAUSE (Finel disease or condition recuiting in death)	e	A D		of dying, euch a		1	Approximata Interval Between Onset and Death
CERTIFICATION	Sequentielly list conditione, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	b	1					
PHYSICIAN: MEDICAL C	PART II. Other significent condition	ne contributing to deeth but	not resulting in	the underlying o	euse given in Pa	24a. WAS AN A PERFORM	MED?	b. WER AUTOPSY FINDINGS ANALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
CIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		28. PLAC	E OF DEATH (Check	only one)		
	1 YES 2 NO 27. MANNER OF DEATH Netural 5 Pending Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME	OF 28c. INJUR		Other (Specify) 8d. DESCRIBE HOW IN	JURY OCCURED	
TED BY	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide detarmined	28e. PLACE OF INJURY — building, atc. (Specify	At home, ferm, str	eet, factory, offica	2	6t. LOCATION (Street as City or Town, State)	nd Number or Runa	l Route Number,
COMPLETED	29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINI	RICIAN: To the best of my knowled ER: On the basis of examination s						(a) and manner as stated.
TO BE	29b. SIGNATURE AND TITLE OF CERTIFIE	Me	, h, D	Intan	9c. LICENSE NUMBI	ER	29d. DATE SIGNE	(Month, Day, Year)
	30. NAME AND ADDRESS OF PERSON WE	ASHKAR	- /	C/3	GSH	+	/	/
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNAT	ndall.	/				

funeral director, page 5 should be detached for use as the

filled in by the figure or removal.

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FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH November 28, 1990 George E. Perry, Jr. 7. DATE OF BIRTH (Month, Day, Ybar April 8. BIRTHPLACE (State or Foreign 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. lest birthday) IF UNDER 1 YEAR | IF UNDER 24 HRS. DAYS 912 HOURS 1.X M 2 | F 30 164-09-8359 78 Penna. 9a. FACILITY NAME (If not institution, give street and number) 9c. COUNTY OF GEATH 9b. CITY, TOWN OR LOCATION OF GEATH College Manor 300 W. Seminary Ave. Baltimore DIRECTOR Towson RESIDENCE OF DECEDENT 10a. STATE 10h COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Baltimore Baltimore 1 TYES 2 NO FUNERAL 10e. STREET AND NUMBER 10g. CITIZEN OF WHAT COUNTRY? 101, ZIP CODE 200 Overbrook Rd. 21212 USA 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 WHO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No—If yee, specify Cuban, Mexican, Puerto Rican, etc.)

1 YES 2 NO Specify: 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 X Married Specify: BY 3 Widowed 4 Divorced White COMPLETED 18a, DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16b. KIND OF BUSINESS/INDUSTRY Garden Supplies Elamentary/Secondary (0-12) College (1-4 or 5+) Perry Sales Co. Years Owner 4 17. FATHER'S NAME (First, Middle, Last) George E. Perry, Sr. Annie Elizabeth Ravenzahn notified at BE 19s. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Hel en Perry 200 Overbrook Rd. 21212 Baltimore. must be 20a METHOD OF DISPOSITION
1 X Buriel 2 Cremetion 3 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or 20c. LOCATION - City or Town, State arkwood Cemetery 4 Donation 5 Other (Specify) Baltimore, Md. 21. SIGNATURE OF THE FLAT SERVICE LICENSEE examiner 22. NAME AND ADDRESS OF FACULTY
Mitchell-Wiedefeld Home, Inc. 6500 York Rd. Baltimore, other traumatic event, the medical 23. PART I Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such se cerdisc or respiratory errest, shock, or heart failure. List only one cause on each line. Approximate Interval Between Onset and Deeth IMMEDIATE CAUSE (Fine) barkenson's lavanced disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF) CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST ury or PART II. Other elgalficant conditions contributing to death but not resulting to the underlying cause given in Part i. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS MEDICAL PERFORMED? AVAILABLE PRIOR TO agvances COMPLETION OF CAUSE 1 U YES 2 TONO 23 shows 1 TES 24 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF OEATH (Check only one) ltem. TO THE HOSPITAL OR ATTENDING PHYSICIAN: The TO THE FUNERAL DIRECTOR: After this certificate to filed within 72 hours after death with the State important; If item 28 is marked, or item. HOSPITAL:
1 | Inpatient 2 | FR/Outpetient 3 | DOA | Nursing Home 5 | Residence 6 | Other (Specify) 1 YES 2 NO 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 26d, DESCRIBE HOW INJURY OCCURED 1 Natural
2 Accident 5 Pending 1 YES 2 NO BY 28s. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Sulcide COMPLETED 6 Could not be 4 Homicide he best of my knowledge, death occurred at the time, data and piece, and due to the cause(s) and manner as stated. 2 MEDICAL EXAMINER: On/IN and/or investigation, in my opinion, death occured at the time, data and place, and due 29d. DATE SIGNEO (Mognity Day, Year) 29b. SIGNATURE AND TITLE OF CERTIFIES 29c. LICENSE NUMBER BE 2251+ 2 PLETED CAUSE OF DERTH (ITEM 27) (Type, Princ) 30. NAME AND ADDRESS OF PI Stephen Laiken, M.D.

6301 N.Charles Street, Suite 8, Balto., Md.,

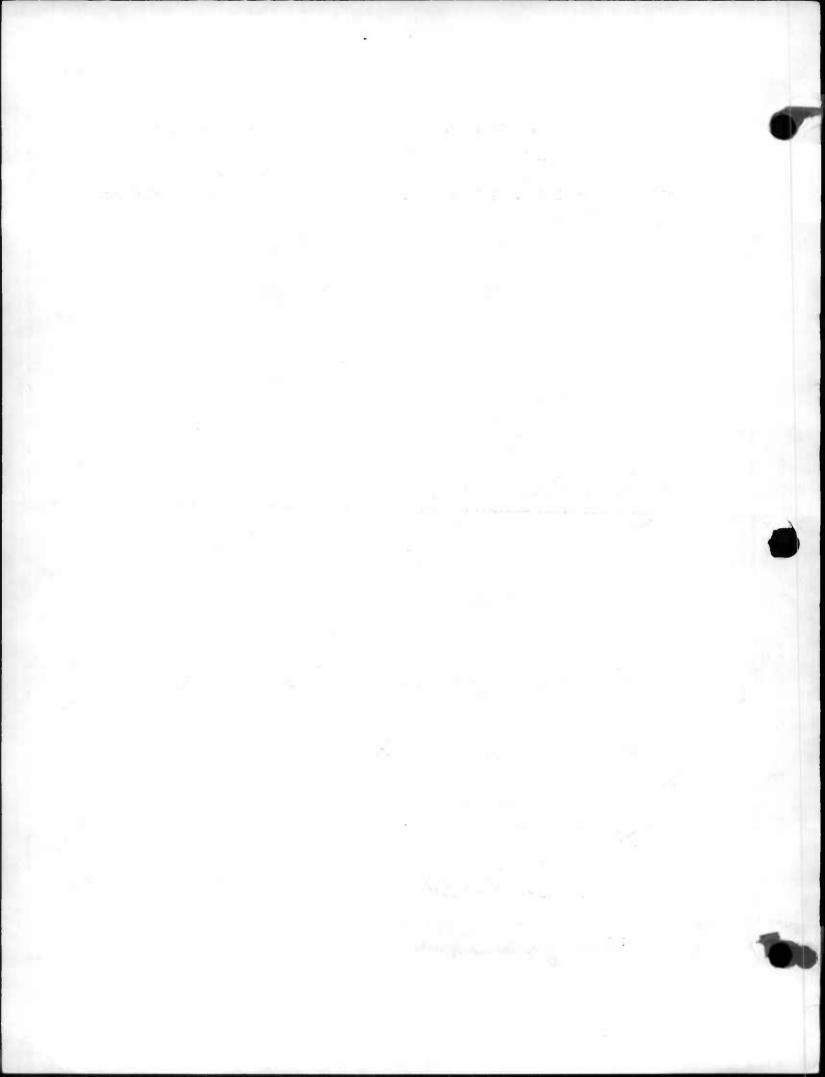
31. DATE FILED (Month, Day, Year)

DEC

6 1990

32. REGISTRAR'S SIGNATURE

a Dandson Rondalle



the hos	detach		once.	
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed w.,	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely miled in by the funeral director, page 5 should be defacth		IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	
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rtificate	of physi	giene pr	other t	
learth ce	attendir	ntal Hy	Y, 0r	
at the	by the	and Me	ny July	
quires th	signed	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	OWS ar	1
law rec	as beer	Dept. of	23 sh	
AN: The	ificate h	State	r item	
PHYSICI	this cert	with the	ked, o	
NDING F	: After 1	r death	is mar	
DR ATTEND	RECTOR	urs afte	m 28	
TIAL D	RAL DI	72 ho	F. H. He	
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31. DATE, FILED (Month, Day, Year) DEC 6

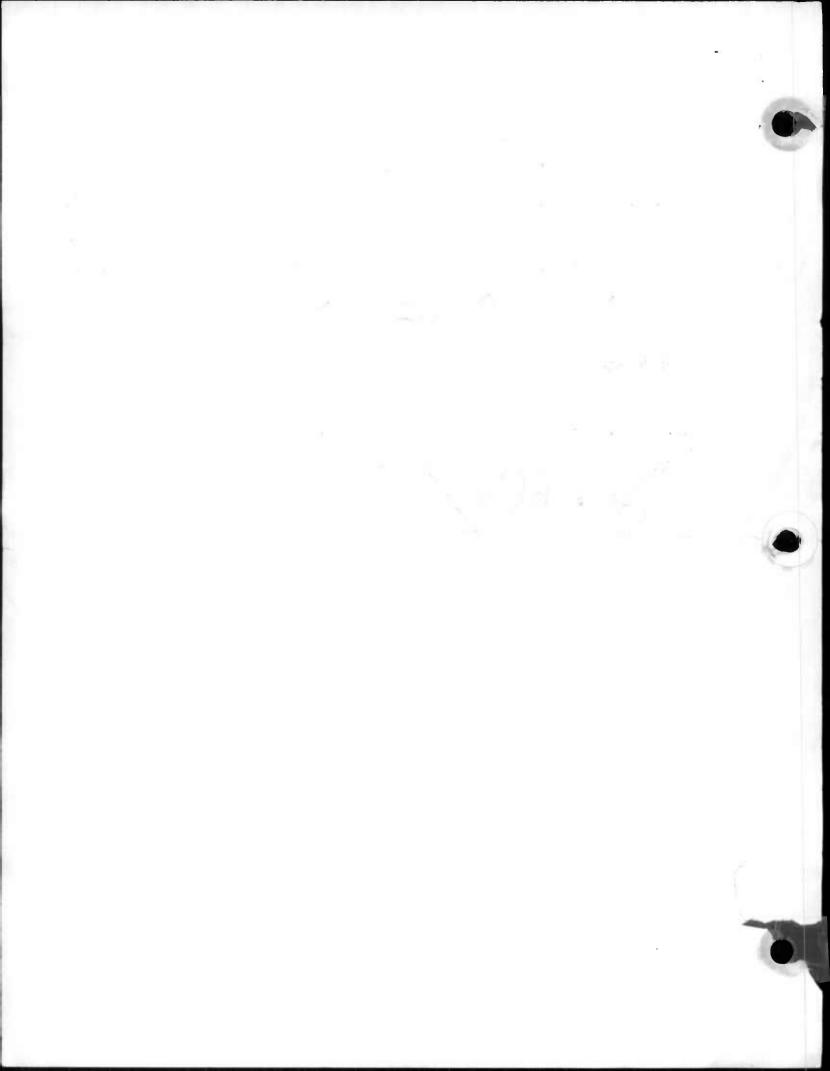
1990

	FOR_	STATE OF MARYLAND	/ DEPARTM	ENT OF HEALTH	H AND MENTA	AL HYGIENI	90	33449
-	STATE REGISTRAR 1. DECEDENT'S NAME (First, Middle, Last)	C		ATE OF DEA	2. DAT	REG. NO.		3. TIME OF DEATH
		Harry R. Powers	7.		MON	12/04/		1225 M
	4. SOCIAL SECURITY NUMBER	5. SEX 8. AGE (In yrs.			(5.4	E OF BIRTH	8. B	IRTHPLACE (State or Foreign ountry)
	204-16-9384	1 M 2 □ F 6	5 YRS. MO	THE DAYS HOURS	MIN. (MOI	11/29/		Pennsylvania
	9e. FACILITY NAME (If not institution, give str			CITY, TOWN OR LOCA	TION OF DEATH	117 - 27	9c. COUNTY	
TOR	Balto. Co. General Ho	sp.		Randallsta	own		Baltin	more county
DIRECTOR	Maryland 106, COUNTY	Baltimore	10c. CITY, TO	Pikesville	е			10d. INSIDE CITY LIMITS? 1 YES 2 NOX
FUNERAL	100. STREET AND NUMBER 124 Clarendon A	ve.		10f. ZIP CO	21208		10g. CITIZEN	U.S.A.
BY FUN	11. MARITAL STATUS 1 Never Mirried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES	ARMED NO NO	13. WAS DECENDENT If yes, specify Cur 1 YES 2 N	ban, Mexican, Puerte	ith? (Specify Yee o Rican, etc.)		RACE — American Indian, Black, White, etc. Specify: Caucasian
COMPLETED	15. DECEDENT'S EDUC (Specify only righest grade of Elementary/Secondary (0-12)	completed	DECEDENT'S USA (Give block of work the Do NOT use re	done during most of wor		Sb. KIMD OF BUI	INESS/INDUST	нү
M P	4 years			IIS Army B		48000 TO 1	E-materi	
BE CO	17. FATHER'S NAME (First, Middle, Lent)	hert. Powers		38. MC	THER'S NAME (First	, Altidde, Maiden		hlmown
TO B	Mrs. Marie J. Priners			pendon Ave.				Q
	20s. METHOD OF DISPOSITION 1 © Burtal 2 Commetten 3 Person	20b. PLA	CE OF DISPOSITH	ON (Name of cometer), o			CATION - City	
	1 Burial 2 Cremation 3 Remo		Viens Mor	. Doub		0.4	cesville	C
	21. SIGNATURE OF FUNERAL SERVICE LIC		- VIEW DES	22. NUME AND ADD	HESS OF FACILITY	- Syl	- I Di-	tors Tor
	. //	the week	/	0700 7 45	Loring by			Monday
	Samos	10/00/		8728 Libe		Randalla		Mary121133
	23. PART I. Eater the diseases, or c should, on heart failure.	List only one cause on each I	ine.					Interval Between
	IMMEDIATE CAUSE (Final	11-		c Li	. 41/	PANIC	TOP.	Onset and Death
	disease or condition reaulting in death)	MPTA-	1411	c cl	11/1/07	CHIVE	1	
	AND THE REAL PROPERTY.	DUE TO (OR AS A CON	SEOUENCE OF):					
z	Commentative flat aggrethions	b						
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A CON	SEQUENCE OF):					
S	CAUSE (Disease or Injury	с						
ᄩ	that initiated events	DUE TO (OR AS A CON	SEQUENCE OF):					
#	reaulting in death) LAST	d,						
0	PART II. Other algnificant condition	a contributing to death but n	ot resulting in 1	ha undarlying caus	a given in Part I.	24a. WAS AN	AUTOPSY	24b. WERE AUTOPSY FINDINGS
8						PERFO		AVAILABLE PRIOR TO COMPLETION OF CAUSE
MEDICA						1 TYES	Z [] NO	OF DEATH?
Z								1 YES 2 NO
CIAN:								
5	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		THER:	F DEATH (Check only			
YSI	1 TYES 2 NO	1 Inpetient 2 ER/Outpetien		☐ Nursing Home 5 ☐				
PHYSI	27. MANNER OF DEATH	(Month, Day, Year)	26b. TIME (Y WORK?	1117	DESCRIBE HOW	INJURY OCCUR	ED
BY	1 Natural 5 Pending 2 Accident Investigation			M 1 TYES				
ED	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY — A building, etc. (Specify)	t home, ferm, stre	et, factory, office		City or Town, State		Rural Route Number,
	20-055715150							
P.	Check only	ICIAN: To the best of my knowledge						
COMPLET	2 MEDICAL EXAMINE	ER: On the beele of examination end	for investigation,	in my opinion, death or	ccured at the time, o	iate end place, e	nd due to the c	suse(e) and manner ee stafed.
w	296. SIGNATURE AND TITLE OF CERTIFIE	R		29c,	LICENSE NUMBER	170	29d. DATE S	GNED (Month, Day, Year)
0	0.1	an My			N 373	333	12	.4.90
12	30. NAME AND ADDRESS OF PERSON WE	ID COMPLETED CAUSE OF DEATH	(ITEM 27) (Type, P.	int)				0

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

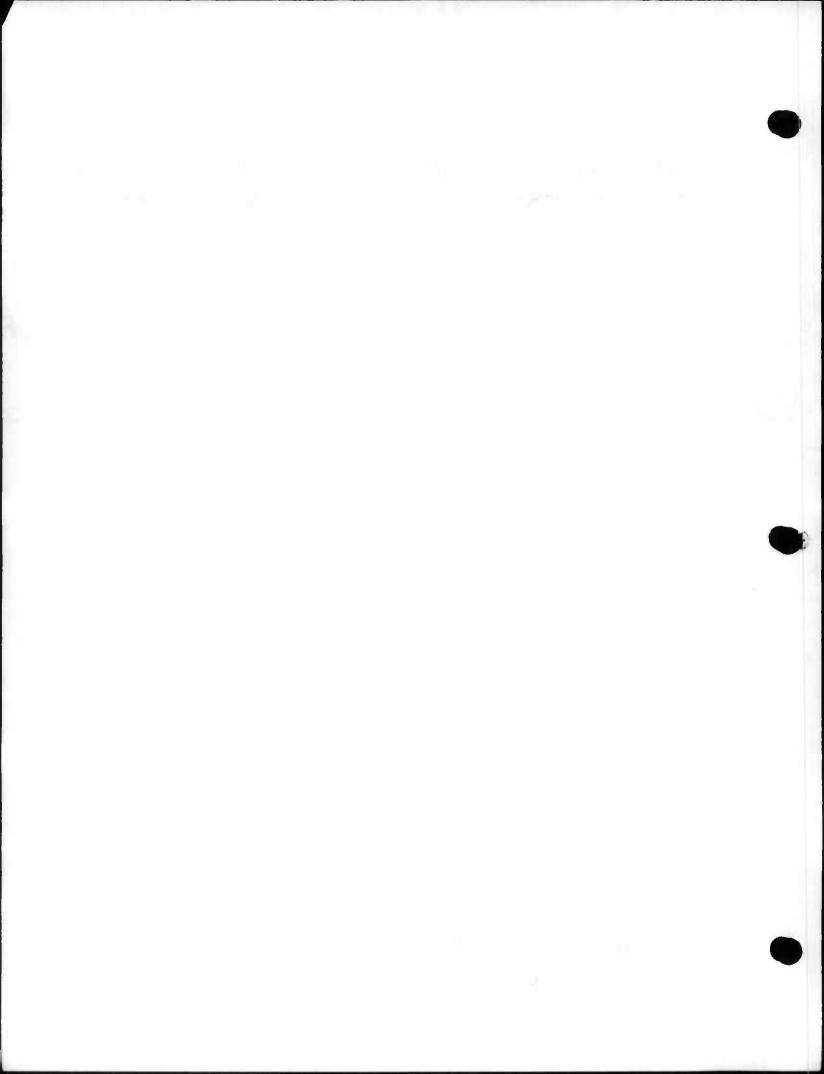
C. RAVI MO CGH, RANDALCSTOWN, MO

MPLETED CAUSE OF DEATH (TEM 21) (1998, P MDCBCGH, R 32: DEGISTRAR'S SIGNATURE Julia Davidson-Randall



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TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical e

,	ABRAHAM PRAGER	. (ABRAHAI	M PRAGER)	MONTH /// BAY	YEAR 430 P.M		
	4. SOCIAL SECURITY NUMBER 5. SEX 8. AGE	(In yrs. last birthday) IF U		7. DATE OF BIRTH (Month, Day, Year)	8. BIRTHPLACE (State or Foreign Country)		
	9a_FACILITY NAME (If not institution, give street and number)	/// YRS.	CITY, TOWN OR LOCATION OF DEA	11/17/19	POLAND		
TOR	98. FACILITY NAME (If not institution, give street and number) 96. CITY, TOWN OR LOCATION OF DEATH 96. COUNTY OF DEATH 96. COUNTY OF DEATH 96. COUNTY OF DEATH 96. COUNTY OF DEATH 96. COUNTY OF DEATH 96. COUNTY OF DEATH 96. COUNTY OF DEATH						
DIRECTOR	100. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION BALTIMORE BALTIMORE				10d, INSIDE CITY LIMITS? 1 □ YES XX NO		
FUNERAL	100. STREET AND NUMBER 4500 TAPSCOTT RD.		101. ZIP CODE 21208		TIZEN OF WHAT COUNTRY? USA		
ONE	11. MARITAL STATUS 12. WAS DECEDENT EVER	IN U.S. ARMED	S ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN		14. RACE — American Indian, Black, White, stc.		
B	1 Never Married 2 Married FORCES? 1 YES IF YES, GIVE WAR OR I		TWO If yes, specify Cuban, Maxican, Puerto Rican, etc.) 1 YES 2 TAND Specify: Specify:				
Ë	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	(Give kind of work of life. Do NOT use reti	done during most of working	16b, KIND OF BUSINESS/II	NOUSTRY		
COMPLETED	Elementary/Secondary (0-12) College (1-4 or 5+)	CABI	NET MAKER	F	FURNITURE		
BE CON	17. FATHER'S NAME (First, Middle, Last) ISRAEL PRAGER		16. MOTHER'S NAM BUN	E (First, Middle, Melden Surname)			
198. INFOHMANT 5 NAME (typerrim)							
	MRS BONNIE BLOCK 20a METHOD OF DISPOSITION XXBurlel 2 Cremation 3 Removal from State	0b. PLACE OF DISPOSITIO	PSCOTIT RD. BAL N (Name of cemetery, crematory or		21208 City or Town, State		
	XXBurial 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify)	other place	TFILOH CONG.	BALT	IMORE, MD		
				SOF PEATING	OL LEVINSON & BROS., INC.		
	Jay Jun		6010 REISTERST	_			
	23. PART I. Enter the disease, or complications that cause shock, or heart feiture. List only one cause on IMMEDIATE CAUSE (Finel disease or condition resulting in deeth) DUE TO (OR AS	eech line. A CONSEQUENCE OF):		us of hun	interval Batween		
CERTIFICATION	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST						
	PART II. Other significant conditions contributing to deeth	but not reculting in th	ne underlying ceuse given in P	art I. 24a. WAS AN AUTOPS PERFORMED?	Y 24b, WERE AUTOPSY FINDINGS AMILABLE PRIOR TO		
MEDICAL				1 TYES 2 NO	COMPLETION OF CAUSE OF DEATH?		
				_	1 TES 2 NO		
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL		26. PLACE OF DEATH (Chec	k only one)			
YSIC	EXAMINER? 1 YES 2 NO HOSPITAL: 1 Dimpetient 2 ER/Outpetient 3 DOA 4 Nursing Nome 5 Residence 8 Other (Specify)						
II 10 Natural 3 Pending					OCCURED		
B	1 Natural 5 Pending (Month, Day, Year) 2 Accident Investigation		M 1 TYES 2 NO				
TED BY	1 Natural 5 Pending (Month, Day, Year) 2 Accident Investigation	RY — At home, farm, stree	M 1 TYES 2 NO	281. LOCATION (Street and Num City or Town, State)	ber or Rural Route Number,		
	1 Netural 5 Pending (Month, Day, Year) 2 Accident Investigation 3 Suicide 8 Could not be 28e. PLACE OF INJU	RY — At home, farm, stree	M 1 YES 2 NO t, factory, office	City or Town, State) o the cause(s) and manner as a	stated.		
BE COMPLETED	1 Netural 5 Pending Investigation 3 Suicide 8 Could not be determined 28e. PLACE OF INJUI building, etc. (Sc	RY — At home, farm, stree	M 1 YES 2 NO t, factory, office	o the cause(s) and manner as a lime, data and place, and due to	stated.		
COMPLETED	1 Netural 5 Pending Investigation 2 Accident 5 Pending Investigation 3 Suicide 8 Could not be determined 28e. PLACE OF INJUING PLACE OF INJUIN	RY — At home, farm, stree ecity) owledge, death occurred at iton and/or investigation, in	M 1 YES 2 NO t, factory, office the time, data and place, and due to my opinion, death occured at the to 29c_LICENSE NUM	o the cause(s) and manner as a lime, data and place, and due to	stated. the cause(a) and manner as stated.		
BE COMPLETED	1 Natural 5 Pending Investigation 2 Accident 3 Suicide 8 Could not be detarmined 28e. PLACE OF INJUI building, etc. (Sc Orlect only Orle) 2 MEDICAL EXAMINER: On the basic of examinat 29b. SIGNATURE AND TITLE OF CERTIFIER 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF E 31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE SIGNATURE AND S	PRY — At home, farm, stree early) owledge, death occurred at allon and/or investigation, in	M 1 YES 2 NO t, factory, office the time, data and place, and due to my opinion, death occured at the to 29c_LICENSE NUM 29c_LICENSE NUM 29c_LICENSE NUM	o the cause(s) and manner as a lime, data and place, and due to	stated. the cause(a) and manner as stated.		



TO BE COMPLETED BY FUNERAL DIRECTOR

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law returner that the vertificate be executed within to do a site death. Page 6 may be retained by the host	TO THE FUNERAL DIRECTOR: After this certificate has been gone to the mending physician and completely filled in by the funeral director, page 5 should be detached within 20 hours after death with the State Debt, or the state of the state Debt, or the state Debt of the State Debt of the State Debt of the State Debt of the State Debt of the State Debt of	IMPORTANT: If Item 28 is marked, or Item 23 shows any indicate or other traumatic event, the medical examiner must be notified at once.
th cer	endin I Hva	0 0
TO THE HOSPITAL OR ATTENDING PHYSICIAN; The law requires that the vent	TO THE FUNERAL DIRECTOR: After this certificate has been when to the intending physician and completely filled in by the file had within 72 hours after heath with the State Dest, or removal.	IMPORTANT: if item 28 is marked, or item 23 show any injury

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

FOR 1 - STATE REGISTRAR	STATE OF MARYL		ENT OF HEALTH AND I	MENTAL HYGIENE REG. NO.		
1. DECEDENT'S NAME (First, Middle, L	ast)			2. OATE OF DEATH		3. TIME OF DEATH
VELMA 75	ABELL	PINKINE		DECEMBER 4	1990	12:31 am
4. SOCIAL SECURITY NUMBER		(In yrs. leat birthday) IF	JNDER 1 YEAR IF UNDER 24 HRS.	7. DATE OF BIRTH	8. BIRTI	HPLACE (State or Foreign
219-18-7767 90. FACILITY NAME (If not Institution, s	1 D M 2 VF	65 YRS. MON	THS DAYS HOURS MIN.	(Month, Day, Year) 12-14-1924	F COUNTY OF I	RYLAND
MARYLAND GENRAL	HOSPITAL	V	BALTIMORE CITY	EATH	UE. COUNTY OF I	DEATH
RESIDENCE OF DECEDENT 10e, STATE 10b, CO		100 CITY TO	WN OR LOCATION			10d, INSIDE CITY
	BALTIMORE	100. 0111, 10	DUNDALK			LIMITS?
10e. STREET AND NUMBER			10f. ZIP CODE		10g. CITIZEN OF	WHAT COUNTRY?
1917 EWALD AVEN	UE		2122	2	и	S.A.
11. MARITAL STATUS	12. WAS DECEDENT EVER I	N U.S. ARMED	13. WAS DECENDENT OF HISPAN		or No- 14. RAC	E — American Indian,
1 Never Merried XX Merried 3 Widowed 4 Divorced	FORCES? 1 1 YES	ATES	If yes, specify Cuben, Mexica 1 TES 2 NO Specifi		Spec	offy:
						WHITE
15. DECEDENT'S (Specify only highest : Elementery/Secondery (0-12)	EDUCATION grade completed) College (1-4 or 5 +)	(Give kind of work life, Do NOT use ret	AL OCCUPATION done during most of working ired.)	16b. KIND OF BUSI	NESS/INOUSTRY	
12TH GRADE	N/A	HOME MA	KFR	4	HOME	
17. FATHER'S NAME (First, Middle, Last		HOME WA		ME (First, Middle, Malden S		
LANCE TARLETON			R	ERNICE MORG	GAN	
19e. INFORMANT'S NAME (Type/Print)		19b. MAILING ADD	DRESS (Street end Number or Rural			
ROBERT E. PINKTI	NE SR.	1917 F	WAID AVENUE	BALTIMORE	MD 2	1222
20e. METHOD OF DISPOSITION	Removal from State	b. PLACE OF DISPOSITIO other place)	N (Name of cemetery, crematory or		ATION — City or T	own, State
Y Buriel 2 ☐ Cremetion 3 ☐ 4 ☐ Donetion 5 ☐ Other (Specify)			EMORIAL 12-7-	1990 BALT	IMORE.	MARYLAND
21. SIGNATURE OF FUNERAL SERVICE	E LICENSEE		22. NAME AND ADDRESS OF FA	CILITY	,	
LOCALIA	P. Com	Da	DUDA-RUCK FUN 1922 WISE AVE			LK, INC. 21222
23. PART I. Enter the diseases, shock, or heart fall	, or complications that cause ure. List only one cause on a		enter the mode of dying, euc	th ee cerdiec or respire	story arrest,	Approximete interval Between
IMMEDIATE CAUSE (Finel	, , , , , , , , , , , , , , , , , , , ,					Onset and Death
disease or condition resulting in deeth)	. Alzheime		ase			
	OUE TO (OR AS	A CONSEQUENCE OF):				
Sequentially list conditions,	bDUE TO (OR AS	A CONSEQUENCE OF):				
ceuse. Enter UNDERLYING						
CAUSE (Diseese or Injury thet initiated events	DUE TO (OR AS	A CONSEQUENCE OF):				
resulting in deeth) LAST	d					
PART II. Other significant cond	distance contributions to death			Deat la una su		
PART II. Other significant cond	atione contributing to death	out not resulting in ti	ne underlying ceuse given in	Part I. 24a, WAS AN A PERFORM		b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO
				1 TES 2	₽ NO	OF DEATH?
ļ ————				-		1 YES 2 NO
25. WAS CASE REFERRED TO MEDIC	AI		28, PLACE OF OEATH (C)			
EXAMINER?	HOSPITAL:		THER:			
27. MANNER OF GEATH	1 Inpatient 2 ☐ ER/Out 28e. DATE OF INJURY	28b. TIME OI	Nursing Home 5 Residence	8 U Other (Specify) 28d. OESCRIBE HOW IN	HIRV OCCURED	
1 Natural 5 Pending	(Month, Day, Year)	INJURY	WORK? M 1 YES 2 NO	2001 OLGONIDE (1011 III	JUIN GOODILE	
2 Accident Investige 3 Suicide 8 Could on	28e. PLACE OF INJUR	Y — At home, farm, stree		28f. LOCATION (Street or	nd Number or Rural	Route Number,
4 Homicide 8 Could no datermin		ocify)		City or Town, State)		
290, CERTIFIER 1 1 CERTIFYING	PHYSICIAN: To the best of my know	yledge death occurred =	the time date and place and day	to the councies and man	nar an eleted	
onel only	AMINER: On the beele of exemination					(e) end menner es stated.
29b. SIGNATURE AND TITLE OF CER			29c. LICENSE NU	MBER		D (Month, Day, Year)
30. NAME AND ADDRESS OF PERSO		FATH //TEM 979 /See- 92	N/A		12-0	7-70
	-Ezzi, M.D.			eral Hosp	ital	
31. DATE FILEO (Month, Day, Year) DEC 6 1990	32. RECISTRAR'S SIG	ATURE .	7			
UEC 6 1990	, guia vavidson	Maria				

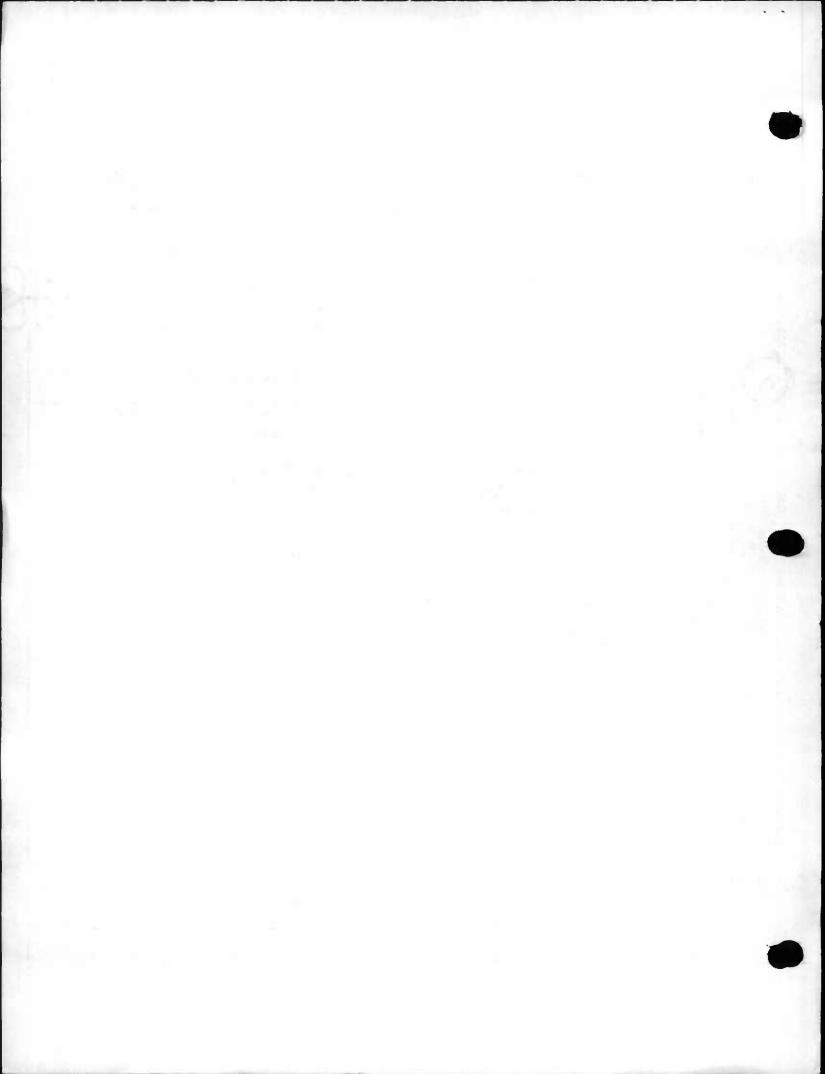
or attending physician. 1203-3146

BALTIMORE, MARYE

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

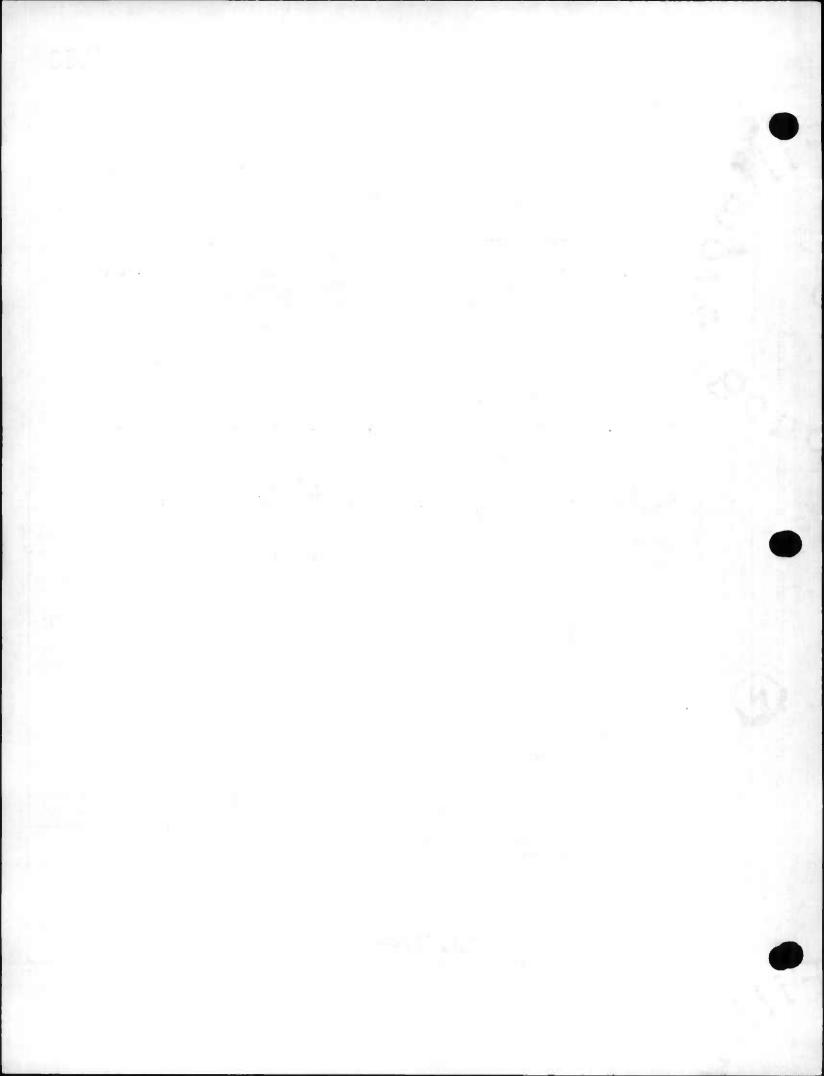
STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	1. DECEDENT'S NAME (First,	Middle, Lest)								2. DATE OF MONTH	DA.	γ	YEAR	3. TIME OF DEATH	
			IDA		REDD:	LCK							2 P. M		
	4. SOCIAL SECURITY NUMB	ER	6. SEX	6. AGE (In yrs. les		-	HOER 1 YEAR IF UNDER 24 HRS.			7. DATE OF BIRTH (Month, Day, Year)			Country	PLACE (State or Foreign	
	127-03-8549		1 □ M 2XXF	98	YRS.		OCT. 14,1892				NEW YORK				
	9a, FACILITY NAME (If not in	stitution, give st	reet and number)			9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEAT									
5	MERIDIAN NU		HOME		CATONSVILLE BALTIM					LTIMO	DRE				
EG	RESIDENCE OF DEC	10b. COUNTY	,		10c. CIT	10c. CITY, TOWN OR LOCATION 10c						10d. INSIDE CITY			
DIRECTOR	MARYLAND	HOWA	ARD		C	OLUMB	IA							LIMITS?	
	10e. STREET AND NUMBER				10f, ZIP CODE				= =		10g. CIT	IZEN OF W	THAT COUNTRY?		
FUNERAL	9566 ANGELI	NA CI	RCLE		21045					5 U.			U.S.A	5.A.	
5	11. MARITAL STATUS	SS-STEV	12. WAS DECEDED	T EVER IN U.S. AF	NO If yes, specify Cuban, Mexican, Puerto Rican, etc.)					14. RACE	4. RACE American Indian, Black, White, etc.				
BY	1 Never Married 2 3 Widowed 4 Divo		IF YES, GIVE	MAR OR DATES	1 YES 2X NO Specify:					Specif	Specify: WHITE				
ED E	15. DEC	160 05	CENENT'S	HEHAL OC	CUIDATI	201		165 KI	ND OF BUS	INFEC/IN	DUSTRY	MUTIE			
15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5 +) Elementary/Secondary (0-12) College (1-4 or 5 +)									MC33/IIV	INDUSTRY					
2	Elementary/Secondary (0-12) College (1-4 or 5+)				USEW	IFE					WN H	OME			
T7. FATHER'S NAME (First, Middle, Lust) JOHN BECKMANN 10. INFORMANT'S NAME (First, Middle, Maiden Surname)															
2	PATRICIA GE	REEN	(GRANDD	AUGHTER	566	ANGEL	INA	CIR	CLE	, COLU	MBIA	, MA	RYLAI	ND 21045	
20a. METHOD OF DISPOSITION 1 N Burlal 2 Cremellon 3 Removal from State 20b. PLACE OF DISPOSITION (Name of cemetery, cremetory or other place)															
	4 ☐ Donation 5 ☐ Other	(Specify)		_ MEADO	WRIDGE MEMORIAL PARK					DOR	DORSEY, MARYLAND				
21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY LEROY M. & RUSSELL C. WITZKE FUNERAL									NERAL HOMES						
	Kues	iero	we,	gol .		- 1								MD. 21045	
	23. PART I. Enter the di					not enter	the mo	de of dy	ing, suc	h an cardle	c or respi	ratory a	rreat,	Approximate Interval Between	
	ahock, or heart fellure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition								- 4					Onset and Death	
	disease or condition	ENT	Rica	ICA	R	FA	TZHR	B							
	DUE TO (OR AS A CONSEQUENCE OF):														
O	disease or condition and disease or condition									-					
AT	cause. Enter UNDERLYING														
CERTIFICATION	CAUSE (Disease or Injuthat initiated events	iry	C. DUE TO	O (OR AS A CONSE	QUENCE O	f):					_				
ERT	reaulting in death) LAS	т	d												
	PART II. Other significa	ent condition	na contributing t	o death but not	resulting	In the un	derivir	a cause	alven in	Part I. 2	4s. WAS AN	AUTOPSY	24b	WERE AUTOPSY FINDINGS	
EDICAL							,				PERFO			AMAILABLE PRIOR TO COMPLETION OF CAUSE	
EDI										— '	YES 2	DI NO		OF DEATH?	
Σ										- 1				TES 210 40	
AN	25. WAS CASE REFERRED T	O MEDICAL					26. P	LACE OF	DEATH (C)	heck only one)					
PHYSICIAN	EXAMINER?		HOSPITAL:	☐ ER/Outpatient	3 🗆 DOA	OTHER 4 DNum		ne 5 🗆 F	lesidence	6 Other (Specify)				
HY	27. MANNER OF DEATH		28a. DATE C	F INJURY Day, Year)	26b. TIR	/	28c. IN	JURY AT ORK?		28d. OESCI	_	INJURY O	CCURED		
ВУ Р	Natural 5 Accident	Pending Investigation	(1000,071,	Day, roar)	7	M		YES 2	□ NO	_					
ED B	3 Suicide 6	Could not be	28e. PLACE building	OF INJURY — At h	ome, farm,	street, fact	ory, offi	CO			ION (Street Town, State		er or Rural i	Route Number,	
TE	4 Homicide	determined									Present			-	
PLE	Orioun orny /	TIFYING PHYS	ICIAN: To the best	of my knowledge, d	leath occur	red at the ti	lme, dat	a and plac	e, and du	e to the cause	(a) and ma	nner as s	inted.		
MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the lime, data and place, and due to the cause(a) and man 29b. SIGNATURE ARD TITLE OF CERTIFIER 29b. SIGNATURE ARD TITLE OF CERTIFIER 29d. DATE SIGNEO (Month, Do									ured at the	e lime, data a	nd place, a	nd due to	the cause(a) and manner as stated,	
ш	296. SIGNATURE AND TITLE	OF CERTIFIE	R					295 110				29d. D/	TE SIGNE		
BE	Not tal	08_		No.				296 LK		469		29d. D/	1 Z	(Month, Day, Year)	
ш	30. NAME AND ADDRESS O	F PERSON WI	10 COMPLETED CA	USE OF DEATH (IT	100		IOW.	RD C	S E	4 69 Y MED	ICAL	CENT	12 ER	6 1990 SUITE 101	
BE	30. NAME AND ADDRESS OF N. B. V	08_	HO COMPLETED CA	son-Randal	100		IOWA CHEV	RD C	S E	4 69 Y MED	ICAL ELLIC	CENT	12 ER	- 6- 1990	
BE	30. NAME AND ADDRESS O	F PERSON WI	HO COMPLETED CA	USE OF DEATH (IT	100		HOWA	RD C	S E	4 69 Y MED	ICAL ELLIC	CENT	12 ER	6 1990 SUITE 101	



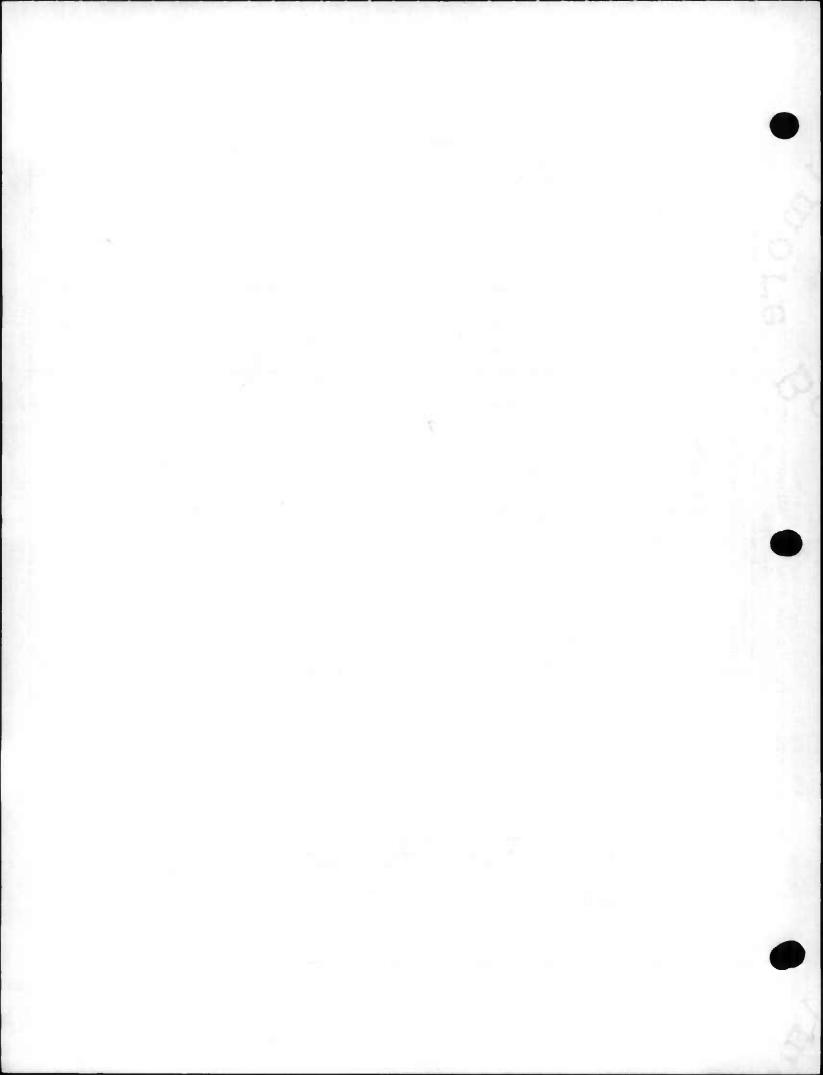
DIVISION OF	ALINE NE	DIVISION OF VITAL REPORCS, F.O. D.
TO THE HOSPITAL OR ATTENDING PHYSICIAN TINE	SICIAN: The taw	death certifical
TO THE FUNERAL DIRECTOR: After this certificate has it	certificate has the	attending phy
be filed within 72 hours after death with the State Dept	n the State Dept	resth as Mental Hygiene

	1 - STATE REGISTRAR	STATE OF MARYI	CERTIFIC	CATE OF	DEATH	REG. NO.				
	1. DECEDENT'S NAME (First, Middle, La	Michael	. Ryan Roh	rback		2. DATE OF DEATH DATE OF DATE OF DEATH DATE OF D	90	3. TIME OF DEATH 9:52 P		
	4. SOCIAL SECURITY NUMBER Infant	5. SEX 1 💢 M 2 🗌 F	(In yrs. last birthday)	MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 11-19-19	90 M	BIRTHPLACE (State Country) Iaryland		
	9e. FACILITY NAME (If not institution, gir			9b. CITY, TOWN O	R LOCATION OF DE	ATH	9c. COUNTY OF DEATH			
6	THE JOHNS HOPK			BALTIN	MORE .		BALT	BALTIMORE CITY		
DIRECTOR	10a. STATE 10b. COU		10c. CITY,	TOWN OR LOCAT	OWN OR LOCATION Baltimore					
	Maryland				. ZIP CODE	altimore	400 CITIZEN	1 X YES 2 NO		
RA	1408 W. 37th S	Street		21211 U.S.A.						
BY FUNERAL	11. MARITAL STATUS 1 X Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES	2 X NO	If yes, sp		HC ORIGIN? (Specify Year, Puerto Rican, atc.)	o or No.— 14.	RACE — American Indian, Black, White, etc. Specify: White		
8	15. DECEDENT'S I (Specify only highest gi		16a. DECEDENT'S U	USUAL OCCUPATION	ON set of warring	16b. KIND OF BUSINESS/INDUSTRY				
9	Elementary/Secondary (0-12)	College (1-4 or 5+)	Ille. Do NOT use	ork done during mo retired.) Infant		1 ,	nfant			
COMPLET	17. FATHER'S NAME (First, Middle, Lest)			THEATIC						
ECC	Partier o trame (rast, micon, Cast)	Richard A. F	Rohrback	18. MOTHER'S NAME (First, Middle, Maiden Surneme) Barbara Gail Johnson						
TO B	190. INFORMANT'S NAME (Typo/Print) Richard A., Rohi	rback		19b. MAILING ADDRESS (Street and Number or Flurel Route Number, City or Yown, State, Zip Code) 1408 W. 37th Street Baltimore, Maryland 212						
	20s. METHOD OF DISPOSITION 1 Surfel 2 Cremation 3 Removal from State 1 Donation 5 Other (Specify) 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or other place) Lakeview Memorial Park 20c. LOCATION - City or Town, State Sykesville, Maryl									
	21. SIGNATURE OF FUNERAL SERVICE SICKNEE 22. NAME AND ADDRESS OF FACILITY BURGEE-HENSS FUNERAL HOME 3631 Falls Road Baltimore, Maryland 2121 23. PART I. Enter the discess, or complications that saused the death. Do not enter the mode of dying, such as cardiec or respiratory arrest, Approximate									
CERTIFICATION	Sequentially list conditions, if smy, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (OR AS Cardu DUE TO (OR AS +C +1 a	A CONSEQUENCE OF	after allot	open 1	heart su	is em	6 hrs		
MEDICAL CE	PART II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 24a. WAS AN AUTOPSY PERFORMEO?							24b. WERE AUTOPSY FIND AMAILABLE PRIOR TO COMPLETION OF CAU OF DEATH? 1 — YES 2 NO		
	25. WAS CASE REFERRED TO MEDICA	AL I		28. P	LACE OF OBATH (CA	neck only one)				
SICI	EXAMINER?	HOSPITAL:	utpetient 3 🗆 DOA	OTHER:		6 Other (Specify)				
PHYSICIAN:	27. MANNER OF DEATH	28e. DATE OF INJUR (Month, Day, Year	Y 28b. TIM	URY W	JURY AT ORK?	26d. DESCRIBE HOW	INJURY OCCUP	RED		
D BY	1 Netural 5 Pending 2 Accident investigat 3 Suicide 6 Could not 4 Homicide determine	28e. PLACE OF INJU building, etc. (S)	RY — At home, ferm, a		YES 2 NO	281. LOCATION (Street City or Town, State		Rural Route Number,		
H	29a. CERTIFIER (Check only	HYSICIAN: To the best of my kn						cause(e) and manner se stat		
MPL	one) 2 MEDICAL EXA									
E COMPLETE	29b. SIGNATURE AND TITLE OF CERT				29c. LICENSE NU	MBER	29d. DATE S	SIGNED (Month, Day, Year)		
TO BE COMPLE	2 MEDICAL EXA	TIFIER			1001			12100		



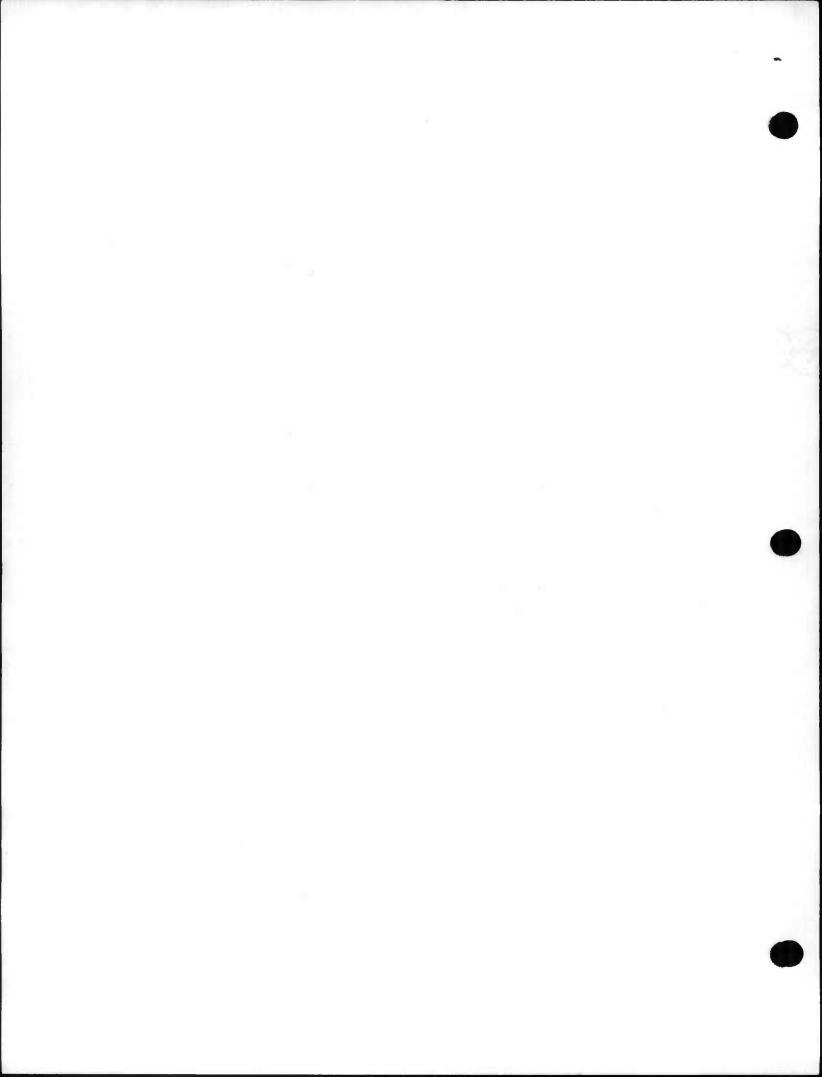
BALLIMONE, MANTLAND	O THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be serviced within 2, nours after death. Page 6 may be retained by the hosp	O THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and ownpleely filled in by the funeral director, page 5 should be detache filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial-Acarlation, or removal.	MPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
1	45	9	10
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2	TEN	TOR:	28 14
DIVISION OF VITAL RECORDS, P.O. BOA 13149,	JR AT	DUIS 3	E
	MIC	AL D	H
	OSPI	THI	IN.
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	Ė	T O	MP

	FOR 1 - STATE REGISTRAR	STATE OF MARYL		RTMENT OF H		MENTAL HYGIEN REG. NO		0 33454	
	1. DECEDENT'S NAME (First, Middle, Last)		hmond			2. DATE OF DEATH MONTH D		3. TIME OF DEATH	
2000	4. SOCIAL SECURITY NUMBER 212-10-7038 98. FACILITY NAME (If not institution, give si	1×1 ×2 = 8	n yrs. last birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) NOV . 3 , 1		BIRTHPLACE (State or Foreign Country) MARYLAND OF DEATH	
TOR	7203 BRROK CREST		r <u>-4</u>		LTIMORE		36.000	OT SEATT	
DIRECTOR	MARYLAND 106. COUNTY		10c. Cl1	TY, TOWN OR LOCAT BALT	IMORE			10d. INSIDE CITY LIMITS? 1 14 4ES 2 NO	
FUNERAL	100. STREET AND NUMBER 7203 BROOK CREST	WAY, APT. T-	-4	101	21208	3	37.51	OF WHAT COUNTRY? SA	
В	11. MARITAL STATUS 1 Never Married XX Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	U.S. ARMED	If yes, sp		IIC ORIGIN? (Specify Yen, Puerto Rican, etc.)		RACE — American Indian, Black, White, stc. Specific WHITE	
PLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) College (1-4 or 5+) SELF - EMPLOYED PHARMACIST								
BE COM	17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Melden Surname) SORHIE MORCANISTERNI								
TO B	198. INFORMANT'S NAME (Type/Frint) MRS. FLORENCE RIC	CHMOND				Route Number, City or Tov APT. T-4			
	20s. METHOD OF DISPOSITION 1 Computed 2 Cremetion 3 Rem 4 Donation 5 Qther (Specify)	oval from State	other place)	AMUNO (A)	RLINGTON) BA	CATION — City	or Town, State	
	21. SIGNATURE OF FUNCTIAL SETRICE LI	Sum i		SOL		OLITY N & BROS., RSTOWN RD.		O MD 21215	
	23. PART I. Enter the diseases, or shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. Pyeum Due To (OR AS A	ach line.	OF):		h as cardlec or resp	eliretory arrest	Approximate interval Between Onset and Death	
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	c	CONSEQUENCE		mf				
PHYSICIAN: MEDICAL C	PART II. Other aignificant condition Alghermany Parties 's	Describ	out not resulting	in the underlyin	g cause given in		RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 2 YES 2 NO	HOSPITAL:	patient 3 DOA	OTHER:	LACE OF DEATH (Ch	seck only one) 8 Other (Specify)		J	
	27. MANNER OF DEATH 1 Natural 5 Pending Investigation	26a. DATE OF INJURY (Month, Day, Year)	of grafts	ME OF 28c. IN	JURY AT DRK? YES 2 NO	28d. DESCRIBE HOW		neo eath	
TED BY	2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, etc. (Spe	cify)	, street, factory, offic	00	281, LOCATION (Street City or Town, State 7-2-0-3	9)	Rural Route Number,	
COMPLET	CONTRACT CHAP	ICIAN: To the best of my know						cause(a) and menner as stated.	
BE	296, SIGNATURE AND TITLE OF CERTIFIE ROLE Z. 1	Bene 1	70		29c. LICENSE NUI	MBER		IGNED (Month, Day, Year)	
5	30. NAME AND ADDRESS OF PERSON WI				to. Mel	2120	8		
	31. DATE FILED (Month, Day, Year) DFC 6 1990	32. REGISTRAR'S SIGN	IATURE						



BALTIMORE, MARYLAND 21204-3146	e nours after death. Page 6 may be retained by the Indian and Ing physician.	certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detained for use if the burial-transit permit. Pages 1, 2, 3 should in the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	re medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the Institute of the Inst	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fi be filled within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	MPORTANT: If from 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	REGISTRAR		CERTIFIC	ATE OF DEA	TH	REG. NO.				
-	1. DECEDENT'S NAME (First, Middle, Last)		7	1		2. DATE OF DEATH		3. TIME OF DEATH		
	DAVID RUE	sell				MONTH DAY	& D	5-07 AN		
	4. SOCIAL SECURITY NUMBER 5. S			UNDER 1 YEAR # UNDER HTHE DAYS HOURS	R 24 HRS.	7. DATE OF BIRTH (Month, Dey, Veer) 6-15-50		HPLACE (State or Foreign try) One D.C.		
OR		Ry AND	Josephal "	CITY, TOWN OR LOCAT			PRIME C	^		
DIRECTOR	RESIDENCE OF DECEDENT 100. STATE MARY/AND Prince	e George	10c. CITY, 1	OWN OR LOCATION				10d, INSIDE CITY LIMITS?		
	10e. STREET AND NUMBER	0 0 0 0		101. ZIP COD	-		40- OFFITTH OF	1 YES 2 NO		
FUNERAL	9015 CAMERO			20	U.S	WHAT COUNTRY?				
В	1 Never Married 2 M Married	ever Married 2 Married FORCES? 1 YES 2 NO			13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No—If yes, specify Cuban, Mexican, Puerto Rican, etc.) 1					
8	15. DECEDENT'S EDUCATK (Specify only highest grade com		16a. DECEDENT'S US	UAL OCCUPATION done during most of work	ina	16b. KIND OF BUSI	NESS/INDUSTRY			
COMPLETED		ollege (1-4 or 5+)	life. Do NOT use n	YVISOR	a ry	Fede	ral G	ou 1/2		
	17. FATHER'S NAME (First, Middle, Last) TONN RUSS	:e11		16, MOT	THER'S NAMI	F (First, Middle, Melden S	imamo)	N5		
TO BE	19a. INFORMANT'S NAME (Type/Print) Karen Brow	N Russel	196. MAILING AT	ODRESS (Street and Number CAMR	or or Rural Ro	ute Number, City or Town,	State, Zip Code)	MD. 20735		
	20a, METHOD OF DISPOSITION 1 M Burial 2 Cremation 3 Removal 4 Donation 5 Other (Specify)	from State	b. PLACE OF DISPOSITI	ON (Name of comotory, createry, createry, cheli	matory or	20c. LOC	ATION - City or T	Town, State		
	21. SIGNATURE OF FUNERAL SERVICE LICENS		l	22. NAME AND ADDR		4507 3	ilver !	CRIAND SE OF TURN 0 20735		
\neg	23. PART I. Enter the diseases, or com	plications that cause	d the death. Do not	enter the mode of d	ying, such			Approximate		
	ahock, or heart failure. List IMMEDIATE CAUSE (Finel							interval Between Onset and Death		
	a. HUMAN IMMUNODEFICIENCY VIRUS INFECTIONS DUE TO (OR AS A CONSEQUENCE OF):									
NOI	Sequentially list conditions, if any, leading to immediate									
FICAT	cause. Enter UNDERLYING CAUSE (Disease or Injury STAPHYLOCOCCAL AUREUS SEPTICEMIA days									
CERTIFICATION	that initiated events resulting in death) LAST	ACUTE REN	NAL FAIL	JRE, OLIGU	RIC			days		
MEDICAL (NONHODGEKIN'S		_		_	PERFORI	ED?	b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE		
밃		NEUMONTA					ex.	OF DEATH? 1 YES 2 NO		
	SYNDROME.DISSE			ESPIRATOR CULAR COA		STRESS PATHIES.				
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 W NO 1	OSPITAL:	patient 3 DOA 4	26. PLACE OF THER:						
Ť	27. MANNER OF DEATH	28a. DATE OF INJURY	28b, TIME	OF 28c. INJURY AT		28d. DESCRIBE HOW IN	JURY OCCURED			
ВУ Р	1 Netural 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJUF	M 1 VES 2	□ NO					
	3 Suicide a Could not be 4 Homicide detarmined	28e. PLACE OF INJUR building, etc. (Spe	Y — At home, ferm, streedly)	et, factory, office		28f. LOCATION (Street at City or Town, State)	nd Number or Rura	l Route Number,		
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN (Check only one) 2 MEDICAL EXAMINER: 0	_		at the time, date and plea				(a) and menner as stated.		
	29b. SIGNATURE AND TITLE OF CERTIFIER		-							
TO BE	Poth of	trus De	ക	ות	2884	JEN .	Dec	3 1990		
	30. NAME AND ADDRESS OF PERSON WHO CO	. 7900 OI	D BRANCI		ITE	101,CLIN	CON, MA	RYLAND 20		
	31-DATE FILED (Month, Qay, Year)	32. REGISTRAR'S SIG								



1

FOR STATE REGISTRAR

1 -

BE 2

A

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

HKAR

32. REDISTRAN'S SIGNATURE

010

29b. SIONATURE AND TITLE OF CERNFIEL

DEC 6 1990

}	1. DECEDENT'S NAME (First, Middle, Last)	MARIE		RiL	C-				2. DATE OF MONTH	OEATH DA		YEAR	3. TIME OF
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (in yrs.	-	IF UNDER 1	VEAR	IF UNDER	24 MBS	7. DATE OF	BIETH	- 1		PLACE (State
	219 229 356	1 M 2 F		YRS.		DAY8	HOURS	MIN.	(Month, E	lay, Ybar)		Countr	y)
	9a, FACILITY NAME (If not institution, give a	V'	65		9b. CITY, T	Ount 6	D 1 00171		Oct.	7 <u>, 19</u> 2	9c. COUN		yland
~	1000	,							ATH		9c. COUN	TYOFO	EATH
DIRECTOR	Good Samaritan Hospit	al			В	alt:	imore	City					
ñ	10a. STATE 10b. COUNTY			10c. CIT	Y, TOWN OR	LOCAT	ION		_				10d. INSIDE
6	Maryland				Balt.	imo	re Cit	v					1 VES
4	10e. STREET AND NUMBER						. ZIP CODE				10g. CITIZ	EN OF V	VHAT COUNTI
FUNERAL	3723 Elkader Avenue						212	18				USA	
Ξ	11, MARITAL STATUS	12. WAS DECEDER	NT EVER IN U.S.	ARMED	13, W	S DEC			IC ORIGIN?	Specify Yes	or No-	14. RACE	— American
E	1 Never Married 2 Married	FORCES?	MAR OR DATES	XNO			ecify Cuba		n, Puerto Ric	an, etc.)		Speci	t, White, etc.
B	3 Widowed 4 Divorced						X	Opcomy	•			Whi	
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade		16a.	DECEDENT'S (Give kind of	USUAL OCC	UPATIO	ON of working		16b. K	IND OF BU	SINESS/IND	USTRY	
	Elementary/Secondary (0-12)	College (1-4 or 5		Ilfe. Do NOT u	se retired.)	my mo	of or working	v					
AP.	24	4	Soc	ial Wor	kerF	oste	er Car	p		Maryl	and St	ate	
ō	17. FATHER'S NAME (First, Middle, Lest)						18. MOTH	IER'S NA	ME (First, Mic	ldle, Maiden	Surname)		
BEC	William George R	Rile					Pa	uline	E. Kr	aemer			
	19a. INFORMANT'S NAME (Type/Print)			19b. MAILING	ADDRESS	Street a					n, State, Zip	Code)	
5	Mr. James E. Schuman			3215 A	von Av	enue	e Ba	ltimo	re. Ma	rvland	21218		
	20a. METHOD OF DISPOSITION		20b. PLA	CE OF DISPO	SITION (Name	of cer	metery, crem	natory or			CATION —		wn, State
	1 X Burlei 2 Cremation 3 Ram 4 Donation 5 Other (Specify)	oval from State		wood Ce	meterv	12	2/5/90			Balt	imore	Mary	/land
	21. SIGNATURE OF FUNERAL BERNICE LIC	CENSEE	11				ND ADDRE		CILITY			1 200	TUIKI
	Michael	1 DA	als.		Leon	narc	J. R	uck,	Inc. 5	305 Ha	rford	Road	21214
	23. PART I. Enter the diseases, or	complications th	st caused tha	death. Do	not entar ti	ha mo	da of dy	ing, suc	h as cardis	c or reap	iratory srr	est,	Appro
	shock, or hasrt fallure.	List only one ca	use on aach li	ine.			•						Interv
-	IMMEDIATE CAUSE (Final disease or condition	-1.4	C A		~ ~								- Ontar
- }	reaulting in death)	a. DUE TO	COR AS A CON	SEQUENCE O	7. (=	5 1	12						-
_	_	3.97	man Con I	le (, , A		_		0					İ
CERTIFICATION	Sequentially list conditions,	b. DUE TO	O (OR AS A CON	SEQUENCE O	F):	<u> </u>	AN	1		-			1
X	cause. Enter UNDERLYING												
프	CAUSE (Disease or injury that initiated events	DUE TO	O (OR AS A CON	SEOUENCE C	F):								
E	resulting in death) LAST	-											
빙		0.											
A	PART II. Other significant condition	e contributing to	o death but no	ot resulting	in tha und	erlyin	g cause	given in	Part I.	4a. WAS AN		246	AWAILABLE F
8									_	T YES	2 🗆 NO		OF DEATH?
MEDICAL													1 TYES
_													
¥	25. WAS CASE REFERRED TO MEDICAL EXAMINER?					26. P	LACE OF C	EATH (Ch	eck only one)				
PHYSICIAN:	1 YES 2 NO	HOSPITAL:	☐ ER/Outpatient	3 🗆 DOA	OTHER:		ne 5 🗆 Re	sidence	8 🗆 Other	Specify)			
主	27. MANNER OF DEATH	28a. DATE C		28b. TII			JURY AT		28d. DEŞC	RIBE HOW	INJURY OC	CURED	
ВУР	1 Netural 8 Pending	(MORRI,	Day, Year)		JURY		YES 2	NO					
0 8	2 Accident investigation 3 Suicide a Could not be	28e. PLACE	OF INJURY — At	t home, farm,	street, factor	ry, offic	ce			ION (Street Town, State		or Rural	Route Number,
ш	4 Homicide datarmined	bunding	, are (opecity)						Ony or	IOWII, SIETE	7		
COMPLET	29a. CERTIFIER 1 CERTIFYINO PHYS	ICIAN: To the best	of my knowledge	death occur	red at the time	no, elet-	and place	and due	to the caus	e(a) and me	nner es stat	ed.	
MP	(Check only one) 2 MEDICAL EXAMINI												a) and manne
8	TOOL CLOUATURE AND TITLE OF CERTIFIE				.,,,		1				T		

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

33456

3. TIME OF DEATH 6:1 8. BIRTHPLACE (State or Foreign Country) Maryland

> 10d. INSIDE CITY LIMITS? 1 X YES 2 NO

14. RACE — American Indian, Black, White, atc.

Approximata Interval Between **Onaet and Death**

24b. WERE AUTOPSY FINDINGS AMAILABLE PRIDR TO COMPLETION OF CAUSE OF DEATH?

1 | YES 2 | NO

29d. DATE SIGNED (Month, Day, Year)

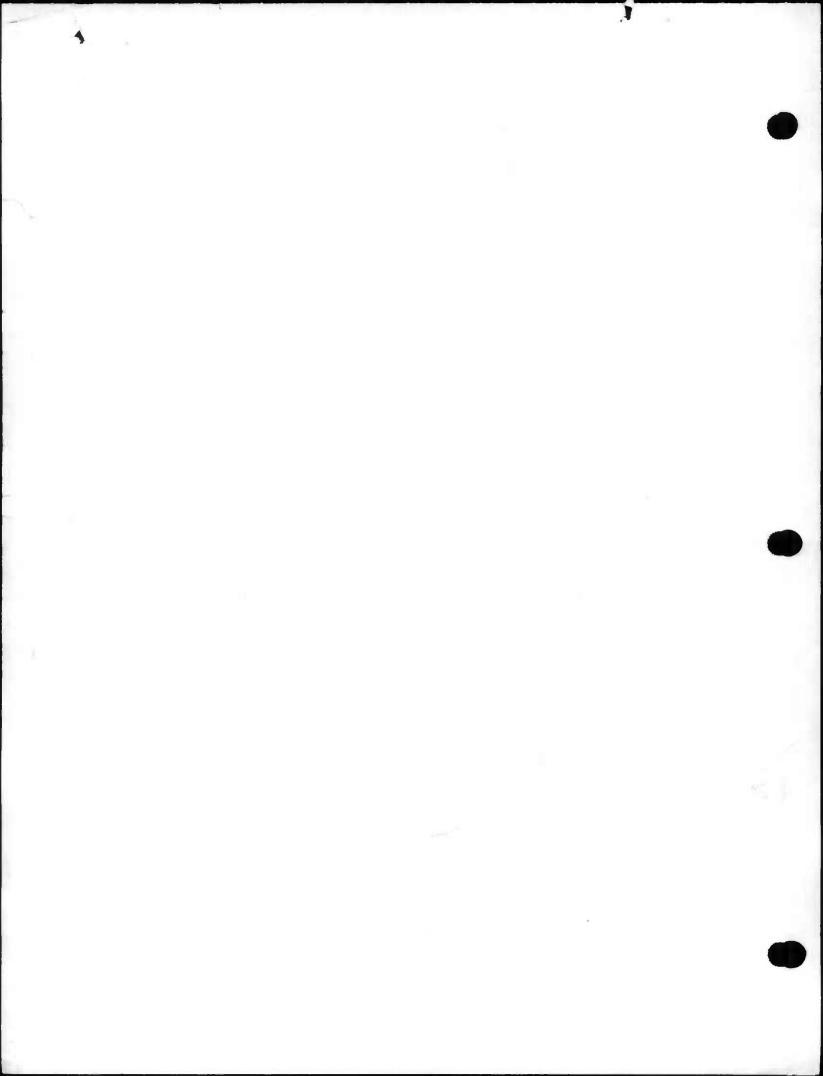
ion, in my opinion, death occured at the time, data and place, and dua to the cause(a) and manner as stated

CAMAILITAN

29c. LICENSE NUMBER

60.0

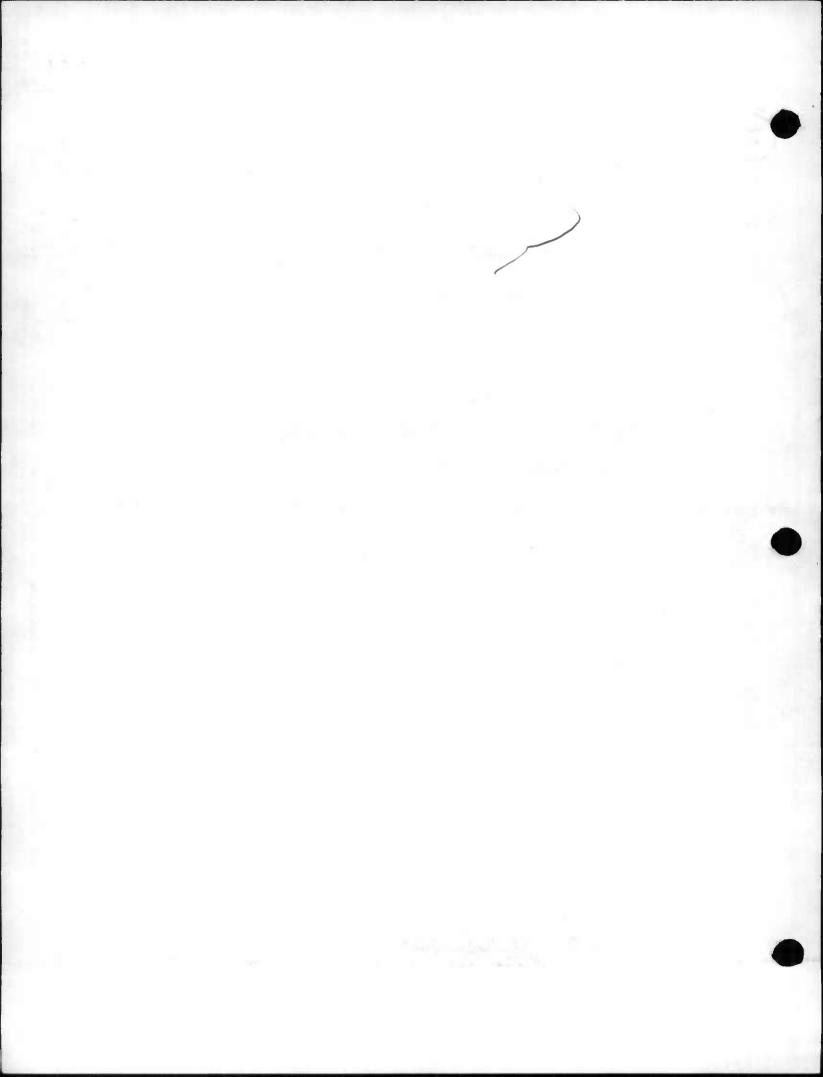
10g. CITIZEN OF WHAT COUNTRY? USA



STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

90.	33	45	7
90.	33	45	

	1. DECEDENT'S NAME (First, Middle, Last)		OLIIIII	TOATE C	DEATH	2. DATE OF DEATH		3. TIME OF DEATH		
	505A S	ANTOS		ALLE	ROSA	MONTH 1	28 94			
4	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE	(In yrs. last birthday)	MONTHS DAY		7. DATE OF BIRTH (Mogth, Day, Year	2 8.	BIRTHPLACE (State or Foreign Country)		
	9a. FACILITY NAME (If not institution, give		7/	9b. CITY, TOV	/N DR LOCATION DE DI		9c. COUNTY	UERTO RICO		
TOR	UNIVERSITY	OF MD.	HOSP	BH	2270,					
DIRECTOR	10e. STATE 10b. COUNT	Υ	10c. CIT	TY, TOWN OR LO	CATION			10d. INSIDE CITY LIMITS?		
	MD 10a. STREET AND NUMBER 141 10	ANCEICEN	57	4LTO	10f. ZIP CODE		AAN CITIZEN	1 VES 2 □ ND		
FUNERAL	401 660	GER SIL	reet	11/13	21224		US	SA		
FUN	11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT EVER FDRCES? 1 YES	S 2 NO	If yes	DECENDENT OF HISPAI , specify Cuban, Mexico	n, Puarlo Rican, etc.)		RACE — American Indian, Black, White, etc.		
ВУ	3 Widowed 4 Divorced	IF YES, GIVE WAR OR	DATES	PUE	VES 2 ND Spect	CAN	14	Specify:		
TED	15. DECEDENT'S EDI (Specify only highest grad	e completed)	16a. DECEDENT'S (Give kind of life. Do NOT u	work done during	ATION most of working	16b. KIND OF	BUSINESS/INDUS	TRY		
COMPLET	Elementary/Secondary (0-12)	College (1-4 or 5+)	FARI							
CON	17. FATHER'S NAME (First, Middle, Lest)	75: 1-21: 1			18. MOTHER'S NA	ME (First, Middle, Mai		1000		
BE	190. INFORMANT'S NAME (Type/Print)	DEL VALLE		G ADDRESS (Str	ESME!	RALDA Boute Number City or		OSA		
70	MARIA GUY		1608	FI	ENCHS	AVE.	BALTE	mD		
	20e. METHOD OF DISPOSITION 1 Burlel 2 Cremation 3 Ref	noval from State	Ather seeds	SITION (Name of	cemetery, crematory or		BALTO,			
	4 Donation 5 Other (Specify)	DENSEE	ZNK A	22. NAM	E AND ADDRESS DE EA	CILITY				
	Davil 6	Mile	,)	EDU	UARD J.	CHEST	ER 57			
	23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiec or respiratory arrest, shock, or heart fullure. List only one cause on each line. Approximate interval Between									
	IMMEDIATE CAUSE (Finel disease or condition	161175	OVIDA	1611	7.45	IV FOUN		Onset end Death		
	reaulting in death)	a. ACUTE DUE TO (OR AS				MECITO				
NO	Sequentially list conditions,		SYSTEY B A CONSEQUENCE O		TILURE					
CATI	If eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	с								
CERTIFICATION	that initiated events resulting in death) LAST	OUE TO (QR AS	A CONSEQUENCE O	OF):						
	PART II. Other significant condition	d.	but not moulting	In the contra	lulas asuas alum la	Book I As 1996	AN AUTOPSY	24b. WERE AUTOPSY FINDINGS		
EDICAL	PART II. Other significant condition	ns contributing to dead	but not resulting	in the under	lying ceuse given in	PER	FORMED?	AMAILABLE PRIOR TO COMPLETION OF CAUSE		
MED						''		OF DEATH?		
	OF HIM OVER DESIGNATION TO MEDICAL	T								
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:	utpetlent 3 DOA	OTHER:	6. PLACE OF OEATH (C					
PHY	27. MANNER OF DEATH	28a. DATE OF INJUR (Month, Day, Year			INJURY AT WORK?	28d. DESCRIBE HO	W INJURY OCCUP	RED		
BY	1 Natural 5 Pending 2 Accident Investigation		RY — At home, farm,		YES 2 ND	281 LOCATION (St	net and Number or	Rural Route Number,		
ETED	3 Suicide 6 Could not be 4 Homicide determined	building, etc. (S		,		City or Town, S		Table Trainings,		
PLE		SICIAN: To the best of my kn	owledge, death occur	red at the time,	dete and place, and du	e to the cause(s) and	manner as stated			
O BE COMPL			tion and/or investigati	ion, in my opini				cause(s) end menner as stated.		
H	296. SIGNATURE AND TITLE OF CERTIFI	heart	MB.		29c. LICENSE NU	MBER	29d. DATE	28 50		
5	30. NAME AND ADDRESS OF PERSON W	HO COMPLETED CAUSE OF	DEATH (ITEM 27) (Typ		-			-		
	31, DATE FILED (Month, Day, Your)	32. BEGISTRAR'S SI	GNATURE		ulu					
	31. DATE FILED (Mayor), Day, Your)	n de Ki	land Brode M	2.						



DHMH-16 Rev 1/89

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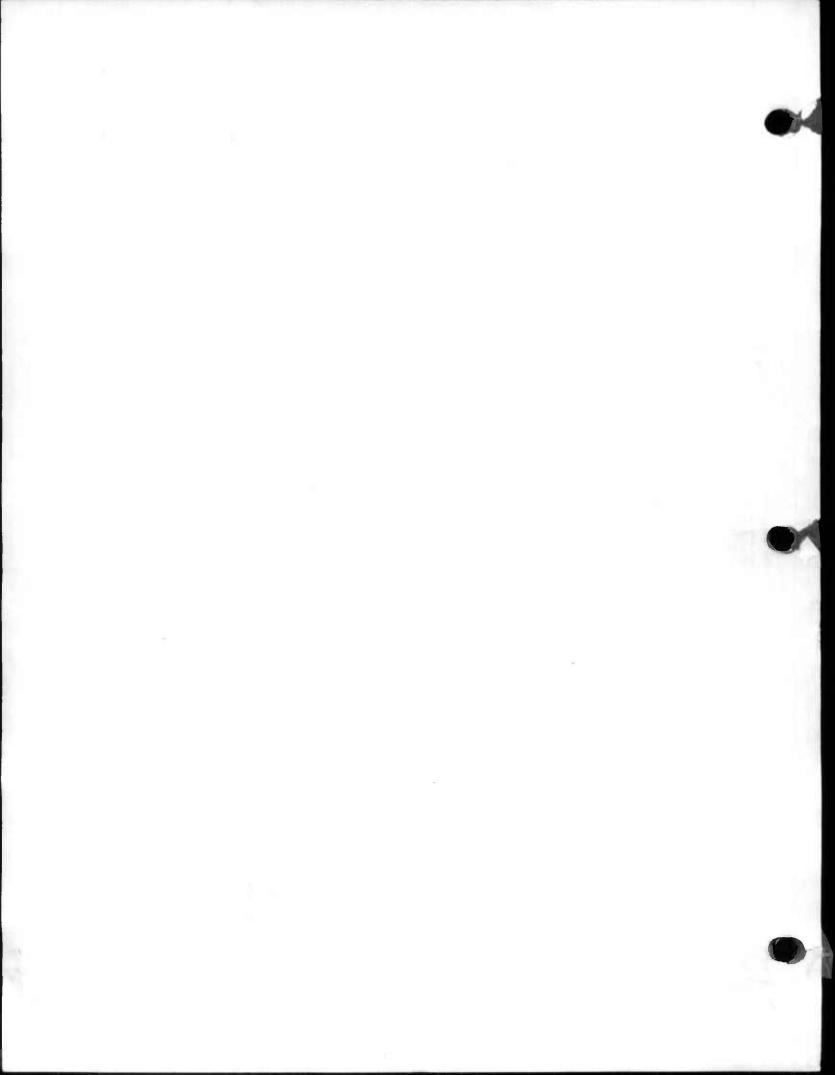
BALTIMORE, MARYLAND 21203-3146

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within arrecurs after death. Page 6 may be retained to the TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatte event, the medical examiner must be notified in one

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

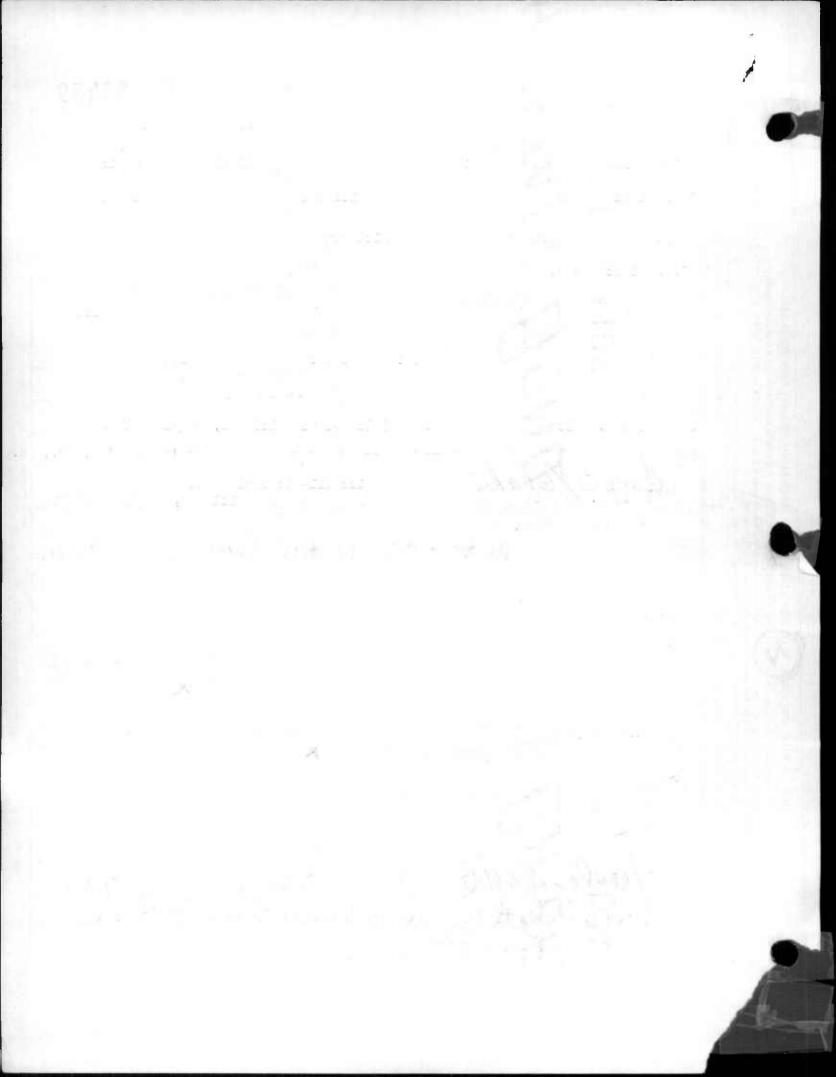
	1. DECEDENT'S NAME (First,	Middle, Last)						2. DATE OF DEAT	DAY	YEAR 3.	TIME OF DEATH
		AVERN		INABER				12/0	11/		1155am M
	4. SOCIAL SECURITY NUMB		5. SEX	6. AGE (in yra	MC	NTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Yea		Country)	ACE (State or Foreign
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_	9a. FACILITY NAME (If not in	-			9		OR LOCATION OF DE			TY OF DEAT	
<u>ا</u> و	St. Agr		Baltim	ore C	ity	===	=====	=			
딦	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY					TOWN OR LOCAT	TION			10	d. INSIDE CITY
DIRECTOR	Maryland	Anne	Arundel		Pasa	sdena				_],	LIMITS?
<u> </u>	10e. STREET AND NUMBER			-		10	f. ZIP CODE		10g. CITIZ	EN OF WHA	AT COUNTRY?
	239 Magc	thy Be	each Road	4			21122		U.	S.A.	
FUNERAL	11. MARITAL STATUS		12. WAS DECEDEN				CENDENT OF HISPAN			14. RACE -	- American Indian, White, etc.
	1 Never Merried 2 🖔		FORCES? 1				ecity Cuban, Mexica 2 X NO Specify		٠.)	Specify:	
BÁ	3 Widowed 4 Divo	rced				<u> </u>					White
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9	Elementary/Secondary (0	-12)	College (1-4 or 5	+)					Δ		
COMPLETED	6th Grade				Custodi	an		ME (First, Middle, Me		del r	ublic School
8	17. FATHER'S NAME (First, M		Charles W	:11:	7			rtle Re			
H	19e. INFORMANT'S NAME (Maries W	IIIIIali		NABESS (Street	end Number or Rural				
2	Clifton E	111	sherry								and 21122
	20a. METHOD OF DISPOSIT		ienei i y	20b. PL			metery, crematory or		c. LOCATION —		
- 1	1 Donation 5 Other	n 3 🗆 Rem	oval from State	oth	er place) Cedar H				3altimo	re M	Maryland
	21. SIGNATURE OF FUNERA		CENSEE	,		22. NAME A	ND ADDRESS OF FA	CILITY			
	100	12.	(/X/	2011	0		ge J. Gor				
_	Cou	nar	W V	0,00			Ritchie				
	23. PART I. Enter the d shock, or h	eart failure.	List only one ca	use on each	e death. Do no line.	t enter the me	ode of dying, suc	n as cardiac or	reepiratory arr	est,	Approximate Interval Between
	IMMEDIATE CAUSE (FIG	nel	0+		Α.		(. 0	- 1	1		Onset and Death
	disesse or condition	\rightarrow	a. Exter	LSIVR	Μ.	, oca	1 deal	Jujo	erclu	0	
				10	NSEQUENCE OF):	-	-/-	V			
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Sequentially list conditions, Due to join as a consequence of:							4.0.C((
ATION	If any, leading to imme cause. Enter UNDERLY			MOR AS A CO	NSEQUENCE OF):		^	1/ /			
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RTIFICATION	cause. Enter UNDERLY CAUSE (Disease or Inju	ING Jry	d. Ma	1.0	uan	(4)	Plen	ral of		3/1/	
CERTIFICATION	cause. Enter UNDERLY CAUSE (Disesse or inju- that initiated events resulting in death) LAS	ING Jry	d. Ma	lig		the underlyle	plen i	Part I 24 W		245 1	WEDE ALITOPSY FINDINGS
	cause. Enter UNDERLY CAUSE (Disease or Inju- that initiated events	ING Jry	d. Ma	lig		the underlyle	ng ceuse given in	PE	AS AN AUTOPSY ERFORMED?	1	WERE AUTOPSY FINDINGS WAILABLE PRIOR TO COMPLETION OF CAUSE
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MEDICAL	cause. Enter UNDERLY CAUSE (Disesse or inju- that initiated events resulting in death) LAS	ING Jry	d. Ma	lig		the underlyle	ng ceuse given in	PE	AS AN AUTOPSY ERFORMED?		WAILABLE PRIOR TO COMPLETION OF CAUSE
MEDICAL	cause. Enter UNDERLY CAUSE (Dissease or injection that initiated events resulting in death) LAS PART II. Other signific	ant condition	d. Ma	lig				1 _ Y	AS AN AUTOPSY ERFORMED?		MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
MEDICAL	cause. Enter UNDERLY CAUSE (Dissess or Inji that initiated events resulting in death) LAS PART II. Other signific 25. WAS CASE REFERRED EXAMINER?	ant condition	d. Ma	o death but	not resulting in	26. J OTHER:	PLACE OF DEATH (C)	1 U Y	AS AN AUTOPSY ERFORMED? ES 2 NO		MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
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OR ATTEN	DIRECTOR: After th	tem 28 is marke
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OSPITAL OR ATTEN	UNERAL DIRECTOR: After th	ANT: If Item 28 is marke
HE HOSPITAL OR ATTEN	HE FUNERAL DIRECTOR: After th	DRIANT: If Item 28 is marke
TO THE HOSPITAL OR ATTENT	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attained physician and completely filled in by the funeral director, page 5 should be detached	be filed within 72 hours are death with the state begin, or health and mental hypers produce count, the medical examiner must be notified at once.

A PRECEDENT OF MARKET AND A SALAMA A	2001		MENT OF HEALTH AND CATE OF DEATH	REG. NO		33459
1. DECEDENT'S NAME (First, Middle, La CHARLES EDV				MONTH D	AY YE	
A. SOCIAL SECURITY NUMBER	5. SEX 5. AGE (,	F UNDER 1 YEAR IF UNDER 24 HRS.	7. DATE OF BIRTH	8. 2	DIRTHPLACE (State or Foreign Country)
217-18-5546	%XM2□F 67	YRS.	ONTHS DAYS HOURS MIN.	(Month, Day, Year) 12-31-2	2 M	aryland
e. FACILITY NAME (If not institution, gh		9	b. CITY, TOWN OR LOCATION DF D	EATH	9c. COUNTY	OF DEATH
1385 Limit Avenu			Baltimore			
0e. STATE 10b. COU		10c. CITY, 1	TOWN OR LOCATION			10d. INSIDE CITY LIMITS?
Maryland		В	altimore			1 YES 2 ND
De. STREET AND NUMBER			101. ZIP CODE 21.239			OF WHAT COUNTRY?
1385 Limit Ave	nue	N U.S. ARMED	13, WAS DECENDENT OF HISPA	NIC ORIGIN? (Specify Ye	US s or No.— 14.	RACE — American Indian.
1 Never Married 2 XX Married 3 Wildowed 4 Diverced	FDRCES? 1XX YES	2 ND ATES	If yes, specify Cuban, Mexic 1 ☐ YES 2 XXD Specif	an, Puerto Rican, etc.)		Black, White, etc. Specify: White
15. DECEDENT'S E (Specify only highest gi	EDUCATION (rade completed)	16a. DECEDENT'S US	rk done during most of working	16b. KIND OF BU	ISINESS/INDUST	RY
Elementary/Secondary (0-12)	College (1-4 or 5+)	Meat	Department	Cr	ocery	
7. FATHER'S NAME (First, Middle, Last))	Heat		AME (First, Middle, Maider		
Unknown				e Labby	,	
9a. INFORMANT'S NAME (Type/Print)		19b. MAILING A	DDRESS (Street and Number or Rural	-	wn, State, Zip Coo	(a)
Josephine K. Sm		1385 L	imit Avenue Ba			
to METHOD OF DISPOSITION Surial 2 Cremetton 3 F	Removal from State	pther place) Lorraine	Park Cemetery cremetory or		odlawn,	or Town, State, Balto. Co.,
21. SIGNATURE OF FUNERAL SERVICE	Chake enakis		22. NAME AND ADDRESS OF F Mitchell-Wied 6500 York Ro	defeld Hom		
immediate cause (Finel disease or condition resulting in death)	s. DUE TO (OR AS	asfatu A CONSEQUENCE OF):	z Roctal	Cauc	27	Onset and Dea
Sequentisily list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	c	A CONSEQUENCE OF):				
Sequentisity list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	c	A CONSEQUENCE OF):	:		N AUTOPSY PRMED? 2 NO	24b. WERE AUTOPSY FINDING AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
Sequentisily list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significent conditions are supported by the condition of	c	A CONSEQUENCE OF):	the underlying cause given in	PERFIT	PRMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significent conditions.	c	A CONSEQUENCE OF):	the underlying cause given in	PERFU 1 VES	PRMED?	COMPLETION OF CAUSE OF DEATH?
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant conditions are sufficient conditions. 26. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 ND 27. MANNER DF DEATH 1 Natural 5 Pending	d	A CONSEQUENCE OF):	26. PLACE OF DEATH (COTHER: 26. PLACE OF DEATH (COTHER: 4 \(\text{Nursing Home } 6 \) 28c. INJURY AT	PERFU 1 VES	PRMED?	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significent conditions are conditionally in the condition of the condition of the cause of the condition of the cause of	AL HOSPITAL: 1 Inpatient 2 ER/Out 28e. DATE OF INJURY (Morth, Day, Year) 28e. PLACE OF INJURY Duilding, etc. (Sp	tpetient 3 DOA 28b. TIME INJU	26. PLACE OF DEATH (COTHER: 4 \cap Nursing Home 5 Residence OF 28c. INJURY AT WORK? 1 \cap YES 2 \cap NO	PERFU 1 VES Check only one) 6 Other (Specify)	PRMED? 2 NO 7 INJURY OCCUR	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions are supported by the condition of	AL HOSPITAL: 1 Inpatient 2 ER/Out 1 Inpatient 2 ER/Out 28a. DATE OF INJURY (Month, Day, Year) 28b. PLACE OF INJURY building, etc. (Sp	total a local parties of the l	26. PLACE OF DEATH (COTHER: 4 \cap Nursing Home 5 Residence OF 28c. INJURY AT WORK? 1 \cap YES 2 \cap NO	Check only one) 6 Other (Specify) 28d. DESCRIBE HOW 28f. LOCATION (Stree City or Town, State	PRMED? 2 NO 2 NO 2 NO 2 NO 2 NO 2 NO 2 NO 2 NO	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions are supported by the condition of	AL HOSPITAL: 1 Inpatient 2 ER/Out tion 28a. DATE OF INJURY (Month, Day, Year) tion 28b. PLACE OF INJURY (Month, Day, Year) The building, etc. (Sp.	total a local parties of the l	26. PLACE OF DEATH (COTHER: 4 Nursing Home 5 Residence OF 28c. INJURY AT WORK? Y M 1 YES 2 NO reet, factory, office	PERFL 1 VES 1 VES Check only one) 6 Other (Specify) 28d. DESCRIBE HOW 28f. LOCATION (Street City or Town, State) ue to the cause(e) and make time, date and place,	PRMED? 2 NO 2 NO 2 NO 2 NO 2 NO 2 NO 2 NO 2 NO	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO RED Rural Route Number,

DHMH-18 Rev 1/89



TTENDIN TTENDIN STOR: Aft after dei	DIV TO THE HOSPITAL OR A TO THE FUNERAL DIREI be filed within 72 hours IMPORTANT: If Item
	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law get the certificate be executed within 22 yours after death. Page 6 may be retained by the hospital ORECTOR: After this certificate has been a moting physician and completely filled in by the funeral director, page 5 should be detach be filed within 72 hours after death with the State Dept. Within 32 should be detach in the modified or removal. IMPORTANT: If item 28 is marked, or item 23 should be upon or other traumatic event, the medical examiner must be notified at once.

William P.

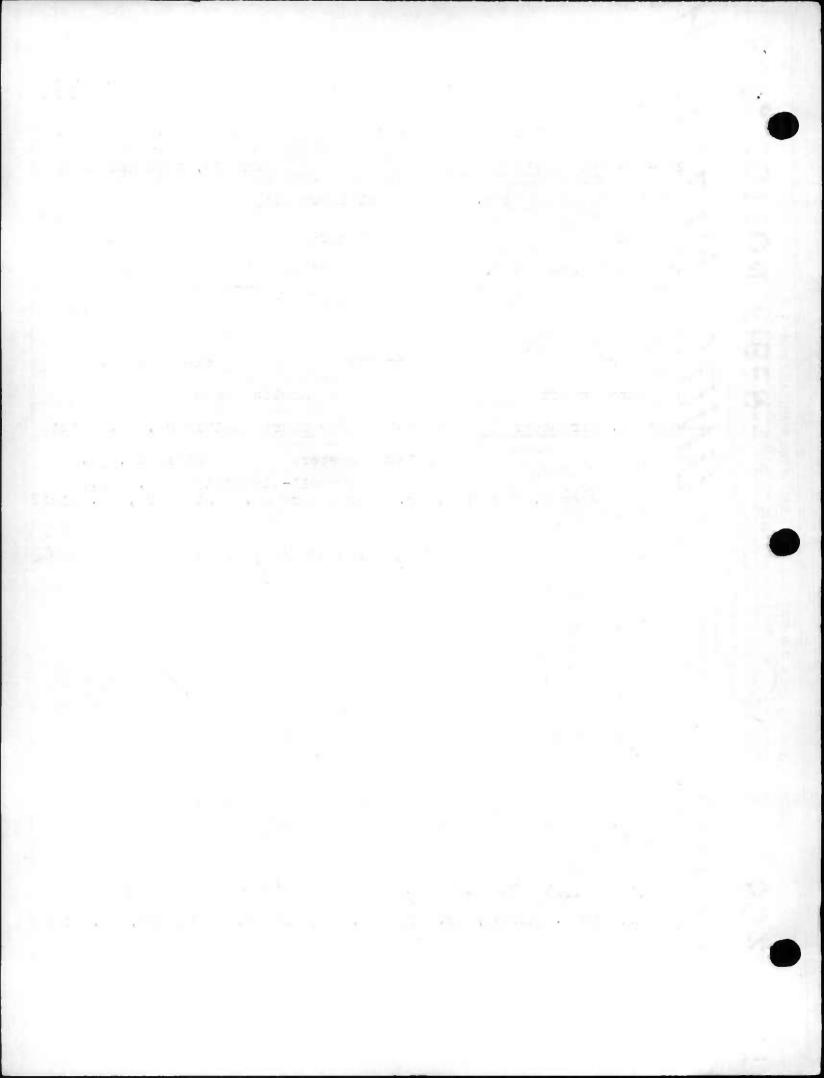
Benson,

Jr.

	FOR 1 - STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTM CERTIFIC	ENT OF HI	ALTH AND I	REG. NO.	E (30 33460
	1. DECEDENT'S NAME (First, Middle, Lest)	argaret E.	Schunte	r		2. DATE OF DEATH MONTH DECEMBE	¥ 3,	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 216-05-9880	1 M 2 F	4 YRS. MO	UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) June 29,	1906	BIRTHPLACE (State or Foreign Country) Maryland
HOLD	9a. FACILITY NAME (If not institution, give st 6101 Loch Ray RESIDENCE OF DECEDENT	ven Blvd.		Baltin	nore Ci		9c, COUNT	Y OF DEATH
DIRECTOR	Maryland 10b. COUNTY			altimo				10d. INSIDE CITY LIMITS? 1 X YES 2 NO
FUNERAL	6101 Loch Rav	en Blvd.		10f.	ZIP CODE 21239		10g. CITIZE	USA
B	11. MARITAL, STATUS 1 Never Merried 2 Merried Wildowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES	2 NO	If yes, spe	NDENT OF HISPAN city Cuben, Mexice 2 NO Specify	IIC ORIGIN? (Specify Yearn, Puerto Rican, etc.)	or No— 1	4. RACE — American Indian, Black, White, etc. Specify: White
COMPLEIED	16. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12) 8 Years	CATION completed) College (1-4 or 5+)	16a. DECEDENT'S USU (Give kind of work life. Do NOT use re	done during mos ired.)		166. KIND OF BUI		ne Co.
	17. FATHER'S NAME (First, Middle, Lest) Henry Ecket	rt			18. MOTHER'S NA Amel	ME (First, Middle, Maiden	Surname)	
IO BE	19a. INFORMANT'S NAME (Type/Print) Nancy B. Birki				d Number or Flural I	Route Number, City or Tow		Md. 21210
	20a, METHOD OF DISPOSITION Puritel 2 Cremetton 3 Remo		PLACE OF DISPOSITION OTHER PLACE)	N (Name of cem	etery, cremetory or	20c. LO	CATION — CI	ty or Town, State
	21. SIGNATURE OF FUNERAL SERVICE LIC	st. Bun	uil in	22. NAME AN	hell-W	iedefeld	Home	e, Inc.
	23. PART I. Enter the diseases, or cahock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	complications that caused List only one cause on ear	ch line.	enter the mod	le of dying, suc		iratory arre	
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	c	CONSEQUENCE OF):			<u> </u>		
	PART II. Other significant condition	a contributing to death bu	t not resulting in t	he underlying	cause given in	Part I. 24s. WAS AN PERFO	RMED?	24b. WERE AUTOPSY FINDINGS MANLABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL, EXAMINER? 1 YES 2 NO	HOSPITAL:		THER:	ACE OF DEATH (Ch	eck only one) 8 Other (Specify)		
0	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation 3 Suicide 8 Could not be	28e, DATE OF INJURY (Month, Day, Year) 28e, PLACE OF INJURY	28b. TIME O INJURY	M 1 Y	PRY AT AK?	28d. DESCRIBE HOW 28f. LOCATION (Street	and Number o	
COMPLETED	4 Homicide determined 29e. CERTIFIER (Check only 1 CERTIFYING PHYSI	CIAN: To the best of my knowle	y/	t the time, date			nner as state	
BE CON	2 MEDICAL EXAMINE 29b. SIGNATURE AND TITLE OF CERTIFIES		and/or investigation, i	n my opinion, d	29c. LICENSE NUI	WBER		cause(e) and manner ee stated. SIGNED (Month, Day, Year)

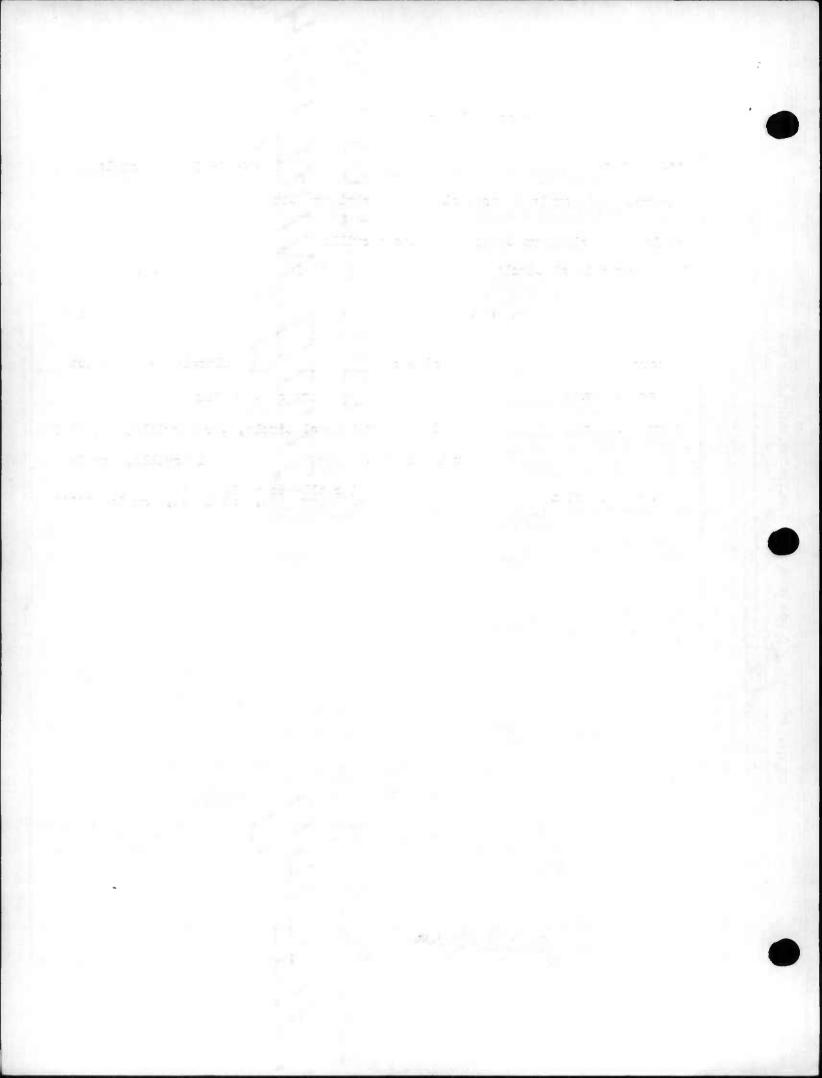
3506 N. Calvert St. Baltimore,

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L OR ATTENDING PHYSICIAN: The law requires that the death certifical	. DIRECTOR: After this certificate has been signed by the attenting phy	hours after death with the State Dept. of Health and Mental Aygiene	Item 28 is marked, or item 23 shows any latury, or other
PITAL OR ATTENDING PHYSICIAN: The law requires that the death certifical	FRAL DIRECTOR: After this certificate has been signed by the attenting phy	n 72 hours after death with the State Dept. of Health and Mental Aygiene	T: If Item 28 is marked, or item 23 shows any Jajury, or other
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HE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certifical	HE FUNERAL DIRECTOR: After this certificate has been signed by the attenting phy	led within 72 hours after death with the State Dept. of Health and Merial Aygiene	ORTANT: If Item 28 is marked, or item 23 shows any Jajury, or other
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REGISTRAR 1. DECEDENT'S NAME (First, Middle, Lest)	Thomas	Earl Sw		CATE OF		2. DATE C	OF DEATH	/ 0	3. TIME OF DEATH
THOMAS		ANN	Vallii			HTHOM	DAY	9 YEA	A 0 2)
4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. Is	est birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE O		8. BI	RTHPLACE (State or Foreign
212-03-9782	1-2M 2 0 F	87	YRS.	MONTHS DAYS	HOURS MIN.		04-03		laryland
9a. FACILITY NAME (If not institution, give	street and number)			9b. CITY, TOWN	OR LOCATION OF DI	EATH	90	COUNTY O	OF DEATH
University of Ma	ryland Ho	ospital		Balti	more Cit	У			
RESIDENCE OF DECEDENT 10a. STATE 10b. COUNT	Υ		10c, CITY	, TOWN OR LOCA	TION				10d. INSIDE CITY
Maryland Balt	imore Cou	untv	Coc	keysvil	le				LIMITS?
10e. STREET AND NUMBER					f. ZIP CODE		10	g. CITIZEN C	OF WHAT COUNTRY?
300 Internationa	l Circle				21030			U.S.	Α.
11. MARITAL STATUS 1 Never Married 2 Married 3 Diversed	FORCES?	NT EVER IN U.S. A 1 X YES 2 WAR OR DATES		If yes, sp	CENDENT OF HISPA Secify Cuben, Mexics 3 2 NO Specif	en, Puerto R			NACE — American Indian, Black, White, etc. Specify: White
15. DECEDENT'S EDI		16a, D	DECEDENT'S	USUAL OCCUPATI	ON	16b.	KIND OF BUSINE	SS/INDUSTR	
(Specify only highest grad			(Give kind of w le. Do NOT use	rork done during me	ost of working	1			
8 years			alesma	an		Wi	nolesale	e Food	d Service
17. FATHER'S NAME (First, Middle, Last)				- 15 8 1	18. MOTHER'S NA				
Thomas D. Swann					Bertha	E. Ri	utter		
19a. INFORMANT'S NAME (Type/Print)					and Number or Rural		The state of the s		
Audrey E. Swann						rcle,			e. MD. 2103
20a. METHOD OF DISPOSITION 1 X Burlal 2 Cremation 3 Rer 4 Donation 5 Other (Specify)	noval from State	other	nincal	ge Cemet	metery, cremetory or				or Town, State
21. SIGNATURE OF FUNERAL SERVICE L	ICENSEE	- N	u hiu		ND ADDRESS OF FA	ACH ITY	rike	SVIII	e, Maryland
			1//	22. NAME A	HE RESILEGE OF TH	NUMBER OF STREET			
John G. Reit 23. PART I. Enter the diseases, or shock, or heart fellure IMMEDIATE CAUSE (Final	complications the	et caused the souse on each lin	ne.	Mito 6500 not anter the mo	chell-Wie York Ro	edefel d., Ba	iac or reapirate		
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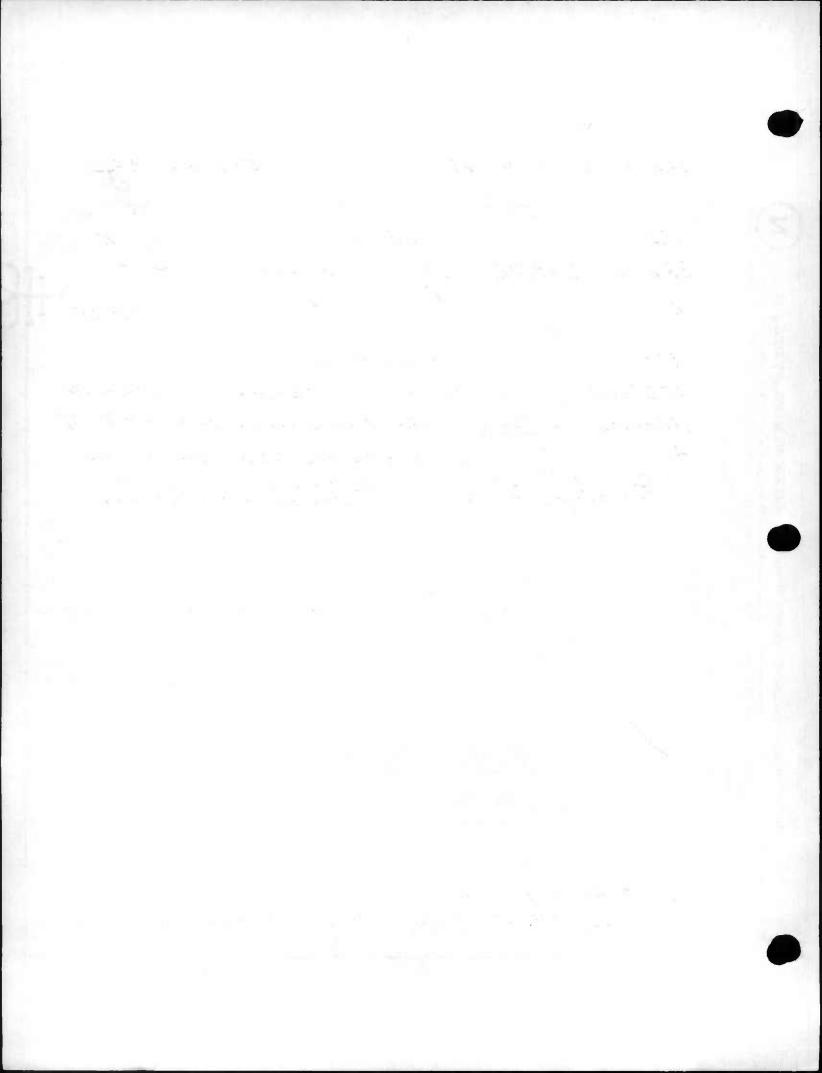


DEC 6 1990

DIVISION OF VITAL RECORDS, P.O. BOX 13146, BALTIMORE, MARYLAND 21203-3146	Z	D
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within L. nours after death. Page 6 may be retained by the hospital or attending physician.		
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely miled in by the funerial director, page 3 should be described by the attending provide prior to burial, cremation, or removal.	L. reges I, 2, 3 Should	
MPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.		

1	FOR STATE REGISTRAR	STATE OF N	IARYLAND / I				EALTH A		IENTAL	HYGIEN REG. NO.	Ε	,	0 33462	
	1. DECEDENT'S NAME (First, Middle, Last)								2. DATE MONTH	OF DEATH	NY.	YEAR	3. TIME OF DEATH	
	JOSEPHINE STA	SUK 5. SEX 1 M 2 F	6. AGE (In yrs. last	birthday)	IF UNDER	1 YEAR DAYS	IF UNDER 2	4 HRS.	(Month	OF BIRTH , Day, Year)	1990	6. BIRTI	NPLACE (State or Foreign ry)	
ı	9e. FACILITY NAME (If not institution, give str		.60	Trio.	9b. CITY	, TOWN C	A LOCATION	N OF DE		4-0	-	De. COUNTY OF DEATH		
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DIRECTOR	10a. STATE 10b. COUNTY	-	BALTO								10d. INSIDE CITY LIMITS? 1 YES 2 NO			
	326 5. C.F.	AND NUMBER					ZIP CODE) 3	,			IZEN OF	WHAT COUNTRY?	
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced		T EVER IN U.S. ABA			If yes, sp	ENDENT OF	Mexicer	, Puerto I	17 (Specify Yes	s or No-	Son	E — American Indian, ck, White, atc.	
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)		(Gh	re kind of Do NOT u	Work done	during mo	at of working		16b	KINO OF BU	SINESS/IN			
BE COM	17. FATHER'S NAME (First, Middle, Last) STEPHEN	رک	TOROZ				v	ER'S NAI	ME (First, 1	Middle, Maiden		ומני	x NowW	
TO B	190. INFORMANT'S NAME (Type/Print) NICHOLAS	STASUL		910						B2		BA	170 MD.	
	20e. METHOD OF DISPOSITION 1 Burlel 2 Cremation 3 Remo	oval from State	20b. PLACE (other pla	ant.			-	-	≅ m				MD	
	21. SIGNATURE OF FUNERAL SERVICE LIE	ENSEE W.E	be		22. E	Duy	ARL	S OF FA	LILITY . Le	IEBO	FR	F.I	MD.	
	23. PART I. Enter the diseases or c shock, or heert fellure.												Approximata interval Batween	
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CERTIFICATION	CAUSE (Disease or Injury that Initiated events resulting in death) LAST	d.	(OR AS A CONSEC	QUENCE (/`	1	/	1/15	1456			yeus	
7	PART II. Other algnificant condition	ns contributing to	death but not r	esulting	In the u	nderlylr	g cause g	iven in	Part I.	24s. WAS AI PERFO	RMED?	21	No. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
N: MEDICA									_				1 TES 2 NO	
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHE		LACE OF DI	EATH (Ch	eck only a	ne)				
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ETED BY	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	me, farm	M 1 _ YES 2 _ NO				281. LOCATION (Street and Number or Rural Route Number, City or Town, State)				il Route Number,			
COMPLE	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYS												e(e) and manner as stated.	
BE	290. SIGNATURE AND TITLE OF CERTIFIE	Taha	/	M	1		29c. LICE	C>2	MBER	E	29d. D/	ATE SIGN	EO (Month, Day, Year)	
10	30. MANE AND ADDRESS OF PERSON W	COMPLETED CAL	JSE OF DEATH (ITE	M 27) (Ty)	775	hm	. 7) ha			Rok	1	40	
	31. DATE FILEO (Month, Day, Year)	32. REGISTE	AR'S SIGNATURE	10	100	1	T .		ar o		PU	-/	10	

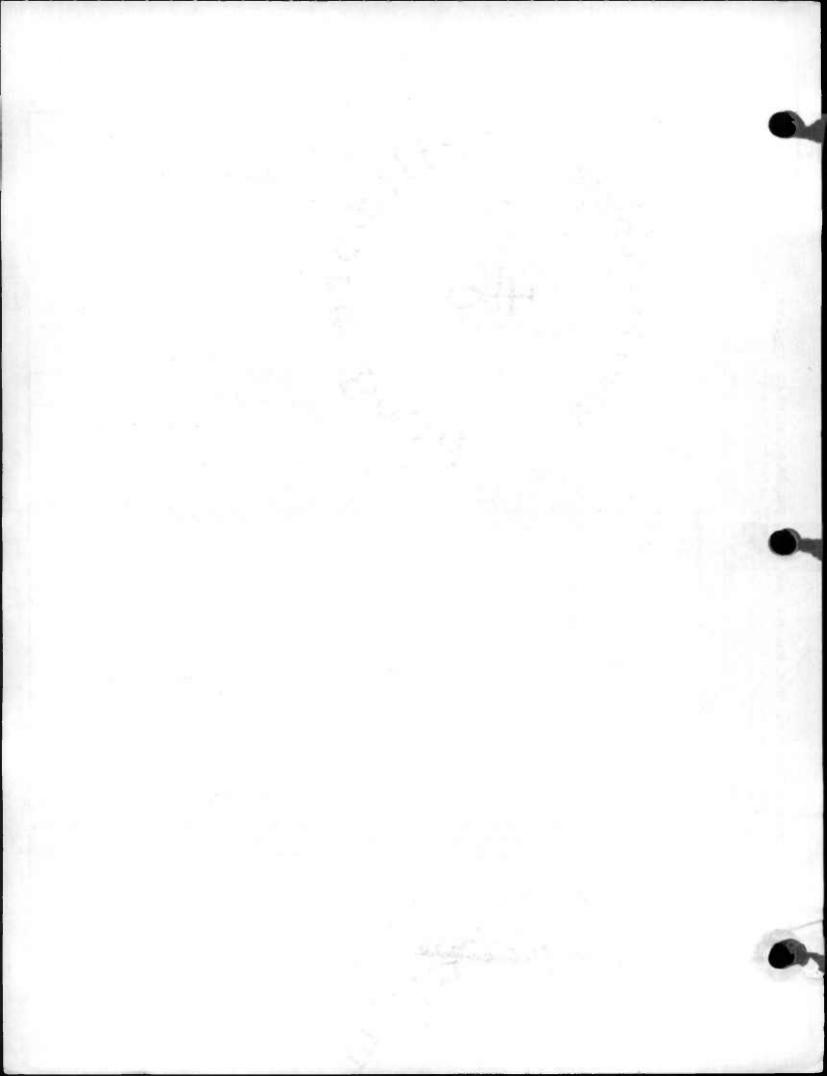
DHMH-18 Rev 1/89



TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within any wounts after death. Page 6 may be retained by the house TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be determined be fised within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

G-672 2/8/91 CR	STATE OF I											
REGISTRAR			CERTIF	ICATE	OF	DEAT	ГН		REG. NO.			
I. DECEDENT'S NAME (First, Middle, Les								MONTE			YEAR	3. TIME OF DEATN
STEVEN SOCIAL SECURITY NUMBER	M ARO		V	STERN	-		at take	12	OF BIRTN			9:30 P
I, SOCIAL SECURITY NUMBER	1 M 2 F		rs. last birthday) YRS.		DAYS	IF UNDER	MIN.	(Month	, Day, Year)		Count	try)
Da. FACILITY NAME (If not institution, giv	22	30	1110.	9b. CITY, T	TOWAN O	B LOCATI	ON OF OR		N. 14,	19601		MARYLAND_
ESTATES		5102		T 12-				2011				
8 Estate Cour	H API.	. 5102		I BA	۲Ľ.T.	IMORI	<u> </u>			ра	1111	nore
MARYLAND 106, COU	BALTIMORE		10c. CIT	PAL BAL		MORE						10d. INSIDE CITY LIMITS? 1 YES 2 N
8 ESTATES CT.	, APT. 510	02			101.	ZIP COD	1208			10g. CITI	USA	WHAT COUNTRY?
II. MARITAL STATU\$ I X Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDED FORCES? IF YES, GIVE	YES :	£∏NO	If 3	yes, spi		an, Mexice	n, Puerto I	1? (Specify Yes Rican, etc.)	or No—	Bloc	CE — American Indian ck, White, etc. City: WHITE
15. OECEDENT'S E (Specify only highest gr Elementary/Secondary (0-12)	college (1-4 or 5		la. OECEDENT'S (Give kind of life. Do NOT u	work done du	CUPATIO	ON st of worki	ng	16b	KIND OF BUS	BON		
PATHERING MARKET CO.	5+		BONDS	SMAN		40 1:	Manage	ME COL				
7. FATNER'S NAME (First, Middle, Last) NATHAN STE	RN			A.	2		1	IARGA		KAPI		
99. INFORMANT'S NAME (Type/Print) NATHAN STERN			196. MAILING	02 COU	Street • JRT	SO.	BLD	Poute Numi	BALTI	n, Stata, Zij MORE	MD	21202
toe. METHOD OF DISPOSITION	_	20h Pi	LACE OF DISPO		_	_						Town, State
X Burial 2 Cremation 3 R	emoval from State	of	ther place)		0 00	rotory, ores			200.20		unity of	
		I D	EMPLI ET	MEMOR	TAF	DAT	777		DA	TERET	OTHO	CTAT AND
		– I B	eth el			PAT ND ADDRE		CILITY	RAI	NDALI	STO	WN, MD
23. PART VENEZAL SERVICE 23. PART VENEZAL AND AND AND AND AND AND AND AND AND AND	or complications the	et ceused the use on each	he deeth. Do	not enter the	AME AN 301.0	LEVI D REI	INSON	V & E	BROS.,	INC.	.TTM	ORE MD Approximatinterval Bet Onset and
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23. PART / Enter the diseases, shock, or heart fellu	a. METHAD DUE TO DUE TO DUE TO DUE TO DUE TO d.	et ceused it use on each ONE IN O (OR AS A CO	he deeth. Do h line. VTOXICA ONSEQUENCE CONSEQUENCE	22. N/S not enter the TION DEP:	AME AND SOLUTION OF THE PROPERTY OF THE PROPER	LEVIO	ess of Fa INSON ISTER	V & E	BROS . / IN RD. diac or reap	INC . RAI	.TTMcreat,	Approximatinterval Bet Onset and Ons
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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

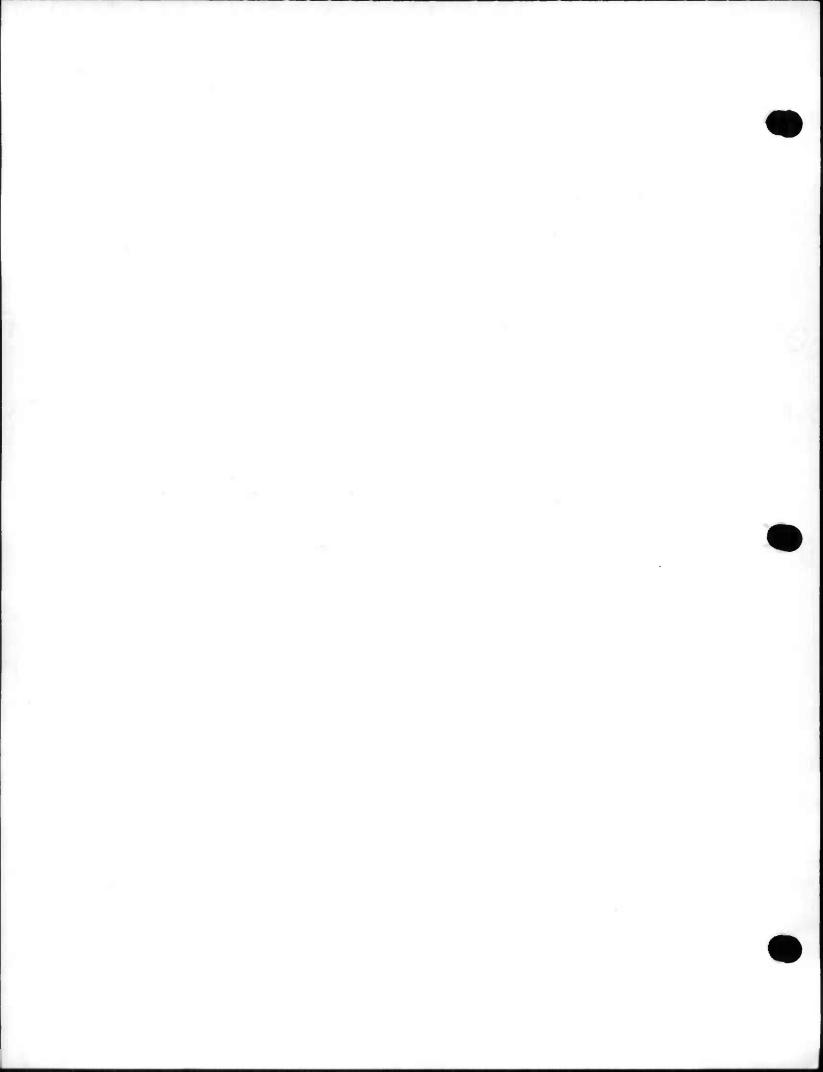
	1 - STATE REGISTRAR			F DEATH	REG. NO).		
	1. DECEDENT'S NAME (First, Middle, Last) Celea Stein	(CELIA	A STEI	1)	2. DATE OF DEATH MONTH	PAY -90 YEAR	3. TIME OF DEATH	
	214-18-0365 1 D M 2 2 F	yrs. lesi birthday)	IF UNDER 1 YEAR		7. DATE OF SIFTN (Month, Day, Year) MAR • 25	Cou	TNPLACE (State or Foreign ntry) LITHUANIA	
TOR	9e. FACILITY NAME (If not institution, give street and number) BALTIMORE COUNTY GEN. HOSP. RESIDENCE OF DECEDENT			BALTIMORE 8c. COUNTY OF DEATH 8ANDALLSTOWN BALTIMORE				
DIRECTOR	100. STATE 100. COUNTY BALTIMORE	10c. CITY	, TOWN OR LO	CATION L'IMORE			10d. INSIDE CITY LIMITS? 1 YES 2 NO	
FUNERAL	100. STREET AND NUMBER 3214 SMITH AVE.			101. ZIP CODE 21208		10g. CITIZEN OF USA	WHAT COUNTRY?	
Β¥	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Wildowed 4 Divorced 12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 NO	If yes.	13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No— If yes, specify Cuben, Mexicen, Puerio Rican, etc.) 1 YES 2 O Specify: WHITE				
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) ElementapySecondery (0-12) College (1-4 or 5+)	(Give kind of w life. Do NOT use HOUSEV	rork done during e retired.)	NTION most of working		JSINESS/INDUSTRY		
BE CON	17. FATNER'S NAME (First, Middle, Lest) CHARLES ABRAHAM COHEN			18. MOTHER'S NA	ME (First, Middle, Maidel BESSIE COI	n Sumame) HEN		
TO B	DR. CHARLES A. STEIN		ADDRESS (Stre SMITH	AVE BAL		wn, State, Zip Code) 21208		
	20e. METHOD OF DISPOSITION 1 TyBurlel 2 Cremation 3 Removal from State 4 Dinetion 5 Dither (Specify)	other place)	,	cemetery, crematory or -BETH ISRA		OCATION — CITY OF BALTIMOR		
	21. SIGNATURE OF FUNERAL SERVICE LICENSE	N	SO	LEVINSON O REISTER	& BROS.,		MD 21215	
NOI	Sequentially list conditions, DUE TO (OR AS A Sequentially list conditions,	CONSEQUENCE OF	L	mode of dying, such	h es cardiec or resp	piratory street,	Approximate interval Between Onset and Death	
CERTIFICATION	Sequentially list conditione, if sny, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in desth) LAST b. CAUSE (Disease or injury that of the condition of t							
DICAL	PART II. Other significent conditions contributing to deeth but not resulting in the underlying ceuse given in Part I. 24a. WAS AN AUTOPSY PRIORINGS AMALABLE PRIOR TO COMPLETION DE CAUSE OF DEATH? 1 VES 2 NO 24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION DE CAUSE OF DEATH? 1 VES 2 NO							
CIAI	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL:		OTHER:	PLACE OF DEATN (Ch	eck only one)			
PHYSICIAN: ME	1 VES 2 NO 1 Months 2 ER/Outpi 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year)	1 Onpetient 2 ER/Outpetient 3 DOA 4 Nursing Name 5 Residence 8 Other (Specify) 28e. DATE OF INJURY 28e. TIME OF RESIDENCE TO THE OF NUMBY AT WORK?						
TED BY	2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide datermined 28e. PLACE OF INJURY — At home, farm, obtaining, etc. (Specify)			office	28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)			
COMPLETED	29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(e) and manner as stated.							
TO BE C	296. SIGNATURE AND TITLE OF CERTIFIER H. MCIOCOL DATA			D-16	E NUMBER 29d. DATE SIGNED (Month, Day, Year) 1 2-2-90			
-	30. NAME AND ADDRESS OF PERSON WHO CONTRETED CAUSE OF DEA	363	5010	D-160	+ Rd			
	1 DEC 6 1990 Files Davidson - Ronday							

Jurs after death. Page 6 may be retained by the hospital or aftending physician. In by the funeral director, page 5 should be detached for the as the bund-trans BALTIMORE, MARYLAND 21203-3146

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

		REGISTRAR		CERTIF	ICATE O	F DEATH	REG. NO	١.	
	}	1. DECEDENT'S NAME (First, Middle, Last)	LOUIS SAM	UELS			2. DATE OF DEATH MONTH DEC. 2,	1990 YEA	3. TIME OF DEATH 6:24 P. M
_	į	4. SOCIAL SECURITY NUMBER 220-07-7411	5. SEX 6. AGE ((In yrs. last birthday)	IF UNDER 1 YEA MONTHS DAY		7. DATE OF BIRTH (Month, Day, Year) APR. 22,]	1896 8.B	IRTHPLACE (State or Foreign ountry) ENGLAND
2, 3 should	OR	98. FACILITY NAME (If not institution, give sti BALTIMORE COUNTY		PITAL		N OR LOCATION OF DE		9c. COUNTY C	DE DEATH BALTIMORE
=	DIRECTOR	106. STATE 10b. COUNTY MARYLAND	BALTIMORE	10c. CIT	ry, TOWN OR LO	CATION VINGS MILL	ς.		10d. INSIDE CITY LIMITS? 1 X YES 2 NO
sit permit. Pages		100. STREET AND NUMBER 33 TAHOE CIRCLE,		1		101. ZIP CODE 21117		10g. CITIZEN	OF WHAT COUNTRY?
tending physician.	BY FUNERAL	11. MARITAL STATUS 1 Never Merried 2 Merried 3 🔀 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 TYPES IF YES, GIVE WAR OR D WWI - ARM	2 NO	If yes,			e or No— 14. F	RACE — American Indian, Black, White, atc. Specify: WHITE
The state of the s	LETED	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5+)	Ille. Do NOT u	work done during ise retired.)	ATION most of working		JSINESS/INDUSTI	
retained by the hospital of 5 should be detached for the netified at once.	COMPL	8 17. FATHER'S NAME (First, Middle, Last)		OWN	ER	18. MOTHER'S NA	GROCEF ME (First, Middle, Maider		E (RETAIL)
od by th	BE C	JACOB SOLOMO	ON	T			ANNIE BLO		
	5	19a. INFORMANT'S NAME (Type/Print) DAVID SAMUELS					RANDALLS		
age 6 may be director, page er must be		20e. METHOD OF DISPOSITION 1 Seriel 2 Cremetion 3 Ramo 4 Donation 5 Other (Specify)	oval from State	other place)	ODESH-	cemetery, crematory or BETH ISRAE	L	BALTIM	ORE, MD
after death. Page 6 may by the funeral director, pa moval.		21. SIGNATURE OF FUNERAL SERVICE LIC	tillma	~	S		CILITY N & BROS., RSTOWN RD.		.,MD 21215
within 24-rours upletely filled in 1 cremation, or re-		23/PART/I. Enter the discood, or check, or heart feilure. IMMEDIATE CAUSE (Finel discose or condition resulting in deeth)	complications that cause List only one cause on e	d the death. Do each line.			h aa cerdiac or reep		
h certificate be execu anding physician and Hygiene prior to bur or other traumatic	CERTIFICATION	Sequenticity list conditions, if sny, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	arteriore	A CONSEQUENCE OF	ndrol Cara on: Len	enfa howul orlleos	che Le deres es		20 geas
the d We		PART II. Other significent condition	s contributing to death	but not resulting	in the under	ying cause given in		N AUTOPSY ORMED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
es that gned to saith au	MEDICAL	Diobetes	meeli ke	, type	RI		1 YES		COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
ATTENDING PHYSICIAN: The law requires the CCOR. After this certificate has been signed as after death with the State Dept. of Health n 28 is marked, or liem 23 shows an	PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		20	B. PLACE OF DEATH (C)	neck only one)		
SICIAN: certifica h the St	HYSI	1 TYES 2 THE 27. MANNER OF SEATH	1 Inpetient 2 ER/Out	28b. TII	4 Nursing	Home 5 Reeldence	8 Other (Specify) 28d. DESCRIBE HOW	INJURY OCCURI	ED
DING PHYS After this c death with s marked,	ВУ Р	1 Natural 5 Pending 2 Accident Investigation 3 Suicide S Could not be	(Month, Day, Year) 28e. PLACE OF INJUR		M 1	WORK? YES 2 NO	281, LOCATION (Street	t and Number or F	Bural Pouta Number
OR ATTENDING DIRECTOR: After hours after death liem 28 is ma	ETED	4 Homicide 8 Could not be determined	building, etc. (Spe				City or Town, State		
SPITAL OR AT NERAL DIRECTION OF THE PROPERTY O	COMPLET	CONDON ONLY	ICIAN: To the best of my known.						ouse(e) and menner se stated.
TO THE HOSPITAL TO THE FUNERAL IS DE filed within 72 h	TO BE C	296. SIGNATURA AND TITLE OF CERTIFIER H- HICEROL C	Solar			29c. LICENSE NU D-/60 9		29d. DATE SIG	GNED (Month, Day, Year)
	-	36. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUSE OF D	EATH (ITEM 27) (Typ	- Co, N	nd 21	208		•
		31. DATE FILED (Month, Day, Year) DFC 6 1990 9	32. REGISTRAR'S SIG	NATURE andalik					
		0							DUMB 10 Day 170

DIVISION OF VITAL RECORDS, P.O. BOX 13146,



3. TIME OF OFATN

8. BIRTHPLACE (State or Foreign

Country) MARYLAND

4:40 AM

2 DATE OF DEATH

7. OATE OF BIRTH

1141

12

8

DAY

04

YEAR

90

1. OECEDENT'S NAME (First, Middle, Lest)

217-07-3910

errie

4. SOCIAL SECURITY NUMBER

YET/Bance

1 - M 2 F

5. SEX

IF UNDER 1 YEAR | IF UNDER 24 HRS.

(JERRIE YETTA SAMUELS)

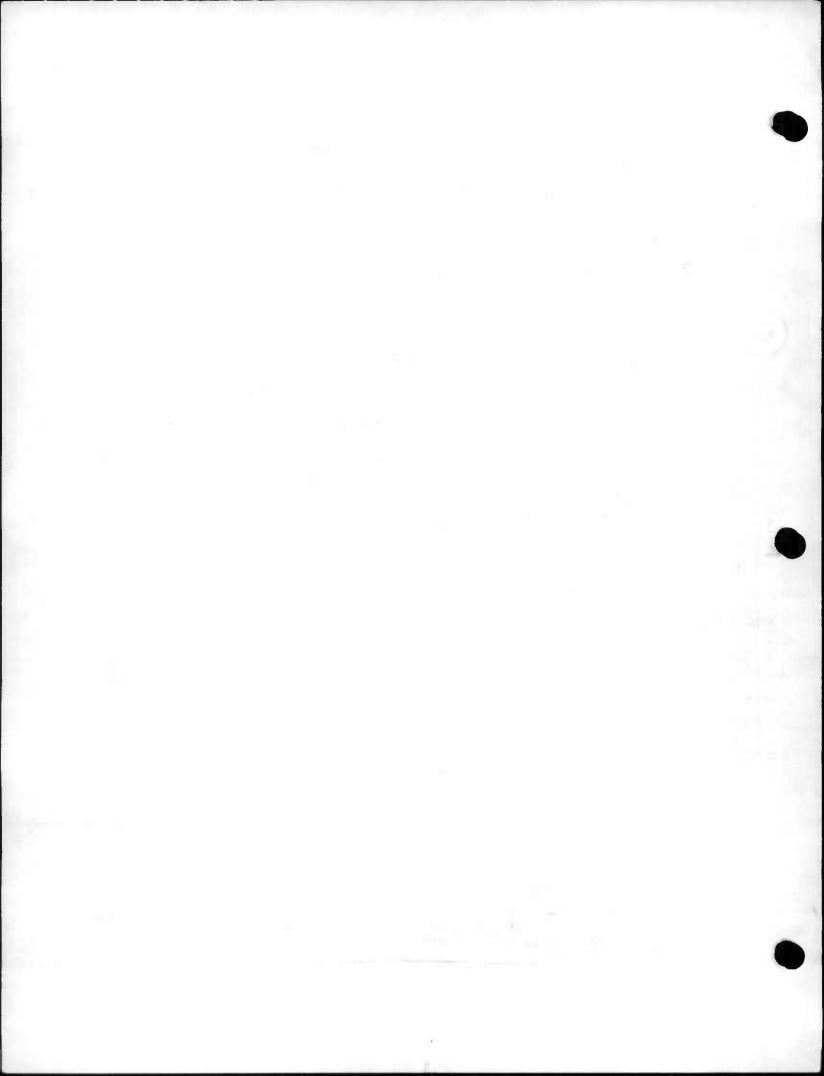
6. AGE (In yrs. last birthday)

physician.

burial-transit permit. Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF CEATH 9c COUNTY OF OFATH UNIVERSITY HOSPITAL BALTIMORE DIRECTOR RESIDENCE OF DECEDENT 10a STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d, INSIDE CITY BALTIMORE BALTIMORE MARYLAND 1 YES 2 NO FUNERAL 10s. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? Z SLADE AVE., APT. 509 21208 USA 11, MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☐ YES 2 ND IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-14. RACE — American Indian, Black, White, etc. If yes, specify Cuban, Mexican, Puerto Rican, etc.)

1 YES 2 A ND Specify: 1 Never Married 2 Merried Specify WHITE BY 3 X Widowed 4 Olvorced COMPLETED 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 15. OECEOENT'S EDUCATION (Specify only highest grade comple 16b. KIND OF BUSINESS/INDUSTRY Elamantary/Secondary (0-12) College (1-4 or 5+) HOUSEWIFE AT HOME 17. FATHER'S NAME (First, Middle, Last) 18. MOTNER'S NAME (First, Middle, Maiden Surname) FRANK WEINBERG 1 FANNIE POLLYWATER BE notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 STEPHEN SAMUELS 5602 BALTIMORE NATIONAL PIKE - BALTO., MD 21228 å 20e METHOD OF DISPOSITION
1 Aburtal 2 Cremetton 3 Harmoval from State 20c, LOCATION - City or Town, State Must HEBREW YOUNG MEN BALTIMORE, MD 4 🗍 Donation 5 🗎 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE examiner 22. NAME AND ADDRESS OF FACILITY SOL LEVINSON & BROS., INC. BALTO., MD 21215 6010 REISTERSTOWN RD. the medical 23. PART I. Enter the diseases, or complications that ceused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest, interval Between ahock, or heart fallure. List only one couse on each line. Onset and Death IMMEDIATE CAUSE (Final Breast Cancer disease or condition resulting in death) 10 tastatic 4 years event, traumatic CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF) If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury other DUE TO (OR AS A CONSEQUENCE OF) that initiated events resulting in death) LAST Injury, or PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. MEDICAL 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? shows any 1 TYES 2 NO 1 YES 2 NO PHYSICIAN: 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATN (Check only one) Hem **EXAMINER?** OTHER: 1 | YES 2 NO etlent 2 - ER/Outpatient 3 - DOA 4 Nursing Nome 5 Residence 6 Other (Specify) 0 27. MANNER OF DEATN 20b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED marked, 1 Natural 5 Pending 1 YES 2 ND DIRECTOR: After the hours after death vitem 28 is mari BY 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 6 Could not be COMPLETED 4 Homicide TO THE HOSPITAL OR AT TO THE FUNERAL DIRECT be filed within 72 hours a IMPORTANT: If Item 2 29e. CERTIFIER
(Check only

CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, deta and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the causa(a) and manner as stated. 290. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d, DATE SIGNED (Month, Day, Year) BE 12/4/90 NAHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 2 St Balt. MD 2123 S Greene MD 1990



3. TIME OF DEATH

1519

B. BIRTHPLACE (State or Foreign Country) North Carolina

James

4. SOCIAL SECURITY NUMBER

577-07-6427

IF UNDER 1 YEAR

IF UNDER 24 HRS.

6. AGE (In yrs. last birthday)

YRS.

82

Shields

5. SEX

1 M 2 - F

YEAR

1908

2. DATE OF DEATH MONTH

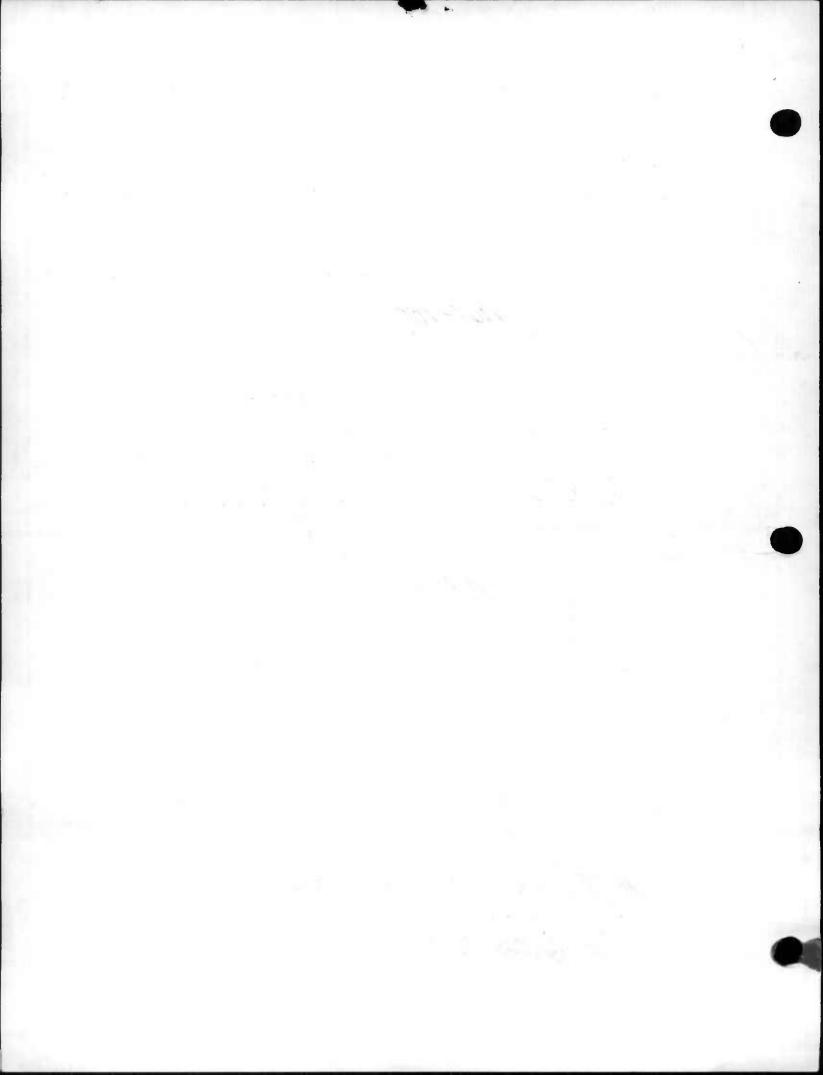
7. DATE OF BIRTH (Month, Day, Year)
May 9,

OR	9a. FACILITY NAME (If not institution, give street and number) Kimbrough A.C.H. (ER)	022		R LOCATION OF DEATH	9c. COUNTY	of Death
DIRECT	108. STATE 106. COUNTY YA	10c. CITY				10d. INSIDE CITY LIMITS? 1 YES 2 NO
	100. STREET AND NUMBER 6445 Maplewood Drive		101.	22041	10g. CITIZER	OF WHAT COUNTRY?
BY	11. MARITAL STATUS 12. WAS DECEDENT EVER IN FORCES? 1 VES	U.S. APMED 2 100 ATES	If yes, spe	city Cuban, Mexican, Puerto Ricar		RACE — American Indian, Black, Whita, atc. Specify: White
	15. DECEOENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 1 2 College (1-4 or 5+)	(Give kind of wallife. Do NOT, use	rork done during mos e retired.)	it of working		тяч
	17. FATHER'S NAME (First, Middle, Lest) Robert A. Shields			16. MOTHER'S NAME (First, Middl Rebecca Al.	ice Phili	lips
TO BI	19a. INFORMANT'S NAME (Type/Print) Myrtle Smoot	19b. MAILING 6 4 4 5	ADDRESS (Street as	nd Number or Rural Route Number, (WOOD Dr., F	City or Fown, State, Zip Co alls Chui	rch, Va. 2204
	Burial 2 Cremation 3 Removal from State	other place)			Triang	
1	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	idii e i e e	22, NAME AN	D ADDRESS OF FACILITY		
	shock, or heart fallure. List only one cause on a IMMEDIATE CAUSE (Finel	ach line.		de of dying, such ae cardiac	or reapiretory arree	Approximate Interval Between Onset and Death 2 hours
TIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	cleratic consequence of	Corona	ry Artery Di	sease	Unknown
MEDICAL C	d	out not resulting i	in the underlying		PERFORMED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
IAN	25. WAS CASE REFERRED TO MEDICAL		26. Pi.	ACE OF DEATH (Check only one)		
YSIC	1 U YES 2 NO 1 Inpatient 2 ER/Outs		4 - Nursing Hom			
ВУ РН	1 Natural 5 Pending 12/2/90 12/2	W-S-	M 1 🗆 1	ZES 2 NO		
TED	3 Suicide a Could not be detarmined building, stc. (Spe	clfy)	arrest, factory, office			nate note various,
OMPLE	CORD UTTY					
8	296. SIGNATURE AND TITLE OF CERTIFIED RULE A	10		29c. LICENSE NUMBER Maryland D37	1879 DATE S	SIGNED (Month, Day, Year) 2/2/90
F	William B. Reece Mo	CPT	MC	Dept Int Med.	Kimbrough	ACH PT MeadenD
	: DEO 0 1000 /					DHMH-18 Rev 1/89
	E COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION TO BE COMPLETED	No. STATE 10b. COUNTY 10a. STATE 10b. COUNTY 10a. STATE 10b. COUNTY 10a. STATE 10b. COUNTY 10a. STATE 10b. COUNTY 10a. STATE 10b. COUNTY 10a. STATE 10b. COUNTY 10a. STATE 10b. COUNTY 10a. STATE 10b. COUNTY 10a. STATE 10b. COUNTY 10a. STATE 10b. COUNTY	98. FACILITY NAME (If not institution, give street and number) KIM Drough A.C.H. (ER) PRESIDENCE OF DECEDENT 108. STREET AND NUMBER 6445 Map Wood Drive 11. MARITAL STATUS 1	THE STORT THE difference of complications and numbers	THE STOCK NAME (IT AND COUNTY TOWN ON LOCATION OF DEATH ON THE COUNTY TOWN ON LOCATION OF DEATH ON THE COUNTY TOWN ON LOCATION OF DEATH ON THE COUNTY TOWN ON LOCATION OF DEATH ON THE COUNTY TOWN ON LOCATION ON	REJUDENCE OF DECIDENT IN A COUNTY IN A COU

And the second s

ur attending physician.	as the burial-transit permit. Pages 1, 2, 3 should		1
TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 4- wours after death. Page 6 may be retained by the provided by the pro	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be degreed as the burial-transit permit. Pages 1, 2, 3 should be	be filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at detection

1. DECEOENT'S NAME (First, Middle, Las		CERTI	FICATE O		MENTAL HYGIEN REG. NO.		33468
VERNALL	J AMES	S	SWAN		2. DATE OF DEATH	90	3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER		AGE (In yrs. lest birthday	MONTHS DAYE		7. DATE OF BIRTH (Month, Day, Year)		RTHPLACE (State or Foreign ountry)
505-54-5189 9e. FACILITY NAME (If not institution, give	1 X M 2 F	47 YRS.	as Cutty Town	OR LOCATION OF D	05-11-43	9c, COUNTY O	EBRASKA
NORTH ARUNDEL H		OCTATION		BURNIE	CAIR		A. COUNTY
RESIDENCE OF DECEDENT					···		
10e. STATE 10b. COUP			ITY, TOWN OR LOC	CATION			10d. INSIDE CITY LIMITS?
	E ARUNDEL	SE	EVERN			Tan OFFITTING	1 VES 2 NO
10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY?							
1234 Severn Sta	12. WAS DECEDENT E		13 WM S D	21144 ECENDENT OF HISPA	NIC ORIGIN? (Specify Ver	U.S	
1 Never Married 2 Married 3 Wildowed 4 Divorced	FORCES? 1 X YES 2 NO If yes, specify Cuben, Mexican, Puerto Rican, etc.) If yes, specify Cuben, Mexican, Puerto Rican, etc.) If yes, 2 M NO Specify: Specify Cuben, Mexican, Puerto Rican, etc.)					RACE American Indian, Black, White, etc. Specify: WHITE	
15. DECEDENT'S E		DECEDIENT	'S USUAL OCCUPA of work done during use retired.)	TION	16b. KIND OF BU	SINESS/INDUSTI	
(Specify only highest gri Elementary/Secondary (0-12)	College (1-4 or 5+)	Ille. Do NOT	use retired.)	most of working			
12	NONE	DRIVE	R		UNITED	PROPANE	
17. FATHER'S NAME (First, Middle, Last)					ME (First, Middle, Meiden	Surname)	
JAMES VERNALL S	SWAN				M. NEUMAN		
19e. INFORMANT'S NAME (Type/Print)			St. Exchine DA		Route Number, City or Tow	n, State, Zip Code	9)
THERESA L. SWAN			ME AS #				
20a METHOD OF DISPOSITION 1 \(\text{D Burlel} \) 2 \(\text{C Cremetion} \) 3 \(\text{D Re} \)	emoval from State	other place)		cometery, crematory or		CATION — City	
4 Donestion 5 Other (Specify) MARYLAND VETERANS CEMETERY CROWNSVILLE, MD 21. SIGNATURE OF PUNERAL SERVICE (ICENSEE) 22. NAME AND ADDRESS OF FACILITY						ILLE,MD	
SINGLETON FUNERAL HOME						NIE. MD 2106	
Sequantially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	c	R AS A CONSEQUENCE	OF):		1 Part I. 24a. WAS AN PERFO	RMED?	24b. WERE AUTOPSY FINDIN AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
1 TES 2 NO							
25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one)							
EXAMINER? 1 YES 2 NO	HOSPITAL: OTHER: 1 Inpatient 2 ER/Outpetient 3 DOA 4 Nursing Home 5 Residence 6 Other (Specify)						
27. MANNER OF GEATH	28s. DATE OF IN (Month, Day,				28d. OESCRIBE HOW	INJURY OCCUR	50
1 Netural 5 Pending 2 Accident Investigation			M 1 YES 2 NO		1		
3 Suicide 6 Could not	building, et	INJURY — At home, farr c. (Specify)			281. LOCATION (Street and Number or Rural Route Number, City or Town, State)		
4 Homicide determined							
4 Homicide determined	IYSICIAN: To the best of m						ouse(s) and manner as stated
4 Homicide determined	HINER: On the basis of examination	mination and/or investig	MA printer		e time, data and place, a	nd due to the ce	avee(a) and manner as stated



permit. Pages 1, 2, 3 should

	ge 5 should be detached for use as the burial-transit		e notified at once.
	mental director, page signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlat-ti	the death and sym bept, of Health and Mental Hygiene prior to burial, cremation, or removal,	28 is marked or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
THE PERSON	CTOR AL	s after de	28 is 1

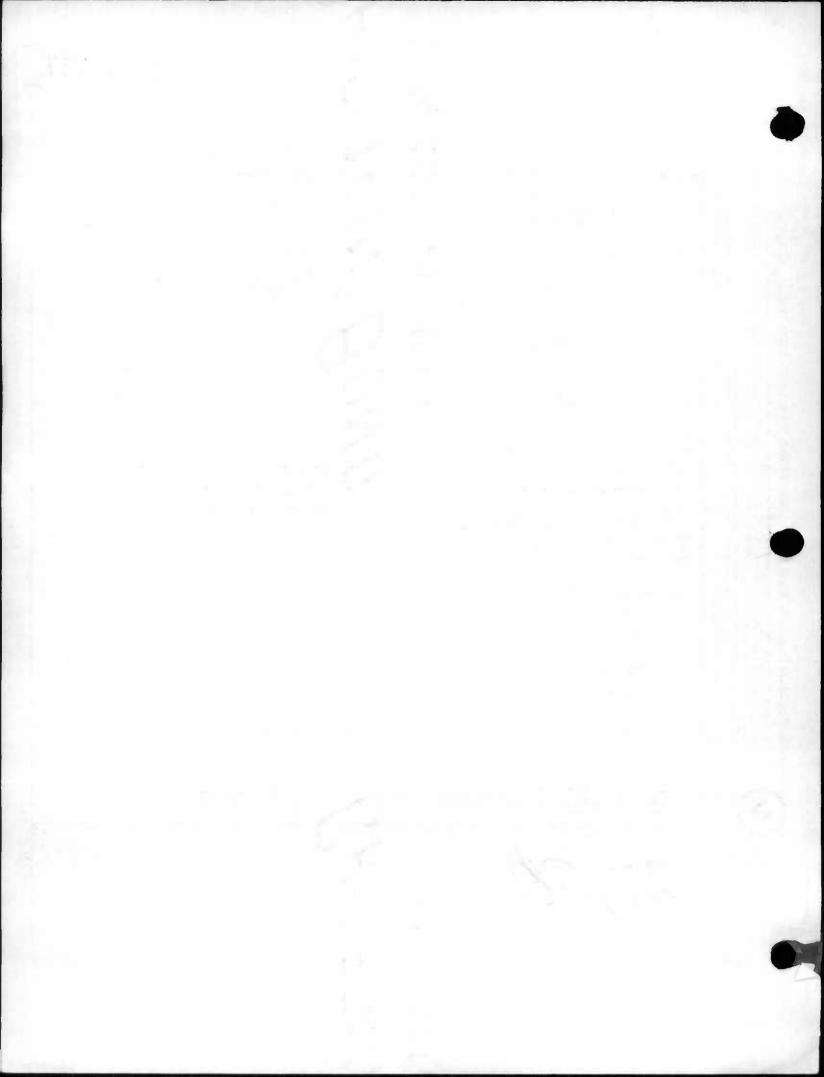
			era eraerutua i									20	00400
	FOR STATE REGISTRAR	STATE OF I	/ MARYLAND Ce		TMENT				MENTA	REG. NO.	E		
į	1. DECEDENT'S NAME (First, Middle, Last) HAROLD E	CM	ITH		-					e of death th 2-4-199	Y	YEAR	3. TIME OF DEATH
	HAROLD E.	5. SEX	6. AGE (In yrs. las	t birthdev)	IF UNDER	1 YEAR	IF UNDER	24 HRS.	7. DATE	E OF BIRTH		8. BIRTHI	3:15 A. M
	219-03-6596	1 💢 M 2 🗌 F	74	YRS.	MONTHS	DAYS	HOURS	MIN.	(Mon	"19"-191	6	Country	1.
_	9a. FACILITY NAME (If not institution, give street and number)						R LOCATI	ON OF DE	ATH		9c. COU	NTY OF DE	ATH
5	2806 Echodale Av	е.			Bal	timo	ore						
DIRECTOR	10a. STATE 10b. COUNTY				Y, TOWN C		ION						10d. INSIDE CITY LIMITS?
	Maryland 10e. STREET AND NUMBER			l Ba	ltimo		. ZIP COD	E			10g. CIT	IZEN OF W	1 X YES 2 NO
FUNERAL	2806 Echodale Ave					1	21214	1			1,12	.S.A.	
N. I	11. MARITAL STATUS 1 Never Married 2 X Married	FORCES? 1	T EVER IN U.S. AR	MED 10	- 0	If yes, sp	ecity Cube	n, Mexica	n, Puerto	IN? (Specify Yes Ricen, etc.)	or No-	14. RACE Black	— Americen Indien, , White, atc.
B	3 Widowed 4 Divorced	IF YES, GIVE Y	MAR OR DATES			I 🗌 YES	2 💢 NO	Specify	r:			Whi:	
回	15. DECEDENT'S EDUC (Specify only highest grade of	CATION completed)	16a. DE	CEDENT'S	work done	CCUPATIO	ON at of working	70	16	b. KIND OF BUS	SINESS/IN	DUSTRY	
PE	Elementary/Secondary (0-12)	College (1-4 or 5 2 Yrs.	+)	perv						B.G.&	E.		
COMPLETED	17. FATHER'S NAME (First, Middle, Last)									, Middle, Maiden	Sumame)		
BE	Howard Smit	:h					Io.			trong			
2	Marie A. Smith									nber, City or Tow			
	20a, METHOD OF DISPOSITION 1 X Burtal 2 Cremation 3 Remo	wai from State	20b. PLACE other pl	ana)								- Cify or To	wn, State
	4 Donation 5 Other (Specify)	THOSE .	Dulan	ey Va	lley (ery ND ADDRE			Tin	nonium	n,Md.	
	Roy H. Cather Roy H. Cather	10)								EONE Have	Food	Dd Da	lto.,Md. 21214
	23. PART I. Enter the diseases, or c		at caused the de	eath. Do	_								Approximate
	shock, or heert fellure. I					-				5			Interval Batween Onset and Death
	disease or condition resulting in deeth)	ADET	VOCARC	inci	NA	OF	(0	Lon	CL	som i	nen	15/713	3
_	<u></u>	TO BE	OCARC OF AS A CONSE	HD L	OFI:	B	me	L	ive	R			
TIO	Sequentially list conditions, if any, leading to immediate	DUE TO	OR AS A CONSE	QUENCE (OF):			1					
FICA	cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	c	OR AS A CONSE	QUENCE (OF):								
CERTIFICATION	resulting in death) LAST	d											
	PART II. Other significent condition		daeth but not	resulting	In the u	nderfyln	g cause	given in	Part I.	24s. WAS AN PERFOI	AUTOPSY	7 24b	. WERE AUTOPSY FINDINGS
MEDICAL		CNO								1 TES	-		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
ME		perton	SIVM										1 YES 2 NO
PHYSICIAN:	25, WAS CASE REFERRED TO MEDICAL					26. P	LACE OF I	DEATH (C/	neck only	one)			
YSIC	EXAMINÉR? 1 YES 2 NO	HOSPITAL:	☐ ER/Outpatient	3 🗆 DOA	OTHE 4 Nu	nsing Hor		esidenca	_	ther (Specify)			
	27. MANNER OF DEATH 1 Natural 5 Pending	25a. DATE O (Month,	FINJURY Day, Year)	28b. TI	ME OF JURY M	W	JURY AT DRIC? YES 2	□ NO	28d. 0	ESCRIBE HOW	INJURY O	CCURED	
BY	2 Accident Investigation 3 Suicida 6 Could not be		OF INJURY — At h	ome, farm	, street, fac					OCATION (Street ity or Town, State		er or Rural i	Route Number,
Ë	4 Homicide determined	building	j, etc. (Specify)							ny or rown, States			
COMPLETED	29a. CERTIFIER (Check only one)												
	2 MEDICAL EXAMINE		axamination end/or	investiga	tion, in my	opinion,		ZENSE NU		ata and piace, a			(Month, Day, Year)
TO BE	J. J. Saluni	wo fr.	Land				D	294	45	_	>		5-90.
F	30. NAMÉ AND ADDRESS OF PERSON WH Dr. Frank S. Palmi					≀d., 1	Balto	, Md	. 212	214			
	31. DATE FILED (Month, Day, Year)	32. REGISTE	AR'S SIGNATURE				4						 .
	DEC 6 1990 &	cha Davidso	n-Mandett										

- 330

TO THE FUNERAL CHECKED AND THE STATE DATE OF THE STATE DATE OF THE STATE DATE OF THE STATE DATE OF THE STATE DATE. THE STATE DATE OF THE STATE DATE OF THE STATE DATE OF THE STATE DATE OF THE STATE DATE. THE STATE DATE OF THE STA nours after death. Page 6 may be retained by the hospital or attending physician. BALTIMORE, MARYLAND 21203-3146 Physician: The law requires that the death certificate be executed within 247 DIMINION OF VITAL RECORDS, P.O. BOX 13146,

TO THE HOSPITAL OF TO THE FUNERAL OF the Michin 72 hours

FOR STATE REGISTRAR	STATE OF MA	CERTIFIC	JAIL OF D	EAIN	REG. NO.		
1. DECEDENT'S NAME (First, Middle	JAMES WESLE	FY SMITT	п		2. DATE OF DEATH DAY 12-3-90	YE	
4. SOCIAL SECURITY NUMBER 212-03-7956 9a. FACILITY NAME (If not institution	5. SEX 1 M 2 D F	6. AGE (In yrs. lest birthday) 72 YRS.	IF UNDER 1 YEAR	OURS MIN.	7. DATE OF BIRTH (Month, Day, Year) Jan. 5, 19	0	110:04PM SHITHPLACE (State or Foreign Country) Orth Carolin
6105 Dunromin	ng Road		Balti	imore Ci		9c. COUNTY	OF DEATH
Maryland 10e. STREET AND NUMBER	COUNTY		imore	P CODE		10a. CITIZEN	10d. INSIDE CITY LIMITS? 1 YES 2 NO OF WHAT COUNTRY?
6105 Dunromin	12. WAS DECEDENT		13. WAS OECENE If yes, specif	L239 DENT OF HISPANIC	C ORIGIN? (Specify Yes o Puerto Rican, etc.)	U.S. or No.— 14.	RACE — American indian, Black, White, etc. Specify:
15. DECEDENT	T'S EDUCATION est grade completed) College (1-4 or 8+)	Me Do NOT use i	ork done during most o	of working	16b. KIND OF BUSH		nite my
12 17. FATHER'S NAME (First, Middle, I		Salesmar		8. MOTHER'S NAM	Heating E (First, Middle, Melden St		ooling
John 19a. INFORMANT'S NAME (Type/Pri	James	Smith 196. MAILING A	ADDRESS (Street and	Pearl Number or Rural Ro	oute Number, City or Town,		nley
	Entombment		Mem. Par				
21. SIGNATURE OF FUNERAL SAN Ernest 4 23. PART I. Enter the disease	Aeist III	ceused the death. Do no	Leona	ard J. R Harford	uck, Inc.	imore	Md 21211 Approximata
21. SIGNATURE OF FUNERAL SAN Ernest 4 23. PART I. Enter the disease	Reist III Les, or complications that fellure. List only one cause Arteric	ceused the death. Do no	Leona 5305 ot enter the mode	ADDRESS OF FACE And J. R Hanfond of dying, such	uck, Inc. Rd. Balt ae cardiac or respira	imore	Md 21214 Approximate
21. SIGNATURE OF SUMERAL SEA ETNEST 4 23. PART I. Enter the disease shock, or heart f IMMEDIATE CAUSE (Final disease or condition	Arteric b. DUE TO (6)	coused the death. Do not se on each line. Osclerotic ca	22. NAME AND Leona 5305 Stenter the mode ardiovasc	ADDRESS OF FACE And J. R Hanfond of dying, such	uck, Inc. Rd. Balt ae cardiac or respira	imore	Md 21214 Approximata
21. SIGNATURE OF EUMERAL SEA ETNEST 4 23. PART I. Enter the disease shock, or heart f iMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immedista cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	Arterio DUE TO (6 d. DUE TO (6) DOING TO (6) DUE TO (6) DUE TO (6) DUE TO (6) DUE TO (6)	coused the death. Do not se on each line. DSCIETOTIC CA (OR AS A CONSEQUENCE OF):	22. NAME AND Leona 5305 Stenter the mode ardiovasc	ADDRESS OF FACE And J. R Harford of dying, such	uck, Inc. Rd. Balt as cardiac or respire	imore story arrest,	Approximate interval Betwoonset and Do
21. SIGNATURE OF SUMERAL SEA ETNEST 4 23. PART I. Enter the disease shock, or heart f IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immedista cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant co	Arteric DUE TO (6 DU	coused the death. Do not see on each line. DSCIETOTIC CA (OR AS A CONSEQUENCE OF): (OR AS A CONSEQUENCE OF): death but not resulting in	22. NAME AND Leona 5305 ot enter the mode ardiovasc	ADDRESS OF FACE And J. R Harford of dying, such cular dis	UCK, Inc. Rd. Balt as cardiac or respirations Sease Part I. 24a. WAS AN A PERFORM WEXTES 2 {	imore story arrest,	Approximate interval Betwo Onset and De Onse
21. SIGNATURE OF EUMERAL SEA Ernest 2 23. PART I. Enter the disease shock, or heart f IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immedista cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other eignificant or Chronic alco	Arterio Arterio DUE TO (6 DUE	Coused the death. Do not see on each line. DSCIETOTIC CA (OR AS A CONSEQUENCE OF): (OR AS A CONSEQUENCE OF): death but not resulting in ER/Outpatient 3 □ DOA (INJURY Now)	22. NAME AND / Leona 5305 De enter the mode ardiovasc :: :: :: :: :: :: :: :: :: :: :: :: ::	ADDRESS OF FACE And J. R. Harford of dying, such cular dis cular dis cular dis cular dis cular dis cular dis cular dis cular dis cular dis cular dis	Cart I. 24a. WAS AN A PERFORM Cock only one) Color (Specify) 28d. DESCRIBE HOW IN.	imoro story arrest, urropsy AED? NO	Approximate interval Betwo Onset and De Onse
21. SIGNATURE OF EUMERAL SEA ETNEST U 23. PART I. Enter the disease shock, or heert i IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immedista cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant or Chronic alco	DUE TO (c) DUE TO	Coursed the death. Do not se on each line. DSCIETOTIC CA (OR AS A CONSEQUENCE OF): (OR AS A CONSEQUENCE OF): death but not resulting in	22. NAME AND / Leona 5305 De enter the mode ardiovasc :: :: :: :: :: :: :: :: :: :: :: :: ::	ADDRESS OF FACE And J. R. Harford of dying, such cular dis cular dis cular dis cular dis cular dis cular dis cular dis cular dis cular dis cular dis	UCK, Inc. Rd. Balt as cardiac or respirate as cardiac	imoro story arrest, urropsy AED? NO	Approximate interval Betwoonset and Do Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do
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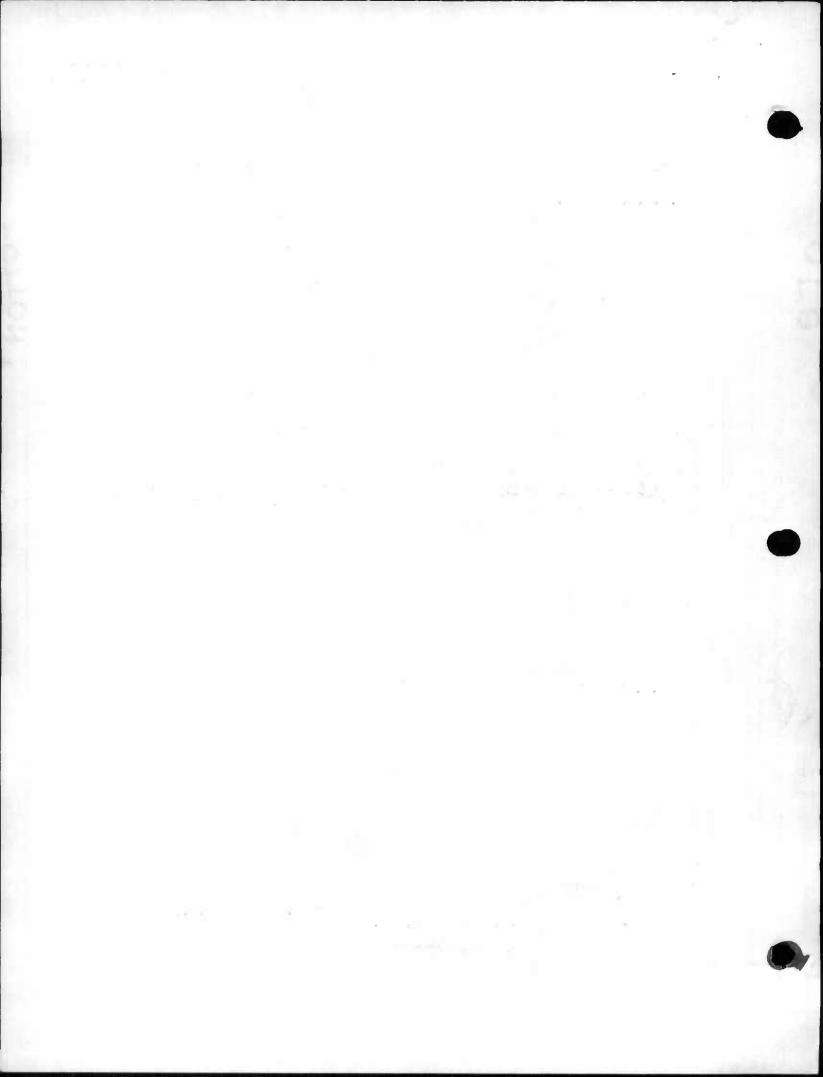
	negisinan	LINIII	IOAIL OI	DEATH	REG. NO		
	DECEDENT'S NAME (First, Middle, Leist) LAURA CAT LAURA THOMPSON	HERIN	E THOMP:	SON	2. DATE OF DEATH MONTH D	AY 29 1990	3. TIME OF OEATH 8:18 a.m. M
	4. SOCIAL SECURITY NUMBER 215-21-6736 1 □ M 2 ♣ F 2	last birthday)	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 3-20-88	6. BIRTHI Country	PLACE (State or Foreign
	9a. FACILITY NAME (if not institution, give street and number)		95 CITY TOWN	OR LOCATION OF DE		9c. COUNTY OF DE	
Œ					SAIN	BALTIMORI	
DIRECTOR	THE JOHNS HOPKINS HOSPITAL RESIDENCE OF DECEMENT		BALIIM	ORE CITY		DALITMOR	E CITI
W	10a. STATE 10b. COUNTY	10c. CIT	Y, TOWN OR LOC	ATION			10d. INSIDE CITY LIMITS?
2	Maryland DALTO		445	RVINE			1 TES 2 NO
FUNERAL	9733 Magledt Rd.		'	21234		U S A	
N N	11 MARITAL STATUS 12 WAS DECEDENT EVER IN U.S.	ARMED	13. WAS DE	CENDENT OF HISPAI	NIC ORIGIN? (Specify Ye	6 or No.— 14. RACE	— American Indian.
	Never Married 2 Married FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES	NO	If yes, s		n, Puerto Rican, etc.)		- American Indien, White, etc. White
Ď BÝ	3 Widowed 4 Divorced			VC			· · · · · · · · · · · · · · · · · · ·
	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	OECEOENT'S (Give kind of tille. Do NOT us	USUAL OCCUPAT	ION lost of working	18b. KIND OF BU	SINESS/INDUSTRY	
33.	Elementary/Secondary (0-12) College (1-4 or 5 +)	me. Do Nor di	11/4		111	1	
COMPL	17. FATHER'S NAME (First, Middle, Lest)		1.1.1		ME (First, Middle, Maider	Surname)	
BEC	William L. Thompson			Jane	F. Meckel		
2	19a. INFORMANT'S NAME (Type/Print) William Thompson	19b. MAILING 9733	Magled	and Number or Rural t Rd. Bal	Route Number, City or Tov. timore, Md	vn, State, Zip Code) • 21234	
1		CE OF DISPO	SITION (Name of o	emetary, crematory or	20c. L0	OCATION — City or Ton	wn, Stata
		Pa Pa	rkwood	Cemetery		Baltimore	,Md.
-	21. SIGNATURE OF FUNERAL SERVICE LICENSEE			AND ADDRESS OF FA			
	Dennis S Xenakis			Cnell-wie	edefeld Ho	me	
W	23. PART I. Enter the diseases, or complications that caused the					piratory arrest,	Approximata
	ahock, or haart fallure. List only one cause on each i IMMEDIATE CAUSE (Finel	ine.		,			Intarval Batween Onset and Death
	reaulting in deeth) a.	Eu	cepha	Gratin	4		24 hrs
	DIPP TO (OR AS A CON	SEOUENCE O	F):	1. 20	1		1241
NO NO	Sequentielly list conditione, If any, leading to immediate	SEOUENCE O	9: PF0	11 C 40	Marapa	renchy	may athis:
CAT	cause. Enter UNDERLYING	· M	due b	rain		Ü	
E	CAUSE (Disease or injury that initiated events Due TO (OR AS A CON resulting in death) LAST	SEOUENCE O	f):				
CERTIFICATION	d.						
	PART II. Other algnificent conditione contributing to deeth but no	ot reculting	in the underlyi	ng ceuse given in	Part i. 24s. WAS AI	N AUTOPSY 24b.	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
EDICAL	Severe carried	mm	unode	tecreno	41 1XYES	2 🗌 NO	COMPLETION OF CAUSE OF DEATH?
ME	eyelonephritis, prece	moce	phis	queing	ane "		1 TYES 2 NO
Ä		(/	/			
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 1 Manual Properties 2 ER/Outpatient 2 E		OTHER:	PLACE OF DEATH (C			
HYS	27. MANNER OF DEATH 28a. DATE OF INJURY	28b. TIR	AE OF 28c. I	vijury at	8 U Other (Specify) 28d. OESCRIBE HOW	INJURY OCCURED	
	1 Natural 5 Pending (Month, Day, Year)	IN		YORK? YES 2 NO			
D BY	2 Accident 3 Suicide 6 Could not be building, etc. (Specify)	home, farm,	street, factory, of	lice	261. LOCATION (Street City or Town, State	and Number or Rural F	loute Number,
E	4 Homicide detarmined				Only of Town, State	-/	
P	29a. CERTIFIER (Check only CERTIFYING PHYSICIAN: To the best of my knowledge	, death occur	red at the time, de	ite and place, and du	e to the cause(e) and m	enner as stated.	
COMPLETED	One) 2 MEDICAL EXAMINER: On the beels of axamination and	or investigati	on, in my opinion	, death occured at the	time, date and piece, a	and due to the cause(a) and manner as stated.
BE	29b. SIGNATURE AND TITLE OF CERTIFIED			29c. LICENSE NU	MBER	29d. DATE SIGNED	(Month, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (TEM AT /T	- Print			11/2	7/90
1	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (_ M		Tohus h	Log heis	PICIA	
13	31. DATE FILED (Month, Day, Year) 22. REGISTRAR'S SIGNATUR	E p. 00	<i>y</i> _	0 0()	ach war	1100	
I	31. DATE FILED (MONTH), Day, Walt 1	More					
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CIA	TO THE FUNERAL DIRECTOR: After this certificate has been a second by the funeral director, page 5 should be detached for us	be filed within 72 hours after death with the State Dept. of High and Merial Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The menum intermediate certificate be executed within the property of a	2	8	E

1	FOR STATE REGISTRAR	STATE OF MARYLA		MENT OF H		MENTAL HYGIEN REG. NO.	E	00472
1	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH	VE.	3. TIME OF DEATH
	BENJAMIN	MARVIN THO	MAS JR.			11 28		
	4. SOCIAL SECURITY NUMBER 5.	. SEX 8. AGE (In	yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)		BIRTHPLACE (State or Foreign Country)
	217-05-0323 19s. FACILITY NAME (If not institution, give street	M 2 F	79 YRS.	ONTHS DAYS	HOURS MIN.	08/05/19		ARYLAND
OR	G.B.M.C., 6701 N. C		- 1	TOWSON			BALTI	
딥	RESIDENCE OF DECEDENT 10a, STATE 10b, COUNTY		10c. CITY,	TOWN OR LOCAT	TON	·		10d. INSIDE CITY
DIRECTOR	MARYLAND BALTIN	MORE			R	ALTIMORE		LIMITS?
	10s. STREET AND NUMBER			101	. ZIP CODE	TIDE ENTONE	10g. CITIZEN	OF WHAT COUNTRY?
FUNERAL	700 DUNKIRK ROAD				21212		US	SA
5	11. MARITAL STATUS 12	2. WAS DECEDENT EVER IN		13. WAS DEC	ENDENT OF HISPAN	IC ORIGIN? (Specify Yau	or No- 14.	RACE — American Indian, Black, White, etc.
	1 Never Married 2 X Married	FORCES? 1 YES			ecity Cuban, Mexical 2 NO Specify	n, Puerto Rican, etc.)		Specify:
) BY	3 Widowed 4 Divorced							White
COMPLETED	15. DECEDENT'S EDUCAT (Specify only highest grade cor	npleted)	(Give kind of w	ork done during mo	ON at of working	166. KIND OF BU	SINESS/INDUST	RY
۳		College (1-4 or 5+)	Ille. Do NOT use	u ti ve		Stee	1	
M	12 17. FATHER'S NAME (First, Middle, Last)	4	Exec	utive	40 14000140010 1141	ME (First, Middle, Maiden		
		TT1 C			27075 DEC		Surriemen	
BE	Benjamin Marvin 19a, INFORMANT'S NAME (Type/Print)	Inomas, Sr.	195 MARING	ADDRESS (Street a		Sloffer Route Number, City or Tow	n State Zin Con	rie)
2	E. Marvin Thomas,	TTT				., Timoni		21093
	20a, METHOD OF DISPOSITION	20b.	PLACE OF DISPOSE				CATION — City	==-, -
	1 □ Burial 2 □ Cremation 3 □ Remove 4 □ Donation 15 □ Other (Specify)	al from State	cospect]		, , , , , , , , , , , , , , , , , , , ,		Towson	
	21. SIGNATURE OF FUNERAL SERVICE LICEN	ISEE //	USPECL		ND ADDRESS OF FA		LOWSOIL	TID
	Lonno SXEV	lates		Mitche	ell-Wiede	efeld Home	, Inc.	0.1010
_	Dennis S. Xen 23. PART I. Enter the diseases, or cor		the death Days			Baltimor		21212
- 1	shock, or heart fellure. Lis			ot snier the mo	oas or aying, suc	n as cerdisc or resp	iratory errest	Interval Between
	IMMEDIATE CAUSE (Final disease or condition							Onset and Death
	resulting in death) s.	RESPIRATO	RY FAILU CONSEQUENCE OF					
		METASTATI		•	'A			j
NO	Sequentially list conditions, b.		CONSEQUENCE OF		Α			
ξl	if any, leading to immediats cause. Enter UNDERLYING							
표	CAUSE (Disease or Injury that Initiated events	DUE TO (OR AS A	CONSEQUENCE OF):				
CERTIFICATION	resulting in death) LAST							
	PART II. Other significant conditions	contribution to death by	et met meudelme t	n the underlyin	a course along la	Part I. 24s. WAS AI	LAUTOBOV	24b. WERE AUTOPSY FINDINGS
N.					ig cause given in	PERFO		AMAILABLE PRIOR TO COMPLETION OF CAUSE
ğ	0.R. 11/1/1990	SMALL BOW	AET ODOTI	COCTION		1 TYES	2 NO	OF DEATH?
M						—		1 _ YES 2 _ ND
AN	25. WAS CASE REFERRED TO MEDICAL			28 P	LACE OF DEATH (Ch	neck only one)		L
PHYSICIAN: MEDIC	EXAMINER?	HOSPITAL:	ediand 2 DOA	OTHER:	-	8 Other (Specify)		
H	27, MANNER OF DEATH	28a. DATE OF INJURY	28b. TIMI	E OF 28c. IN	JURY AT	28d. DESCRIBE HOW	INJURY OCCUR	RED
P	1 Netural 5 Pending	(Month, Day, Year)	INJ	URY W	YES 2 NO			
ВУ	2 Accident Investigation 3 Suicide 6 Could not be	28e. PLACE OF INJURY		treet, factory, offi	CO CO	281. LOCATION (Street City or Town, State		Rural Route Number,
COMPLETED	4 Homicide determined	building, etc. (Speci	ny)			City or lown, State	"	
9	29a. CERTIFIER 1 CERTIFYING PHYSICI	AN: To the best of my knowle	edge, death occum	d at the time, dat	e and place, and due	to the cause(a) end m	nner as stated.	
ME	(Check only							cause(s) and menner as stated.
	29b. SIGNATURE AND JUTLE OF CERTIFIER				29c. LICENSE NU	MBER	29d, DATE S	IGNED (Month, Day, Year)
BE	Obern							28/90
10	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DEA	ATH (ITEM 27) (Type,	Print) 17117	DTD G ***	DEDOT 14 5		
	6701 N. CHARLES S	STREET, BALT	TMORE. M	KIII	01r S. UI 04	BEROI M.D	• •	
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNA	ATURE					
	DEC. 6 1990	Julia Davidson	Manage					

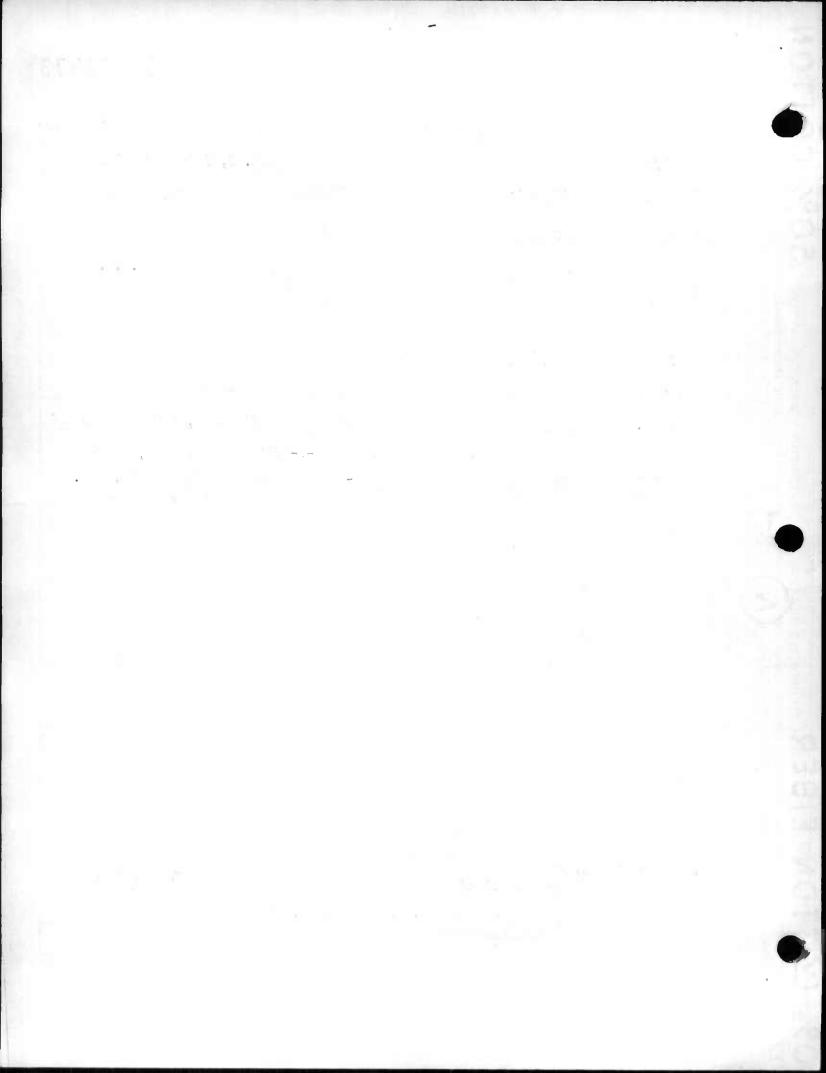


event, the medical examiner must be notified at once.

DIVISION OF VITAL RECORDS, P.O. BO TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death cent of the FUNERAL DIRECTOR: After this certificate has been signed by the attending be filed within 72 hours after death with the State Dept. of Health and Mental Hypering with the 12 shows any Injury, or entering the properties of the properti

- 1	
	4. SOCIAL SECURITY NUMBER
	N/A Sa. FACILITY NAME (If not institution, give
~	
5	FRANKLIN SQUARE
360	10e, STATE 10b, COU
ā	MARYLAND
Z.	10e. STREET AND NUMBER
BY FUNERAL DIRECTOR	526 DORSEY AVEN
5	1 Never Married 2 Married
B	3 Widowed 4 Divorced
BE COMPLETED	15. OECEDENT'S E (Specify only highest gr
۳	Elementary/Secondary (0-12)
NO.	N/A 17. FATHER'S NAME (First, Middle, Last)
Ö	KEITH BRYAN TIT
	19a. INFORMANT'S NAME (Type/Print)
2	KEITH B. TITUS
	20a. METNOD OF DISPOSITION 1 X Burial 2 Cremation 3 R
	4 Oonation 5 Other (Specify)
	21. SIGNATURE OF FUNERAL SERVICE
	Caro
	23. PART I. Entar the diseases, I ahock, Dr heart fallu
	IMMEDIATE CAUSE (Final
	iMMEDIATE CAUSE (Final disease or condition resulting in desth)
7	disease or condition
rion	disease or condition resulting in desth) Sequentially list conditions,
ICATION	disease or condition resulting in desth) Sequentially list conditions, if any, leading to immediate cause. Entar UNDERLYING
ITIFICATION	Sequentially list conditions, if any, leading to immediata cause. Entar UNDERLYING CAUSE (Disease or injury that initiated events
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury
AL CERTIFICATION	Sequentially list conditions, if any, leading to immediata cause. Entar UNDERLYING CAUSE (Disease or injury that initiated events
DICAL CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST
MEDICAL CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST
AN: MEDICAL CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST
ICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions.
ICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediata cause. Entar UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions.
ICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions. 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending
ICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause, enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions and initiated events resulting in death) LAST 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigations and investigations are suited to could not severe and investigations.
ETED BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions in the cause of the
ETED BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions of the condition
ETED BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions in the cause of the
ICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions of the condition

1 - STATE REGISTRAR	STATE OF MARYI		MENT OF H		MENTAL	REG. NO.				
1. DECEDENT'S NAME (First, Mick		ITH TITUS			2. DATE (OF DEATN		3. T	T2)2 PAP	
4. SOCIAL SECURITY NUMBER	5. SEX 8. AGE	(In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 NRS.	7. DATE (Dey Year) 1 C	6.		E (State or Foreign	
N/A Sa. FACILITY NAME (If not institut	1 M 2 - F	YRS.	2			1, 19			.ANV	
FRANKLIN SOUN				COSSVILL	L		Ват	.TIIIO1	.е	
74.5	. COUNTY	10c. CITY,	TOWN OR LOCAT					10d.	INSIDE CITY LIMITS? YES 2 NO	
MARYLAND	BALTIMORE			ESSEX						
100. STREET AND NUMBER	151115		10f	ZIP CODE 212	01		10g. CITIZEN	U.S.		
526 DORSEY AT	12. WAS DECEDENT EVER	IN II C ADMED	12 144 5 050	ENDENT OF NISPAI		2 (Pasally Van	as No. 144		merican Indian,	
1 Never Married 2 Married 3 Widowed 4 Divorced	ried FORCES? 1 YES	2XXNO	If yes, spe	city Cuben, Mexica 2 NO Specif	en, Puerto F		or 140	Black, Wh	WHITE	
	NT'S EDUCATION hest grade completed) College (1-4 or 5 +)	16a. OECEDENT'S U (Give kind of we life. Do NOT use	ork done during mo	DN st of working	16b.	KIND OF BUSI	NESS/INDUS	TRY		
N/A	N/A	DEP	ENDANT			٨	I/A			
17. FATHER'S NAME (First, Middle	, Last)			18. MOTHER'S NA						
KEITH BRYAN	TITUS			MICHE	LE D	IANE RI	IDACIL	.LE		
19a. INFORMANT'S NAME (Type/				nd Number or Rural					01001	
KEITH B. TIT			ORSEY A		BAI	LTIMORI				
20a, METNOD OF OISPOSITION 1 X Buriel 2 Cremation 4 Oonation 5 Other (Spi	3 Removal from State	other place) AK LAWN C		12-5-1	990		LTIMOR		ARYLAND	
21. SIGNATURE OF FUNERAL SE	RVICE LICENSEE		22. NAME AT	RUCK FUN	CILITY IED (I	HOME (TE DUK	MAIK	TNC	
· Coca	so P. Coard	Our	7922	WISE AVE	NUE	DUNDA	ALK, N	10	21222	
	see, or complications that cause in failure. List only one cause on a. holopros	aach lina.	,	da of dying, aud	ch aa card	nac or reapir	atory arres		Approximate Interval Between Onset and Death	
Sequentially list conditions if any, leading to immediat cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	c	A CONSEQUENCE OF	,							
PART II. Other significant	conditions contributing to death	but not resulting in	n tha undarlyin	g cause given in	Part I.	24a. WAS AN PERFORM	MED?	AMA COI OF	RE AUTOPSY FINDINGS IILABLE PRIOR TO APLETION OF CAUSE DEATH? YES 2 NO	
25. WAS CASE REFERRED TO M	EDICAL		28. Pi	LACE OF DEATH (C	heck naly na	na)				
EXAMINER?	HOSPITAL:	stretlest 3 000	OTHER:	ne 5 🗆 Residence						
27. MANNER OF DEATH	28a. DATE OF INJURY	28b. TIME	E OF 28c. IN.	URY AT		CRIBE HOW IP	JURY OCCU	RED		
1 Netural 5 Pen	ding (Month, Day, Year)	INJU		PRK? YES 2 NO						
3 Suicide 6 Cou	28e. PLACE OF INJUI	RY — At home, farm, secily)	street, factory, offic	•		ATION (Street a or Town, State)	nd Number or	Rural Route	Number,	
(Critick Orny	ING PHYSICIAN: To the best of my kno					2.111-3-16			d manner as stated.	
29b. SIGNATURE AND TITLE OF	CERTIFIER			29c. LICENSE NU	IMBER		29d, DATE S	BIGNED (Mo	gth, Day, Year)	
Muld	Hom m	り					15	13/	90	
	is MD. 9000 Fran			to. MD.	21237	7				
DEC 6 195										





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CERTIFICATION

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Item 28

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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. STATE REGISTRAR 1. DECEDENT'S NAME (First, Middle, Last) Adalberto Bernal Tolano 2. DATE OF DEATH MONTH DAY 40 Tolano 90 12 er-to 4. SOCIAL SECURITY NUMBER 6 SEY 6. AGE (in yrs. last birthday) 7. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. & BIRTHPI ACE (State or Foreign 02 02 13 526-05-2627 MONTHS DAYS HOURS 1 M 2 | F Arizona 9a. FACILITY NAME (If not institution, give street and number) 96. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Francis Scott RESIDENCE OF DECEDENT 10c, CITY, TOWN OR LOCATION Pinal Oracle 1 YES 2 NO 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 85623 Lot: 66 Oracle Estates U.S.A. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 12 YES 2 NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-14. RACE — American Indian, Black, Whita, etc. If yes, specify Cuban, Maxican, Puerto Rican, etc.) 1 Never Married 2 Merried Mexican 1 X YES 2 NO White 3 Widowed 4 Divorced 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade comp Elementary/Secondary (0-12) College (1-4 or 5+) American Smelting & Refin. Motorman 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maide Maria Jesus Bernal Celso Tolano 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 443 Gatewood (t. Glen Burnie, Md. 21061 Amanda Tolano 20c. LOCATION — City or Town, State 20b. PLACE OF DISPOSITION Baltimore, Md. Green Mount (nematory 22. NAME AND ADDRESS OF FACILITY 21. SIGNATURE OF FUNERAL SERVICE LICENSEE Charles S. Zeiler & Son Inc. Eastern Ave. 23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory errest, Approximete Interval Between ahock, or heart fellure. List only one cause on each line Onset end Deeth IMMEDIATE CAUSE (Final diseese or condition 3 months Small Cell Ca. of the Lung
DUE TO (OR AS A CONSEQUENCE OF): resulting in death) Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF) If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION DF CAUSE ; history of inferior 1 TYES 2 70 OF DEATH? (commany artery disease). infarction 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL EXAMINER?

1 YES 2 70 26. PLACE OF DEATH (Check only one) HOSPITAL:
1 Propertient 2 ER/Outpettient 3 DOA OTHER: me 5 - Residence 6 - Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 28d. DESCRIBE HOW INJURY OCCURED 28c. INJURY AT WORK? 1 Natural 5 Pending М 1 YES 2 NO 2 Accident Investigation 28e. PLACE OF INJURY — At home, ferm, atreet, fectory, office building, etc. (Specify) 261. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 6 Could not be determined 4 Homicide 29a. CERTIFIER 1 ECERTIFYING PHYSICIAN: To the bast of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(a) and manner as stated. 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 12/5/90 ulu 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) MO, PLD Sonna 32. REGISTRAR'S SHOWTURE

the and e has been signed by the ment e Dept. of Health and Mental m 23 shows any injury, o HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the discovers the discovers that the discovers the discovers the discovers that the discovers that the discovers that the discovers that the discovers this certificate h THE HOSPITAL OR ATTENDING F THE FUNERAL DIRECTOR: After 1 filed within 72 hours after death

1990

31. DATE FILED (Month, Day, Year)

DHMH-18 Rev 1/89

mark. tentile store is 324 Certa Toward of grown A radius sample, in West The state of the s ne make a

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the case of the executed within 2-mous after death. Page 6 may be retained by the host TO THE FUNERAL DIRECTOR: After this certificate has been signed by the mount of the completely filled in by the funeral director, page 5 should be detached filled within 72 hours after death with the State Dept. of Health and Mental Hamman then build, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

90-33475

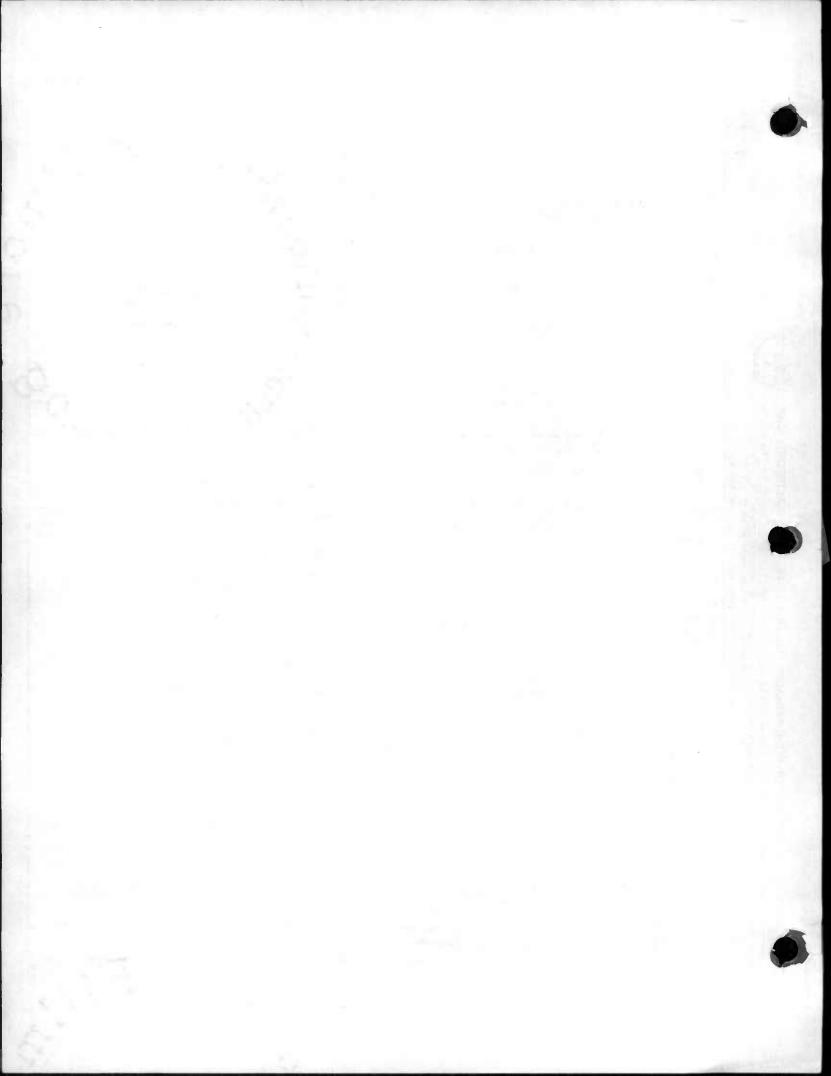
STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG NO.

•	1 - FOR STATE REGISTRAR	TATE OF MARYLA	AND / DEPARTI CERTIFIC			IENTAL HYGIEN					
	1. DECEDENT'S NAME (First, Middle, Last)	HENRIETTA				2. DATE OF DEATH	990 YE	AR 3. TIME OF DEATH			
	4. SOCIAL SECURITY NUMBER 6. S		in yrs. last birthday)	F UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	8. E	BIRTHPLACE (State or Foreign			
ļ	215 ≈ 01 ≈ 8158 1 □	M 2 F	78 YAS.	DAYS DAYS	HOURS MIN.	11-29-191	2 A	ARYLAND OF DEATH			
DIRECTOR	FRANCIS SCOTT KEY M				IMORE CI						
EC.	10e. STATE 10b. COUNTY			TOWN OR LOCATI	ON			10d. INSIDE CITY LIMITS?			
	MARYLAND BAL	TIMORE		101	DUNDA LK		100 CITIZEN	1 TYES 2XX NO OF WHAT COUNTRY?			
FUNERAL	1906 HASELMERE ROAD)		101.	21222		11/1	I.S.A.			
N.	11. MARITAL STATUS 12.	WAS DECEDENT EVER IN			NDENT OF HISPANI	IC ORIGIN? (Specify Yes, Puerto Ricen, etc.)		RACE — American Indien, Black, While, etc.			
BY F	1 Never Married 2 Merried 3 Wildowed 4 Divorced	FORCES? 1 YES	ATES TO THE		2 XNO Specify:			Specify: WHITE			
	15. OECEDENT'S EDUCATIO (Specify only highest grade comp	ON classed	16e. DECEDENT'S US	BUAL OCCUPATIOn done during mos	N t of working	16b, KIND OF BU	SINESS/INDUST				
COMPLETED	Elementary/Secondary (0-12) Co	ollege (1-4 or 5+)	life. Do NOT use i	retired.)			HAUE				
MP	8TH GRADE N 17. FATHER'S NAME (First, Middle, Lest)	1/A 1	НОМ	IE MAKER		AE (First, Middle, Maider	HOME				
	Control of the Contro	OCKSCHMIDT					KNOWN				
TO BE	19e. INFORMANT'S NAME (Type/Print)		19b. MAILING A	DDRESS (Street or		loute Number, City or Tox		ole)			
-	MARGUERITE CURRERI					BOWIE,		0715			
	20a. METHOD OF DISPOSITION 1X Burlel 2 Cremation 3 Removal to Donation 5 Other (Specify)	from State	OF PLACE OF DISPOSIT				CATION — CITY	E. MARYLAND			
	21. SIGNATURE OF FUNERAL SERVICE LICENSE			22. NAME AN	O AOORESS OF FAC	YTUE					
	· (hanh h	test				IKAL HUME NUE DUNDA		DALK, INC. 21222			
	23. PART I. Enter the diseases, or comp shock, or heart failure. List										
	IMMEDIATE CAUSE (Final disease or condition		ascensor.	1 3				Onset and Death			
	resulting in death)	DUE TO YOR AS A	CONSEQUENCE OF):	Muley	•						
z		mittal	requisit	tatan							
1	Sequentially list conditions, If any, leading to immediate	DUE TO (OR AS A	CONSTDUENCE OF								
5	cause. Enter UNDERLYING CAUSE (Disease or Injury										
		OUE TO (OR AS A	CONSEQUENCE OF):	:	that initiated events oue to (or as a consequence of): resulting in death) LAST						
ERTI	that initiated events	OUE TO (OR AS A	CONSEQUENCE OF):								
L CERTIFICATION	that initiated events resulting in death) LAST PART II. Other significant conditions co				g cause given in		N AUTOPSY	24b. WERE AUTOPSY FINDINGS			
AL	PART II. Other significant conditions co				g cause given in		RMED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?			
AL	PART II. Other significent conditions of	ontributing to death b			g cause given in	PERFO	RMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE			
MEDICAL	PART II. Other significant conditions of	ontributing to death b		the underlying		PERFC	RMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?			
MEDICAL	PART II. Other significent conditions of the con	ontributing to death b	out not resulting in	the underlying 26. PL OTHER:	ACE OF DEATH (Chi	PERFC 1 YES	RMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?			
MEDICAL	PART II. Other significant conditions co	ontributing to death b	put not resulting in	28. PL OTHER: Nursing Hom OF 28c. INJ	ACE OF DEATH (Chi	PERFC 1 YES	PRMED?	AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO			
PHYSICIAN: MEDICAL	PART II. Other significant conditions co	OSPITAL: Inpatient 2 ER/Outp (Month, Dey, Year)	petient 3 DOA 28b. TIME	26. PL OTHER: \[\text{Nursing Hom} \text{YOF} \\ \text{Nursing Hom} \\ \text{YO} \\ \text{M} \\ \text{1} \\ \text{YO} \\ \text{Nursing Hom} \\ \text{YO} \\ \text{M} \\ \text{1} \\ \text{YO} \\ \text{Nursing Hom} \\ \text{YO} \\ \text{M} \\ \text{Nursing Hom} \\ \text{YO} \\ \text{M} \\ \text{Nursing Hom}	ACE OF DEATH (Chi	PERF(1 YES ack only one) 6 Other (Specify) 28d, OE\$CRIBE HOW	INJURY OCCUR	AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO			
BY PHYSICIAN: MEDICAL	PART II. Other eignificent conditions condit	ontributing to death b	petient 3 DOA 28b. TIME INJU	26. PL OTHER: \[\text{Nursing Hom} \text{YOF} \\ \text{Nursing Hom} \\ \text{YO} \\ \text{M} \\ \text{1} \\ \text{YO} \\ \text{Nursing Hom} \\ \text{YO} \\ \text{M} \\ \text{1} \\ \text{YO} \\ \text{Nursing Hom} \\ \text{YO} \\ \text{M} \\ \text{Nursing Hom} \\ \text{YO} \\ \text{M} \\ \text{Nursing Hom}	ACE OF DEATH (Chi	PERFC 1 YES ack only one) 6 Other (Specify)	INJURY OCCUR	AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO			
BY PHYSICIAN: MEDICAL	PART II. Other significant conditions condit	Ontributing to death b SPITAL: Inpertent 2 = ER/Outs 26a. DATE OF INJURY (Month, Day, Year) 28a. PLACE OF INJURY building, atc. (Spec	petient 3 DOA 28b. TIME INJUI	26. PL OTHER: 6 Nursing Hom NY M 28c. INJ WO 1 NO reet, factory, office	ACE OF DEATH (Chi	PERFC 1 YES 1 YES 1 YES 2 Other (Specify) 2 Other (Specify) 2 Other (Specify) 2 Other (Specify) 2 Other (Specify) 2 Other (Specify) 2 Other (Specify) 2 Other (Specify) 2 Other (Specify) 2 Other (Specify) 2 Other (Specify) 2 Other (Specify) 3 Other (Specify) 4 Other (Specify) 5 Other (Specify) 5 Other (Specify) 5 Other (Specify) 5 Other (Specify) 5 Other (Specify) 6 Other (Specify) 6 Other (Specify) 7 Other (Specify) 8 Other (Specify) 8 Other (Specify) 8 Other (Specify) 9 Ot	INJURY OCCUR	AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO RED Rural Route Number.			
COMPLETED BY PHYSICIAN: MEDICAL	that initiated events resulting in death) LAST DART II. Other significant conditions of the condition	Ontributing to death b SPITAL: Inpertent 2 = ER/Outs 26a. DATE OF INJURY (Month, Day, Year) 28a. PLACE OF INJURY building, atc. (Spec	petient 3 DOA 28b. TIME INJUI	26. PL OTHER: 6 Nursing Hom NY M 28c. INJ WO 1 NO reet, factory, office	ACE OF DEATH (Chi e 5 Reeldence URY AT RK? FS 2 NO e end place, end due	PERFC 1 YES ack only one) 6 Other (Specify) 28d. OE\$CRIBE HOW 26f. LOCATION (Street City or Town, State to the cause(s) end m lime, date end place, state of the cause(s) and m lime, date end place, state of the cause(s) end m lime, end m lime, end m lime, end m lime, end m lime, end m lime, end m lime, end m lime, end m lime, end m lime, e	INJURY OCCUR	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO RED Rural Floute Number,			
BE COMPLETED BY PHYSICIAN: MEDICAL	PART II. Other significant conditions condit	Ontributing to death b SPITAL: Inpertent 2 = ER/Outs 26a. DATE OF INJURY (Month, Day, Year) 28a. PLACE OF INJURY building, atc. (Spec	petient 3 DOA 28b. TIME INJUI	26. PL OTHER: 6 Nursing Hom NY M 28c. INJ WO 1 NO reet, factory, office	ACE OF DEATH (Chi	PERFC 1 YES ack only one) 6 Other (Specify) 28d. OE\$CRIBE HOW 26f. LOCATION (Street City or Town, State to the cause(s) end m lime, date end place, state of the cause(s) and m lime, date end place, state of the cause(s) end m lime, end m lime, end m lime, end m lime, end m lime, end m lime, end m lime, end m lime, end m lime, end m lime, e	INJURY OCCUR	AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO RED Rural Route Number.			
E COMPLETED BY PHYSICIAN: MEDICAL	That Initiated events resulting in death) LAST DART II. Other significant conditions of the condition	OSPITAL: Inpetient 2 ER/Outp 26a. DATE OF INJURY (Month, Dey, Year) 26a. PLACE OF INJURY building, atc. (Special Content of the Desire of examination)	petient 3 DOA 28b. TIME INJUI	26. PL 26. PL OTHER: 6 Nursing Hom	ACE OF DEATH (Chr. o 5 Reeldence URY AT RKY //ES 2 NO o end place, end due eath occured at the	PERFC 1 YES ack only one) 6 Other (Specify) 28d. OE\$CRIBE HOW 26f. LOCATION (Street City or Town, State to the cause(s) end m lime, date end place, state of the cause(s) and m lime, date end place, state of the cause(s) end m lime, end end end end end end end end end end	INJURY OCCUR anner as stated. and due to the c	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO RED Rural Floute Number,			

BALTIMORE, MARYLAND 21203-3146	L. DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 🐟 wours after death. Page 6 may be retained by Mycorem commonding physician.	L DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be deliberated use as the burial-transit permit. Pages 1, 2, 3 should
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	be executed within	sician and completely
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within commons after death. Page 6 may be retained by Invitor and the Hospital Death Commons and Commo	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be defined that has been signed by the attended by	IMPORTANT; If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	
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	REGISTRAR	CERTIFICA	TE OF DEATH	REG. NO.		
	1. DECEDENT'S NAME (First, Middle, Last) Robert A. Wh	neeler		2. DATE OF DEATH DAY 12 3	1990 3. TIME OF DEATH	
	566 07 4148 1 M 2 🗆 F	E (In yrs. last birthday) BO YRS. BONTH	DER 1 YEAR IF UNDER 24 HRS. IS DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 5-11-1910	BIRTNPLACE (State or Foreign Country) Washington Stat	
TOR	9a. FACILITY NAME (If not institution, give street and number) 108 Winston Road RESIDENCE OF DECEDENT		ity, town on Location of Di Basadena	EATH 9c.	Anne Arundel	
DIRECTOR	Maryland Anne Arundel	10c. CITY, TOW Pasa	n or Location dena		10d. INSIDE CITY LIMITS? 1 ☐ YES 2 ☑ NO	
FUNERAL	10e. STREET AND NUMBER 108 Winston Road		101. ZIP CODE 21122	10	g. CITIZEN OF WHAT COUNTRY?	
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced 12. WAS DECEDENT EVER FORCES? 1 VI	S 2 NO	NIC ORIGIN? (Specify Yea or N an, Puerto Rican, etc.) y:	No- 14. RACE — American Indian, Black, White, atc. Specify: White		
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5 +)	16e. DECEDENT'S USUA. (Give kind of work do life. Do NOT use retire	ne during most of working	16b. KIND OF BUSINES	SS/INDUSTRY	
OMPL	10th Grade 17. FATHER'S NAME (First, Middle, Lest)	Electric		W. R. I	Grace-Maintenance	
C	Charles Wh	neeler	A	lice Rea Ric	dsdale	
TO BE	19a. INFORMANT'S NAME (Type/Print)		ESS (Street and Number or Rural			
F	Rea Aldridge	1765 Ba	ldwin Orive		, Maryland 21108	
	20a. METHOD OF DISPOSITION 1 🖾 Burial 2 🗆 Cremation 3 🗀 Removal from State 4 🗆 Donation 5 🗆 Other (Specify)	other place) Holy Cross	(Name of cemetery, crematory or Cemetery		imore, Maryland	
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	unhi.	22. NAME AND ADDRESS OF F	nce Funeral	Home P.A. ore, Md. 21225	
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING		for failur cell car nepos	una le	Approximate interval Between Onset and Death	
DICAL	PART II. Other algnificant conditions contributing to deat	h but not resulting in the	undarlying cause given in	Part I. 24a. WAS AN AUT PERFORMEI	D? AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
: ME				-	1 TES 2 NO	
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?		26. PLACE OF DEATH (C	heck only one)		
SIC	EXAMINER? 1 YES 2 NO HOSPITAL: 1 Inputient 2 ERA		HER: Nursing Nome 5 - Residence	8 ☐ Other (Specify)		
ВУ РН	27. MANNER OF DEATH 1 Natural 5 Pending Investigation		28c. INJURY AT WORK? 1 YES 2 NO	26d. DESCRIBE NOW INJU	RY OCCURED	
	2 Accident Investigation 28e, PLACE OF INJURY — At home, farm, street, factory, office 28f, LOCATION (Street and Number or Bural Boute Number.					
COMPLETED	29a. CERTIFIER (Check only orini) CERTIFYING PNYSICIAN: To the best of my know or the best of the best					
BE	290. SIGNATURE AND TITLE OF CERTIFIES		DOY S	AMBER 2 1	ed. DATE SIGNED (Month, Day, Year)	
5	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF	DEATH (ITEM 2D (Type, Print	Revnirgh	en Ave à	6 90 Na 212 26	
	31. DATE FILED (Mornith, Day, Year) DEC 6 1990 Julia Savidson	IGNATURE Janda		·		



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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 23 — as after death. Page 6 may be relatined by the hospital	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for siled within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.	supportant: if the modest or them 23 shows any failure or other fraumatic event the medical examiner must be notified at once
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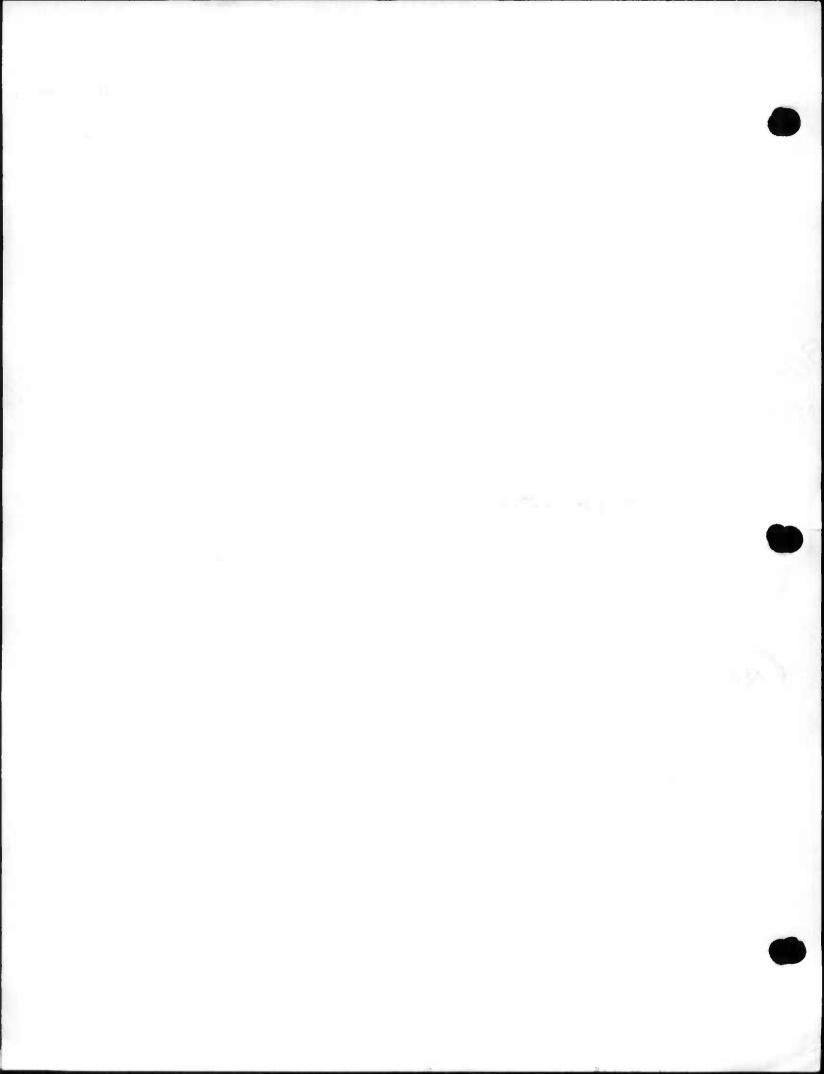
	1 - STATE OF I			OF DEATH	MENTAL HYGIEN REG. NO.	E 90	33477
	1. DECEDENT'S NAME (First, Middle, Last)	VECKE:	CSEVA		2. DATE OF DEATH MONTH DA	YEA	
	4. SOCIAL SECURITY NUMBER, 1 1 5. SEX	8. AGE (In yrs. lagt bir		YEAR IF UNDER 24 HRS.	7. DATE OF BIRTH		RTHPLACE (State or Foreign
	263-96-6434 10 M2 XE	71	YRS. MONTHS	DAYS HOURS MIN.	Milanth Day March	1906 8	hio
	9a. FACILITY NAME (If not institution, give street end number)	1	96. CITY,	TOWN OR LOCATION OF D		9c. COUNTY O	F DEATH
OR	St. Joseph Hospital		- 1	rowson		Balt	imore
ECT	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY	1	Oc. CITY, TOWN OF	RLOCATION	-		10d. INSIDE CITY
DIRECTOR	Florida Pinellas		Largo				1 MYES 2 NO
AL.	10e. STREET AND NUMBER			10f. ZIP CODE			OF WHAT COUNTRY?
FUNERAL	1100 Belcher Road, Lot 4			34641		U.S.	
	1 Never Married 2 Merried FORCES?	T EVER IN U.S. ARMEI	lf.	AS DECENDENT OF HISPA yes, specify Cuban, Mexico	an, Puerto Rican, atc.)		IACE — American Indien, Black, White, etc.
B	3 🔀 Widowed 4 🗌 Divorced	WAR OR DATES	'	YES 2 NO Speci	ry:	W	hite
	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	/Ghm /	DENT'S USUAL OC	uring most of working	16b. KIND OF BU	SINESS/INDUSTR	Y
٦	Elementary/Secondary (0-12) Coffege (1-4 or 5	+) Öwn	er and	Operator	Motel	Apartm	ents
COMPLETED	17. FATHER'S NAME (First, Middle, Last)			18. MOTHER'S NA	AME (First, Middle, '4eiden	Surname)	
BE C	William Greaney			Luci	lle Broude:	r ,	
2	19a. INFORMANT'S NAME (Type/Print)			(Street and Number or Rural			
	Barry Weckesser (son)			t Rd., Luth		D 2109 CATION — City o	
	20a. METHOD OF DISPOSITION 1\[\text{T}\] Buriel 2 \text{Cremation 3 \text{Removal from State}} \\ 4 \text{Donation 5 \text{Other (Specify)}} \\ \]	other place)	v Catho	ne of cometery, cremetory or lic Cemeter	v C	learwat	
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	/	22. 1	AME AND ADDRESS OF F	ACILITY		
	1 law ox	1000		Capitol Fun Falls Churc	eral Servi h. VA	ce	
	23. PART I. Enter the diseases, or complications the shock, or heart failure. List only one ca				<u> </u>	iratory errest,	Approximate
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	disease or condition resulting in death)	Callica	e out	fut synds	Cour		Hours
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5	Sequentially list conditions, if any, leading to immediate	OR AS A CONSEQUE	ENCE OF):	1 ,		2	Weres
S	CAUSE (Disease or injury	OR AS A CONSEQUE		(neompet	ence or		arems
CERTIFICATION	that initiated events resulting in death) LAST	(On AS A CONSEQUE		rovery a	ratery o	Lyear	د ا
	PART II. Other significant conditions contributing to	det but not man	utale - In the con	dadalar assas alsas la	Part Las Music	AUTOROV	A STATE AUTOROX FAIRNAGO
CAL	Kenal Juen	feecency	ulting in the un	serrying cause given in	PERFO	RMED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE
ED		1			1 YES :	2 DKNO	OF DEATH? 1 YES 2 NO
≥ ;							
PHYSICIAN: MEDI	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL:		OTHER	26. PLACE OF DEATH (C	theck only one)		
IXSI		ER/Outpatient 3 EN BIDY		ing Home 5 - Residence	6 Other (Specify) 28d. OESCRIBE HOW	IN HIRY OCCURE	n
Y P	1 Naturel 5 Pending (Month,	Day, Year)	INJURY M	WORK?	284. OEŞCRIBE NOW	INJUNY OCCURE	
D BY	3 Suicide 8 Could not be 28e. PLACE building	OF INJURY — At home , etc. (Specify)	, farm, street, facto	ory, office	26f. LOCATION (Street City or Town, State		ural Route Number,
ETE	4 Homicide determined						
COMPLETED	29a. CERTIFIER (Check only						
00	2 MEDICAL EXAMINER: On the bests of	examination end/or inv	estigation, in my o				1
BE	2996. SECONATURE AND TITLE OF EARTHREN	ald		D 26/	JMBER / < /	29d. DATE SIG	MED (Modith, Day, Year)
٩	30. NAME AND ADDRESS OF PERSON WNO COMPLETED CA	ISE OF OEATN (ITEM 2	17) (Type, Print)	12-1	//	7	5 (5)
	31. DATE FILED (MORTH, DBY, YOR) 200 32. REGISTER	AR'SISIGNATURE X	SAINT I	TOREPH	HOSPITA	~	100 son MI)
	DEC 6 1990 gul	AR'S SIGNATURE	miluta				

my physician and the prior to be or other trauma	of Health Marients.	TO THE RUNKBAL DIRECTOR: After this entities a continue has been supported by the before within 72 hours after clients with the State Deet, of the high processor they have proved by the IMPORTANT: If from 28 is marked, or from 23 shows they lainty, or other trauma	JNERAL DIRECTOR: thin 72 hours after INT: If Item 28 in	be filed wi
adını physician an	nen Signed Mark 20	After this certificate has b	INERAL DIRECTOR:	TO THE FL
omtificate be exe	require that the d	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law meaning that the days cartificate be exe	DSPITAL OR ATTEND	THE H

2 i A 3 31. DATE FILEO (Morith, Day, Year) DEC 6 1990

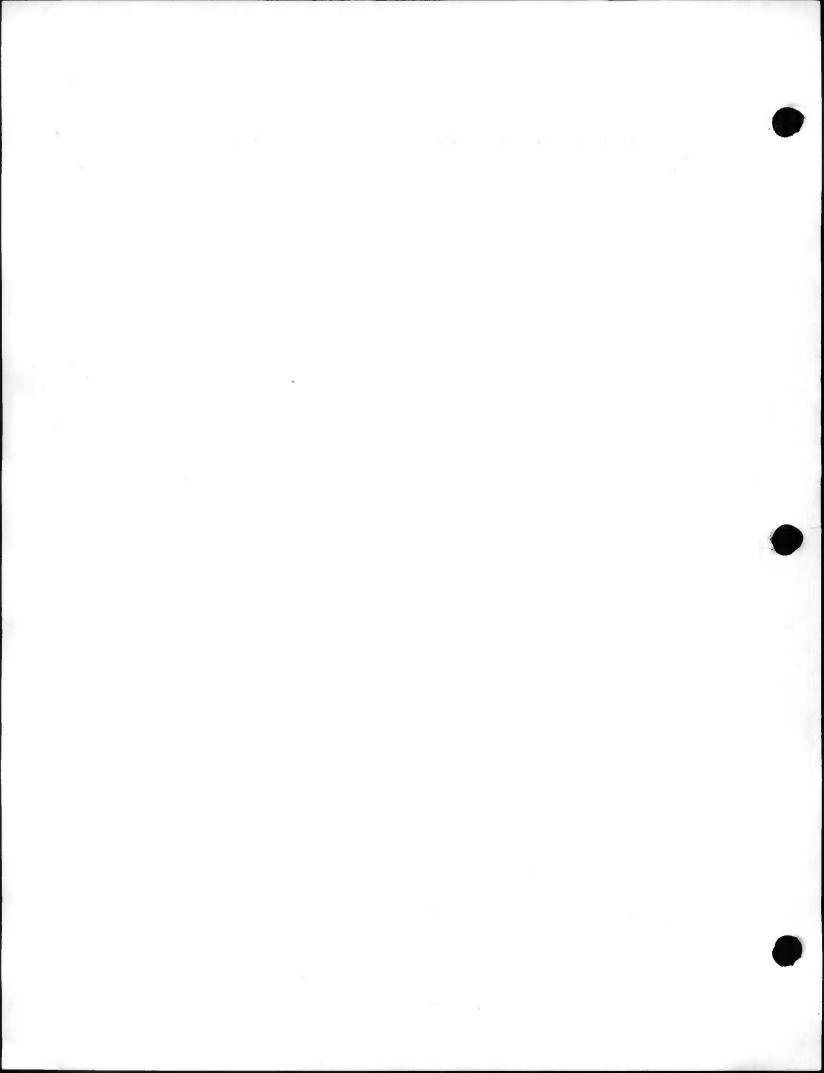
	FOR	STATE OF MARYLAI	NB / DED.			11/2	42790 0/90 0 218	1504 R1VER 5427 IR 1	2070 A-EA	ASTAGEL 23
	1 - STATE REGISTRAR	STATE OF MARYLA	NU / DEPAR CERTIF	ICATE OF	DEAT	ANU M	IENIAL H	GIENE /		110
ł	1. DECEDENT'S NAME (First, Middle, Last)				14.4		2. DATE OF D	EATH	YFAR	3. TIME OF DEATH
	CHRISTABELLE	WARD			Jako .		12-	4-	1990	8:10 A.m
	-1.141 S. 173 17311323	The state of the s	yrs. last birthday)	MONTHS DAYS	IF UNDER	24 HRS.	7. DATE OF BI	-1903	8. BIRT	THPLACE (State or Foreign ntry)
		1 DM 2 DKF 87	YRS.						Cour	
DIRECTOR	90. FACILITY NAME (If not institution, give street Good Samaritan Hospital Residence of Decement			9ь. сту, тоwn Balti		ON OF DEA	ATH .	9c. C	OUNTY OF	DEATH
<u>ည</u>	10a. STATE 10b. COUNTY		10c. CIT	Y, TOWN OR LOCA	ATION					10d. INSIDE CITY LIMITS?
占	Maryland		Bal	ltimore						1 X YES 2 NO
AL	10e. STREET AND NUMBER			1	of. ZIP CODE	E		10g.	CITIZEN OF	WHAT COUNTRY?
띨	6116 Belair Rd.	<u> </u>			2120				.S.A.	
BY FUNERAL	11. MARITAL STATUS 1 X Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN C FORCES? 1 TYPES IF YES, GIVE WAR OR DAT	2 NO	13. WAS DE If yes, a 1 🔲 YE	CENDENT Copecify Cube S 2 X NO	of HISPANI n, Mexican Specify:	C ORIGIN? (Sp , Puerto Rican	ecify Yee or No- etc.)	Bla Spa	CE — American Indian, ick, White, atc. ite
	15. DECEDENT'S EDUC	ATION	16a. OECEDENT'S	USUAL OCCUPAT	ION		16b, KINI	OF BUSINESS		i te
COMPLETED	(Specify only highest grade of Elementery/Secondary (0-12)	completed) College (1-4 or 5+)	(Give kind of life, Do NOT u	work done during n se retired.)	nost of working	ng				
AP.	8 Yrs		Homemak	ker						
8	17. FATHER'S NAME (First, Middle, Last)							, Melden Sumen	na)	
BE (Milburn Ward						e Fold			
힏	19a. INFORMANT'S NAME (Type/Print)			ADDRESS (Street					, Zip Code)	
	Barbara A. Brooks	205		iversal D			d, 3.6.	20c. LOCATION	City or	Town State
	20s. METHOD OF DISPOSITION 1	val from State	other niece)	Cemetery		6-90		Balto.		iowii, siaie
	21. SIGNATURE OF FUNERAL SERVICE LICE ROY H. Cather	ENSEE	SCIII DUITE	22. NAME	AND ADDRE	SS OF FAC				0-14- MJ 04044
	23. PART I. Entar the diseases, or co	omplications that caused	the death. Do							Balto.,Md. 21214
	shock, or heart fallure. L	ist only one cause on an	ch Ilna.							Interval Batween Onest and Death
	disesse or condition	OUE TO (OR AS A	CLE	OM GAI		CAL	-URE	-		
1	rosuling in again)	OUE TO (OR AS A	CONSEQUENCE C	OF):	-	11.7		-		
TION	Sequentially list conditions,		RDS	5						1
¥	If sny, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A	CONSEQUENCE C	OF):						
CERTIFICA	CAUSE (Disease or Injury that initiated events	DUE TO (OR AS A	CONSEQUENCE C)F):						
	resulting in death) LAST			ŕ						
1 1										
MEDICAL	PART II. Other significant conditions	contributing to death bu	t not resulting	In the underly	ng causa	given in i	Part I. 24a	PERFORMED?		4b. WERE AUTOPSY FINOINGS AMAILABLE PRIOR TO
ă							1	YES 2 N	·	OF DEATH?
							-			1 TYES 2 NO
HYSICIAN:	25. WAS CASE REFERRED TO MEDICAL			26.	PLACE OF C	DEATH (Che	eck only one)			
SC	EXAMINER? 1 YES 2 NO	HOSPITAL: 1/10 inpatient 2 - ER/Ouipa	tient 3 🗆 DOA	OTHER:				ncifu)		
H	27. MANNER OF DEATH	28e. DATE OF INJURY	28b. TH	ME OF 28c. II	NJURY AT	1		E HOW INJURY	OCCURED	
ВУ Р	1 Natural 8 Pending Investigation	(Month, Day, Year)	IN.		VORK? YES 2	□ NO				
	2 Accident Investigation 3 Suicide 6 Could not be	26e. PLACE OF INJURY - building, atc. (Specif		street, factory, of	fice		261. LOCATIO City or To		mber or Run	al Route Number,
TED	4 Homicide detarmined		,,				-11, 0. 10			
COMPLET	anal and	CIAN: To the best of my knowle R: On the basis of examination								e(a) and manner as stated.
	29b. SIGNATURE AND TITLE OF CERTIFIER					ENSE NUN				IED (Month, Day, Year)
BE	mi	15/11/2	h. D	TNIGA	4			•	121	14/5.
2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DE	TH (ITEM 27) (Typ	e, Print)	4	·			-/	1 20
	ZIAD	ASHKAR	. /	CIB	6	511	-		•	
	31. DATE FILEO (Month, Day, Year)	32. REGISTRAR'S SIGNA	TURE					-		

OHMH-18 Rev 1/89



TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a mours after death. Page 6 may be retained	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 show		IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notitle
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OR /	JIRE	OURS	lem.
M	ME	72	=
Sp	NER	thin	Ä
EH	E FU	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	FIA
H	H	file	5
F	F	2	=

	1 - FOR STATE REGISTRAR	STATE OF MARYLA			HEALTH AND	MENTAL HYGIEN REG. NO		33479
	1. DECEDENT'S NAME (First, Middle, Last) DANIEL	VANDOR	ENL.	You		2. DATE OF DEATH DO DO DO DO DO DO DO DO DO DO DO DO DO	4 90	
	2	SEX 6. AGE (I	7 1 YRS.	MONTHS DAY		7. DATE OF BIRTH (Month, Day, Year) 05/18/19		BIRTHPLACE (State or Foreign Country) Virginia
	9a. FACILITY NAME (If not institution, give street	and number)	/1	9b. CITY, TOW	N OR LOCATION OF DE		9c. COUNTY	
10 R	Loch Raven Vet	eran Hosp	ital	Balt	imore			
FUNERAL DIRECTOR	10s. STATE 10b. COUNTY			Y, TOWN OR LO	CATION			10d. INSIDE CITY
ē	Maryland		В	altimo				1 X YES 2 NO
HAE	701 North Arlin	aton Arro	7	502	21217			S. A.
S	701 North Arlin 11. MARITAL STATUS 12	. WAS DECEDENT EVER IN	U.S. ARMED	13. WAS D	ECENDENT OF HISPAI	NIC ORIGIN? (Specify Yes		RACE — American Indian.
BY F	1 Never Married 2 Merried 3 N Widowed 4 Divorced	FORCES? TYPES	2 UNO		specify Cuben, Mexico ES 2 NO Specif			Black, White, etc. Specify:
EDE	15. DECEDENT'S EDUCATI	ION	16a. DECEDENT'S	USUAL OCCUPA	TION	16b. KIND OF BU	SINESS/INDUST	Black
E	(Specify only highest grade corr Elementary/Secondary (0-12) C	npleted) College (1-4 or 5+)	(Give kind of life. Do NOT u	work done during se retired.)	most of working			
COMPLET	17. FATHER'S NAME (First, Middle, Last)		Dye	Mixer		Brade		phin Ink Co.
E CC	Daniel V. Young				DAMAS COLLEGE	lie Ann T		
TO BE	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Stre		Route Number, City or Tow		
ř	Thelma Noel					ad Balti		
	20s. METHOD OF DISPOSITION 1 Burlsi 2 Cremetion 3 Removal 4 Donation 5 Other (Specify)	I from State	other place)		cemetery, cremetory or		Out in or	S Mills, MD
	21. SIGNATURE OF FUNERAL SERVICE LICENS		D VECE	22, NAME	AND ADDRESS OF FA	WILLTY Nutte	r Fun	eral Homes.
	I Wernen R	Balle	U	250 Ba1	1 Gwynns	s Falls F Maryland	arkwa	V
	23. PART I. Enter the diseases, or com- shock, or heart failure. List							
	IMMEDIATE CAUSE (Final disease or condition resulting in deeth)	cerba	vasulo	1 64	ident			Onset and Deeth
	_	DUE TO (OR AS A	CONSEQUENCE	0F):				
<u>S</u>	Sequentially list conditions, If any, leading to immediate	DUE TO (OR AS A	CONSEQUENCE)F):				
CA	cause. Enter UNDERLYING CAUSE (Disease or Injury	DUE TO (OR AS A	COMPEQUENCE	ND.				
CERTIFICATION	thet initieted events resulting in death) LAST	DUE TO (OH AS A	CONSEQUENCE)T-):				ļ
	PART II. Other significent conditions of	contributing to death b	ut not resulting	In the underly	ring cause given in	Part I. 24s. WAS AN	AUTOPSY	24b. WERE AUTOPSY FINDINGS
CAL						PERFO		AVAILABLE PRIOR TO COMPLETION OF CAUSE
MEDI								OF DEATH?
1.55								
SICIAN		IOSPITAL:	entires a D BOA	OTHER:	PLACE OF DEATH (C			
PHYS	27. MANNER OF DEATH	28s. DATE OF INJURY	26b, TI	ME OF 28c.	INJURY AT	26d. DESCRIBE HOW	INJURY OCCUR	RED
ВУ Р	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	in	M 1 (WORK? YES 2 NO			
60	3 Suicide 6 Could not be 4 Homicide determined	26s. PLACE OF INJURY building, stc. (Spec		atreet, factory, o	ffics	261. LOCATION (Street City or Town, State		Rural Route Number,
COMPLET	CONSTRUCTION OF THE PROPERTY O	N: To the best of my know						suse(s) and manner as stated.
BE	296. SIGNATURE AND TITLE OF CERTIFIER	Dhan	1 Cm	2	29c, LICENSE NU	MBER	29d. DATE 8	IGNED (Month, Day, Year) 2/4/90
2	30. NAME AND ADDRESS OF PERSON WHO C	OMPLETED CAUSE OF DE	ATH (ITEM 27) (Typ	e, Print)	altimor	e MD		111
	31. DATE FILED (Month, Day, Year)	Davidson-	ALES-			1		



permit. Pages 1, 2, 3 should

DIRECTOR

FUNERAL

COMPLETED

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29b. SIGNATURE AND TITLE OF CERTIFIER

31. DATE FILED (Month, Day, Wear)

DEC

LIBIN

1990

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

MITOIT

32. REGISTRAR'S SIGNATURE

The Davidson-Randall

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DIVISION OF VITAL RECORDS, P.O. BOX 13146,

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THE TRANSPORT OF THE LAW PEQUITES THAT THE DEATH CELTIFICATE DE EXECUTED WITH 24 NOUS ATER DEATH. PAGE O MAY DE TELATION OF THE TOSPILAL OF ATERIATING PRYSICIAL.	MEAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transport of health and Mental Hydiene prior to burial, cremation, or remoral.	services are consistent and the model of the market are serviced and the market are missing an expension of the market are the market and the market are the
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33480 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 90 12 - 05 KATIE ANDERSON 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign IF UNDER 1 YEAR IF UNDER 24 HRS. (Month, Day, Year) North Carolina 217-22-2481 1 🗌 M 2 😾 F 80 9e. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH 3003 Wayne Ave. Baltimore City none RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10b. COUNTY 10d. INSIDE CITY Maryland Baltimore City 1 YES 2 NO none 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 21207 3003 Wayne Avenue United States 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No—If yes, specify Cuben, Mexican, Puerto Rican, etc.)

1 YES 2 NO Specify: 11. MARITAL STATUS

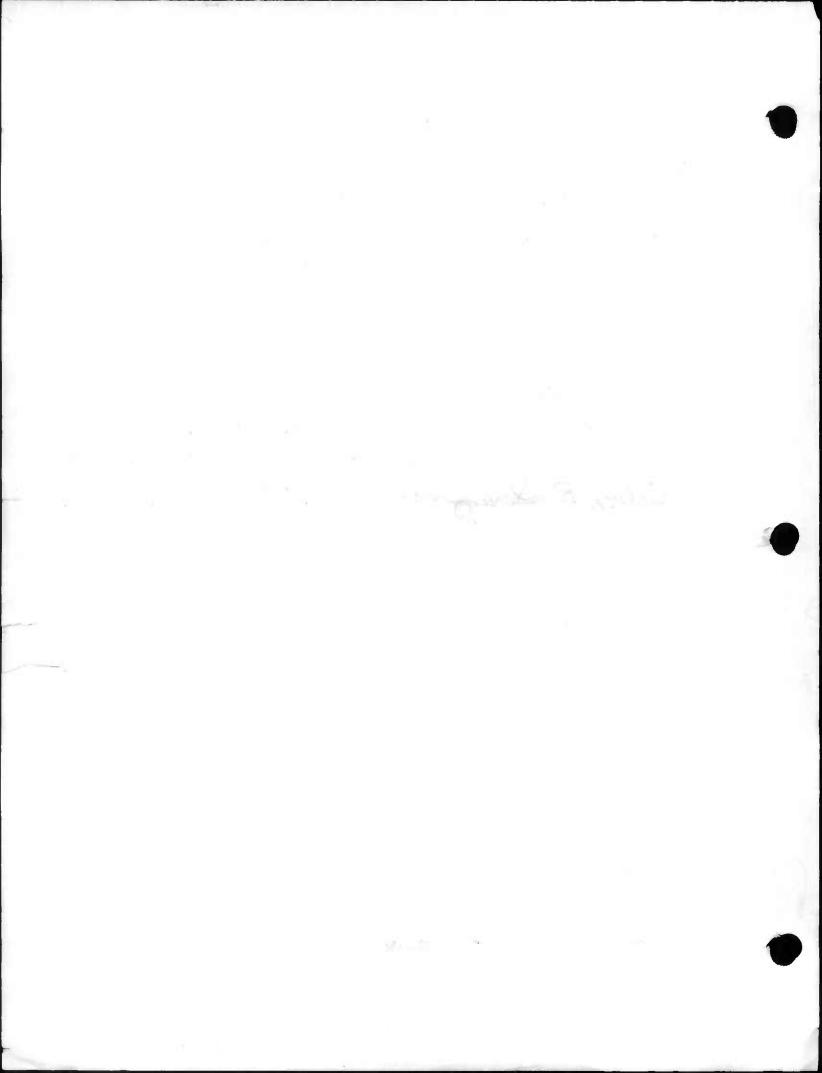
1 Never Married 2 Married 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 14. RACE — American Indian, Black, White, etc. FORCES? 1 YES 2 Negroid BY 3 Widowed 4 Divorced 18a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondery (0-12) College (1-4 or 5+) Domestic unknown unknown Private homes 18. MOTHER'S NAME (First, Middle, Meiden Sumame) 17. FATHER'S NAME (First, Middle, Last) John McNeill Lydia Jane McCallum 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 19e. INFORMANT'S NAME (Type/Print) 3205 Beverly Rd. Balto, Md. John McCormick 20s. METHOD OF DISPOSITION
3 Burlel 2 Cremetion 3 Removal from State 20c. LOCATION — City or Town, State 20b. PLACE OF DISPOSITION (Name of cometery, crematory or Auburn Cemetery Baltimore, Maryland 4 Donetion 5 Other (Specify) 22. NAME AND ADDRESS OF FACILITY
Calvin B. Scruggs Funeral Home
1412 E. Preston Street, Balto, M. 21. SIGNATURE OF FUNERAL SERVICE LICENSEE alven . Md 23. PART I. Enter the diseasea, or complications that caused the death. Do not enter the mode of dying, such as cardiac or reapiratory arrest, ehock, Dr heart feliure. List Dnly Dne cause on each line. Approximete Interval Between Onast and Death IMMEDIATE CAUSE (Final diseese pr condition VENDACHUME resulting in desth) DUE TO (OR AS A CONSEQUENCE OF): Motors sursence CERTIFICATION Sequentielly liet conditione. DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events reaulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 24b. WERE AUTOPSY FINDINGS 24s. WAS AN AUTOPSY MEDICAL AVAILABLE PRIOR TO 14007 COMPLETION OF CAUSE OF DEATH? Phrune 1 | YES 2 | NO 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) OTHER: 1 | Inpetient 2 | ER/Outpetient 3 DOA 1 YES 2 | NO g Home 5 Residence 6 🗆 Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 28c. INJURY AT 26d. DESCRIBE HOW INJURY OCCURED 1 Natural
2 Accident 1 YES 2 NO BY 28s. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 6 Could not be COMPLETED 4 Homicide *** CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(e) end manner as stated. MEDICAL EXAMINER: On the basic of examination and/or investigation, in my opinion, death occurs at the time, data and pieca, and due to the cause(e) and manner ea stated.

29c. LICENSE NUMBER

An-mn=

30408

29d, DATE SIGNED (Month, Dev. Year)



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	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The I	TO THE FUNERAL DIRECTOR: After this certificate has been	be filed within 72 hours after death with the State Dear. of	IMPORTANT: If Item 28 is marked, or Item 23 thouse It
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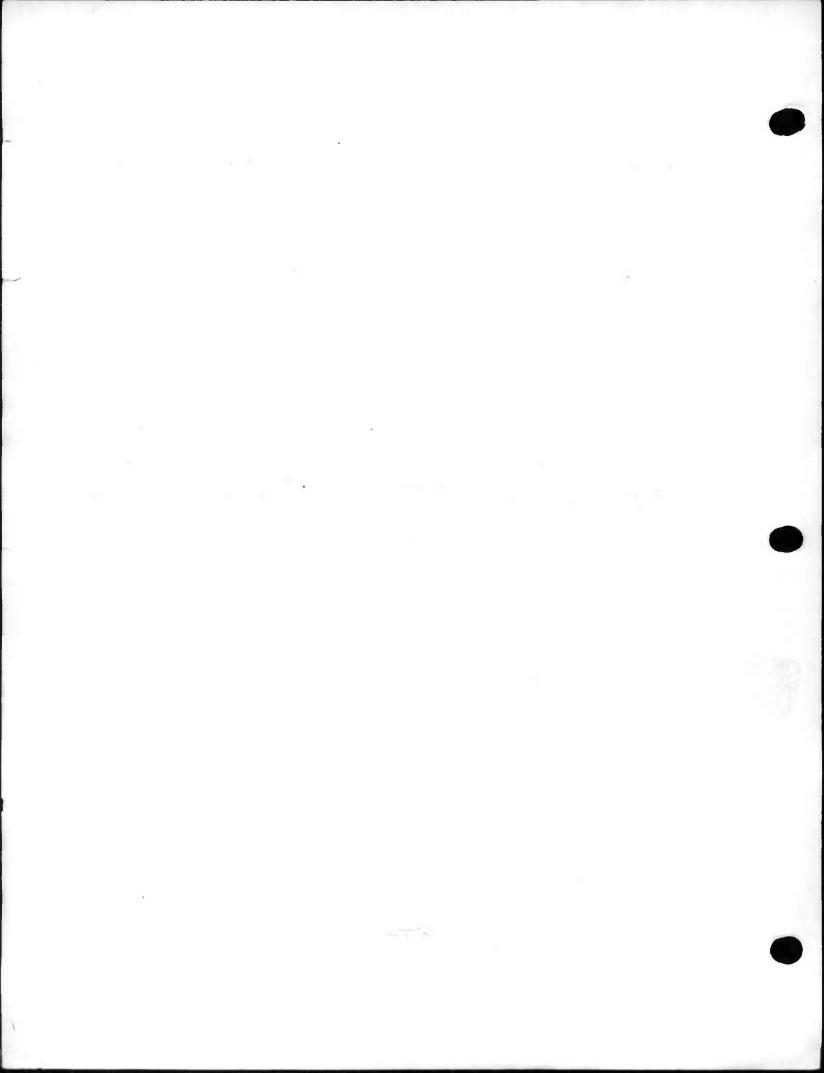
	FOR 1 - STATE REGISTRAR	STATE OF MA			TMENT OF		MENTAL HYGIR		90	33481
	1. DECEDENT'S NAME (First, Middle, Last)						2. DATE OF DEATH	DAY	YEAR	3. TIME OF DEATH
	Lore	tta		And	rews		December		990	6:12PM M
	N. D. Golden E. S.	. SEX 6.	AGE (In yrs. lest	birthday)	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 5/8/19	0	Count	HPLACE (State or Foreign try) nidad
	9a. FACILITY NAME (If not institution, give stree	t and number)	01		9b. CITY, TOWN	OR LOCATION OF O		4	UNTY OF D	
DIRECTOR	Maryland General H	espital			Balt	imore Ci	ty			-
띭	10e. STATE 10b. COUNTY			10c. CITY	, TOWN OR LOC	ATION				10d. INSIDE CITY
	MARYLAND				BALT	IMORE C	ITY			TYES 2 NO
FUNERAL	10e. STREET AND NUMBER				1	of. ZIP CODE		10g. CI	TIZEN OF	WHAT COUNTRY?
崱	5241 ST. CHARLES	AVENUE	₹,			212	15		US.	A
Ē	11. MARITAL STATUS 1 Never Married 2 Merried	2. WAS OECEDENT E	YES 2X N	MED O			NIC ORIGIN? (Specify in, Puerto Rican, etc.)	Yee or No-	14. RAC Blec	E — American Indien, ck, White, atc.
BY	3 New Wildowed 4 Divorced	IF YES, GIVE WAR			1 🗆 YE	S 2 X NO Specif	у:		Spec	
	15. DECEDENT'S EDUCAT		16a, DEC	CEDENT'S	USUAL OCCUPAT	ION	16b, KIND OF	BUSINESS/IF	DUSTRY	
COMPLETED	(Specify only highest grade col	mpleted) College (1-4 or 5+)	(Gh		vork done during n					
8	17. FATHER'S NAME (First, Middle, Last)					16. MOTHER'S NA	ME (First, Middle, Mei	len Surneme)		
BE C	LEBOY ALEXANDE	R				OCTAVI	A EDWAR	DS		
	19e. INFORMANT'S NAME (Type/Print)		19b	MAILING	ADDRESS (Street	end Number or Rural	Route Number, City or	fown, State, 2	Zip Code)	
임	O DONALD ANDREW	S	5	241	ST. CH	HARLES A	VE BAI	TIMO	RE,	MD 21215
	20e. METHOD OF DISPOSITION 13 Burlel 2 Cremetion 3 Remove 4 Donetion 5 Other (Specify)	of from State	20b. PLACE Cother place KING	cel	IORIAL	PARK	1	LOCATION -		own, State MARYLAND
	21. SIGNATURE OF FUNERAL SERVICE LICEN	ISEE		٥		NO ADDRESS OF FA				
	Herory () We	set	十	4600	LIBERT	Y HEIGH	TS A	VENU	RAL HOME JE 21207
	23. PART I. Enter the diseees, or cor ahock, or heart failure. Lis	nplicatione that	aused the dec	eth. Do r	ot enter the m	ode of dying, aud	h ea cerdlec or re	apiratory a	rreet,	Approximate Interval Between
		CERVICAL		OMA T	WITH ME	TASTASIS	TO THE BO	NES A	ANDI	
		DUE TO (O	R AS A CONSEC	UENCE O		WDD - 0.40	lugo			
S	Sequentielly list conditions, b.	DUE TO 10	UU.	1 /		UPPER GAS	TROINTES	INAL	BLEE	ED.
Ě	If any, leading to immediate cause. Enter UNDERLYING	OUE TO (O	R AS A CONSEC	UENCE OI	F):					i
윤	CAUSE (Disease or injury	DUE TO (O	R AS A CONSEC	UENCE OF	Đ:					
CERTIFICATION	that initiated events resulting in death) LAST									
8	d									1
AL	PART II. Other aignificant conditions	6.4				ng ceuse given in		AN AUTOPS	Y 24	b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
음)] DIA	BETES 1	MELL	ITUS		1 🗀 YES	2XXNO		COMPLETION OF CAUSE DF GEATH?
ME							_			1 TYES 2 NO
ä										
ਹੋ	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	QSPITAL:			26. OTHER:	PLACE OF OEATH (C	neck only one)			
PHYSICIAN: MEDICAL	1 YES 2 NO 1	M Inpatient 2 🗆 E			4 - Nursing Ho		8 Other (Specify)			
	27. MANNER OF OEATH Natural 5 Pending	28e. DATE OF IN (Month, Day,		28b. TIM	URY	JURY AT	28d. DESCRIBE HO	W INJURY O	CCURED	
B≼	2 Accident Investigation	28e PLACE OF	INJURY 40 ba	me farm	m 1 L	YES 2 NO	281. LOCATION (Str	and agreed \$1	ar or P	Boute Number
ED	3 Suicide 6 Could not be 4 Homicide determined	building, et	c. (Specify)	, Idilli, I	eliset, lectory, or	-	City or Town, S		ret ut Murat	rode Humber,
	29a. CERTIFIER	M. W. M. J. C. C.		a albu		Venue W. W		N. 60 (12)	450	
COMPLETED	(Check only one) 1 XCERTIFYING PHYSICIA 2 MEDICAL EXAMINER:									(a) and manner as eleted
8		O. The Date of State	enwor I	···asriñauc	an, an any opanion			_		
BE	296. SIGNATURE AND TITLE OF CERTIFIER	brijak	and			29c. LICENSE NU		29d. D	17	D (Month, Day, Year)
9	30. NAME AND ADDRESS OF PERSON WHO		•				n/a		, -	5/90.

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

Khudr Burjak, M.D.

c/o Maryland General Hospital

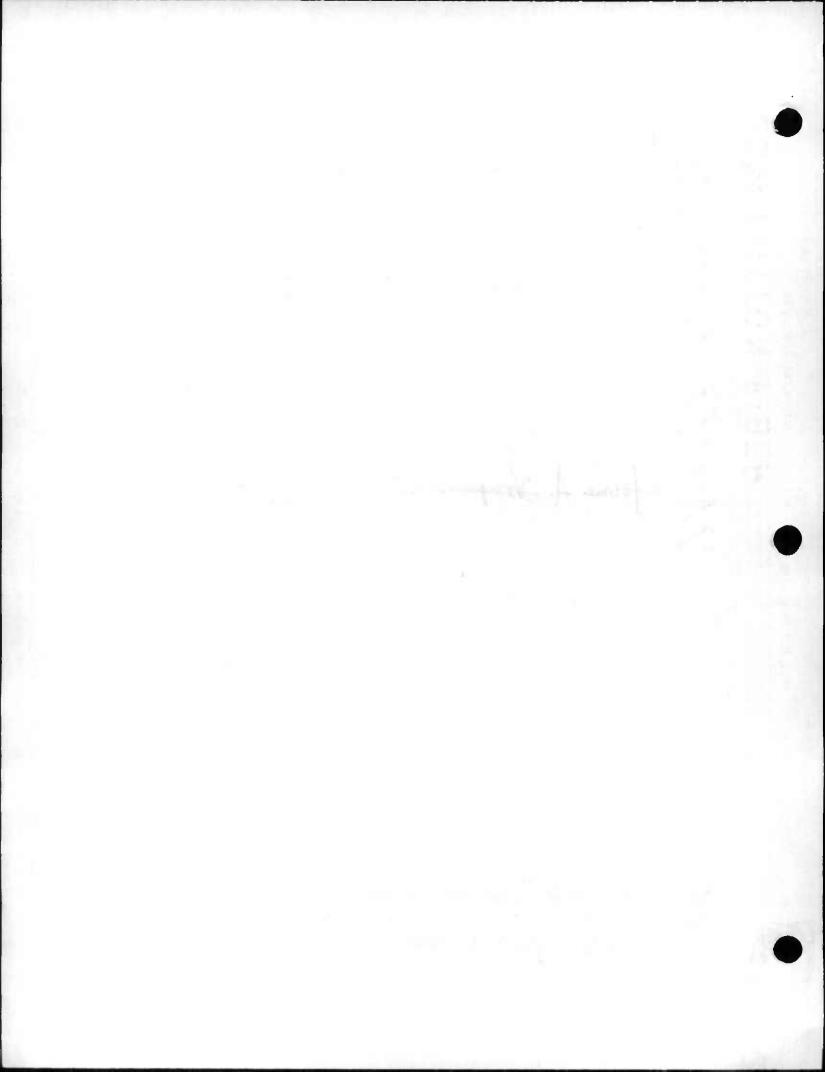
1990 DEC



FOR STATE REGISTRAR	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.	20

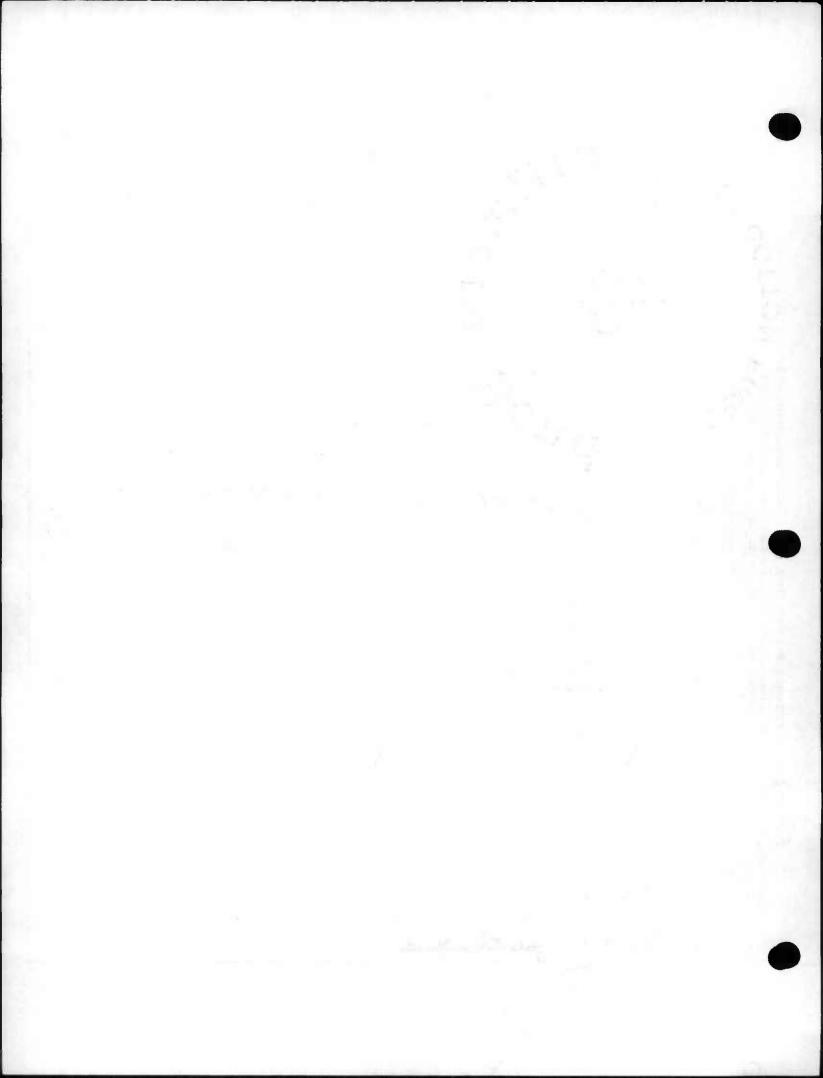
1. DECEDENT'S NAME (First, Middle, La											
FRANK	c.		7 17 7	ים מי	ON			2. DATE OF I	DAY	YEA	3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER	5. SEX	12/3/1990									
				MONTHS	DAYS	HOURE	MIN.	(Month, Da	(Year)		RTHPLACE (State or Foreign ountry)
246 30 3672	1 M 2 D F	67	YRS.			-11.55.		9-22-	23	N.	. Carolina
9a. FACILITY NAME (If not institution, gi				9b. CITY	, TOWN	OR LOCAT	ON OF DE	ATH	90	COUNTY 0	F DEATH
1020 W. Lar	ivale St	reet			Baltimore						
RESIDENCE OF DECEDENT											
10s. STATE 10b. COU	— —	10c. CIT	P, TOWN C			re C	City			10d. INSIDE CITY LIMITS? 1, YES 2 NO	
10e. STREET AND NUMBER					10	. ZIP COD	E		10-	g. CITIZEN C	OF WHAT COUNTRY?
1020 W.Lany	ale Str	eet				21	217			USI	A
11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAY OR DATES 14.951046					If yee, sp	ecify Cubi		IIC ORIGIN? (S n, Puerto Ricar /:		E	ACE — American Indian, black, White, atc. Specify: Black
15. DECEDENT'S	DUCATION	18e.	DECEDENT'S	USUAL O	CCUPATION	ON		16b. KIN	O OF BUSINE	SS/INDUSTR	
(Specify only highest g Elementary/Secondary (0-12)	College (1-4 or 5	(4)	(Give kind of life. Do NOT u	work done se retired.)	during mo	all of work	ng				
Elemental y secondary (0-12)	College (1-4 b) 5	· ,	sto	ock	pul	ler					
17. FATHER'S NAME (First, Middle, Last)					2		uenie	Me (E) - 1 M · ·		1	
						16. MOT		ME (First, Middl			
Frank C. And	erson, Sr							Zula M.	MOOR	C	
19a. INFORMANT'S NAME (Type/Print)			19b. MAILING	ADDRES	S (Street	and Numbe	r or Rural i	Route Number, (City or Town, St	ate, Zip Code)
Mary E. Ward			1.3	35 Mn	nast	cerv	Aver	nue Ba	altimo	re. M	d 21229
		20h Di A/	CE OF DISPO								or Town, State
20a METHOD OF DISPOSITION 1/ CABurlal 2 Cremation 3 F	lemoval from State	other	(apalia								
4 Donation 8 Other (Specify)	4		uar	risc					OWIN	ys M1	lls, Md
21. SIGNATURE OF FUNERAL SERVICE	// 6/						SS OF FA				
- Alime	4. Jan	MASSIEN) J	3	M	arch	F/H	West			
23. PART I. Enter the diseases,	/ 011							oash Av			Approximate
disease or condition resulting in death) Due to (or as a consequence of): Due to to the disease of the diseas											
and a second	SDUE TO	O (OR AS A CON	SEQUENCE C)F):							
	DUE TO	O (OR AS A CONS	SEQUENCE O	OF):	1	nell	ita	7			
Sequentially list conditions,	ь	O (OR AS A CONS		-0//	1	hel	ita	7			
Sequentielly list conditions, if any, leading to immediate	ь	O (OR AS A CONS	SEOUENCE C	-0//	1	heli	ita	7			
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	b	O (OR AS A CONS	BEOUENCE C	DF):	1	heli	itn	7			
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	b	O (OR AS A CONS	BEOUENCE C	DF):	1	heli	ita	7			
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	b	O (OR AS A CONS	BEOUENCE C	DF):	1	heli	itn	7			
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	b	O (OR AS A CONS 1-1 T O (OR AS A CONS	SEOUENCE C	OF):					WAS AN AIST	TOPSY	24b WERF ALTOPSY FINDS
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	b	O (OR AS A CONS 1-1 T O (OR AS A CONS	SEOUENCE C	OF):					I. WAS AN AUT		24b. WERE AUTOPSY FINDI AWAILABLE PRIOR TO
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Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Olsease or Injury that initiated events resulting in death) LAST	b	O (OR AS A CONS 1-1 T O (OR AS A CONS	SEOUENCE C	OF):				Part I. 24	PERFORME	0?	AMAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH?
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Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significent conditions are suiting in death) LAST 25. WAS CASE REFERRED TO MEDICA EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Neturel 5 Pending investiget 2 Accident 3 Suicide 6 Could not determine 29a. CERTIFIER (Check only 1 CERTIFYING P	b. DUE TO c. DUE TO d	O (OR AS A CONSTITUTE OF INJURY — At g, etc. (Specify)	SEOUENCE C	OTHE 4 Nu ME OF MUST ME OF ME	26. P	LACE OF	given in	Part i. 24d 1 1 Seck only one) 8 Other (S) 28d. DESCRI 28f. LOCATIC City or R	PERFORMED YES 2 Decity) BE HOW INJU ON (Street and wwn, State)	NO OCCURE	AMAILABLE PRIOR TO COMPLETION OF CAUSO OF DEATH? 1 YES 2 NO
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DHMH-16 Rev 1/89



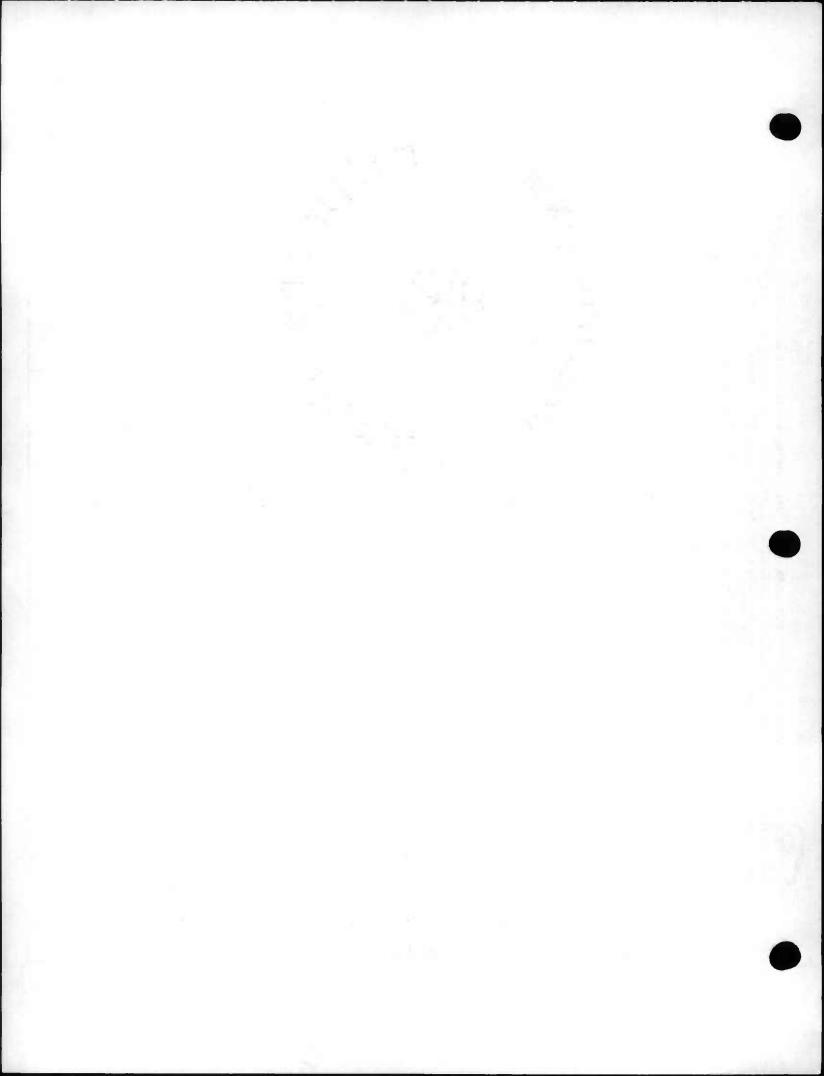
BALTIMORE, MARYLAND 21203-3146	YSICIAN: The law requires that the death certificate be executed within ours after death. Page 6 may be retained by the hospital or attending physician.	s certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2. 3 should	on, or removal.	he medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a	TO THE FUNERAL DIRECTOR, After this certificate has been signed by the attending physician and completely in	be filed within 72 fours after death with the State Dept, of Health and Mental Hyglene prior to burial, cremation, or removal.	IMPORTANT: If Iem 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

* REGISTRAR		CE	RTIF	ICATE	OF	DEAT		IENTAL H	EG. NO.		20	33483
1. DECEDENT'S NAME (First, Middle, Lest) Frances	L. Bern	nardi						2. DATE OF D MONTH Dec.		990	YEAR	3. TIME OF DEATH 6:15 A.
4, SOCIAL SECURITY NUMBER		. AGE (In yrs. last		IF UNDER	1 YEAR	IF UNDER 2	DATE	7. DATE OF B	IRTH (Year)		8. BIFTTI Count	tPLACE (State or Foreign
213-09-7368	1 M 2 XXF	84	YRS.					Oct.14,	1906		Md	
9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH Ruxton Baltimore												
RESIDENCE OF DECEDENT	RESIDENCE OF DECEDENT								10d. INSIDE CITY			
	nore		Pa	rkvil								1 TYES 2 NO
8521 Old Harford Roa	d Apt. D.				101	ZIP CODE				USA	IZEN OF	WHAT COUNTRY?
10e. STREET AND NUMBER 8521 Old Hamford Roa 11. MARITAL STATUS 1 Never Merried 2 Married 3 Widowed 4 Divorced	11. MARITAL STATUS 1 Never Married 2 Married IF YES. GIVE WAR OR DATES				If yes, sp	ENDENT OF	HISPANI Mexican	C ORIGIN? (S _i , Puerto Ricar			14. RAC Blac Spec Whi	E — American Indian, ik, Whita, etc.
15. OECEDENT'S EDUI (Specify only highest grade Elamentary/Secondary (0-12) 6	CATION completed) College (1-4 or 5+)	(GA	CEDENT'S We kind of the Do NOT us	work done se retired.)	CCUPATIO during mo	N at of working	,	16b. KIN	D OF BUS	INESS/IN		
	- 0-	7 300		<u></u>				E. POW		Surname)		
19a. INFORMANT'S NAME (Type/Print)		196	MAILING	ADDRES	S (Street a			oute Number, C		, Stutu, Zi	p Code)	. —
Blanche F. Kugel 8521 Old Harford Rd. Baltimore, Md. 21234 Apt. D. 20e. METHOD OF DISPOSITION (Name of cemetary, crematory or 20e. LOCATION — City or Town, State												
Memorial 2 Cremetton 3 Removal from State Parkwoold Cemetery 12-7-90 Parkwoold Cemetery 12-7-90 Parkwoold Removal from State Parkwoold Cemetery 12-7-90 Parkwoold Removal from State Parkwoold Removal												
21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY												
James F. Gladden James Julian Leonard J. Ruck, Inc. 5305 Harford Rd.2123 23. PART I. Enter the diseases, or completions that caused the deeth. Do not enter the mode of dying, such as cardiac or reapiratory arrest, Approximete												
23. PART I. Enter the diseases, or on a hock, or heert fellure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	China and the same of the	a service service										Approximete interval Betwee Onset and Dea
Sequentially list conditions, if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events DUE TO (OR AS A CONSEQUENCE OF):											
PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY PREFORMED? PERFORMED? 1 YES 2 NO 24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO												
					26 P	ACE OF D	EATH (Ch	ock only one)				
	HOSPITAL:	ER/Outpetient 3	□ DOA	OTHE 4 X Au	R:			6 Other (S	oecify)			
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF OEATH 1 Nother 5 Pending		NJURY	28b. TII	4 X Nu	Pt: ruing Hon 28c. IN. W		sidence			NJURY O	CCURED	
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF OEATH 1 Netural 5 Pending Investigation 3 Suicide 6 Could not be determined	28a. DATE OF I (Month, De	NJURY	28b. TIII	4 X Au 4E OF JURY M	R: rsing Hon 28c. IN. W	IURY AT DRK? YES 2	sidence	6 ☐ Other (S) 28d. DEŞCRI	BE HOW I	2711-25		Route Number,
EXAMINER? 1	28a. DATE OF I	NJURY y, Year) INJURY — Al ho nc. (Specify)	28b. TH IN	4 X Nu ME OF JURY M street, fac	R: rising Hon 28c. IN. W 1 ctory, office	URY AT DRK? YES 2	NO NO	8 Other (S) 28d. DESCRI 28f. LOCATIC City or 3	DN (Street in own, State)	and Numb	er or Rural	Route Number,



THE PROPERTY OF THE NOW PRYSICIAN: The law requires that the death certificate be executed within \$\infty\$ incomparation. The property of the property of the third physician. THE PROPERTY OF THE CHARGE HAS been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 s incompletely make the complete of the property of the physician of the property of the	THE HITCH WAS ITTENDING PHYSICIAN; The law requires that the death certificate be executed within 2- nours after death. Page 6 may be retained by the hospital or attending physician.	HE PROPERTY Affect this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	occurrence of the State Dept. of Health and Memail Hygiene prior to burial, cremation, or removal.	E
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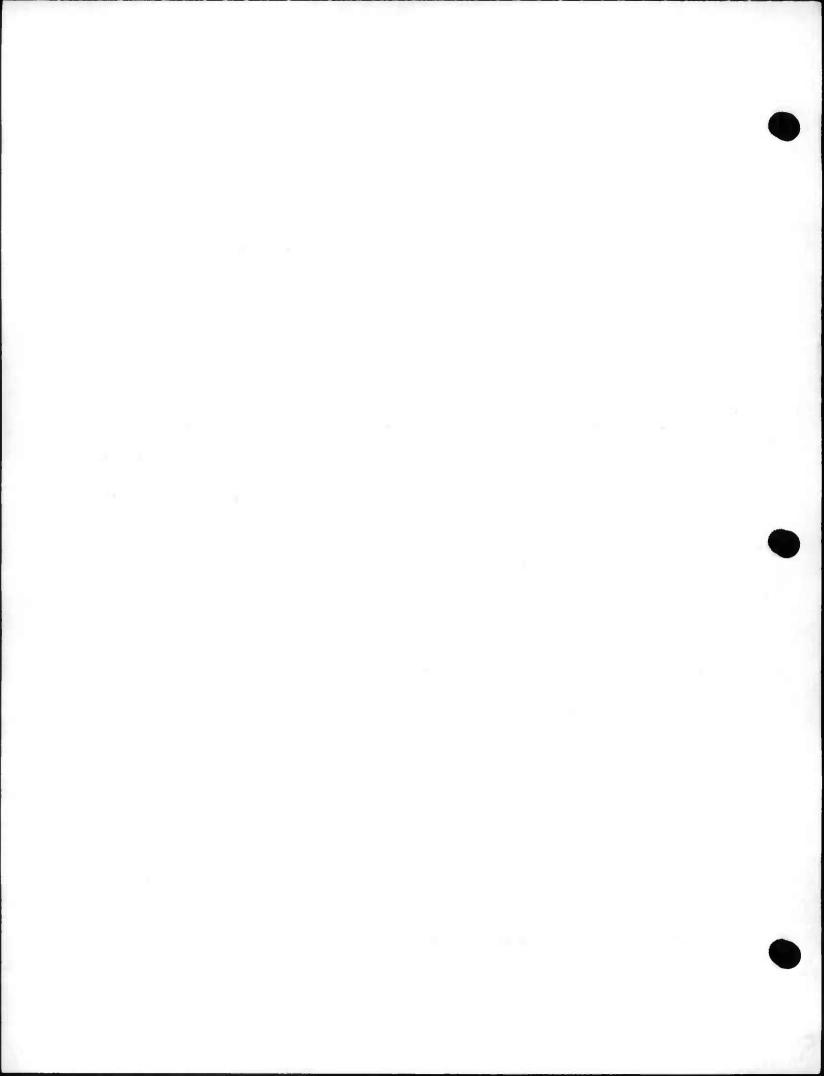
	1 - STATE REGISTRAR	STATE OF MARYLA	CERTIF						EG. NO.	9	U	33484
1	1. DECEDENT'S NAME (First, Middle, Last)	DELT						2. DATE OF I	DA		YEAR 3	. TIME OF DEATH
	THELMA M 4. SOCIAL SECURITY NUMBER 5.	BELT SEX 6. AGE (II						7. DATE OF E		90	A DIPTION	06 30a M ACE (State or Foreign
		SEX 6. AGE (#	yrs. last birthday) YRS.	MONTHS	DAYS	HOURS	WIN.	(Month, De	y, Ybar)	- 1	Country)	
	Sa. FACILITY NAME (If not institution, give street		5	9b. CITY,	TOWN OF	R LOCATIO	ON OF DE		41.		TY OF DEA	LTIMORE
S S	GREATER BALTIMOR	E MEDICAL	CENTER		TOW	SON				B.	ALTIM	ORF
E	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY			Y, TOWN OF								Dd. INSIDE CITY
DIRECTOR	MD BALTIM	IORE		BALT	TMOR	F					1	LIMITS?
	10e. STREET AND NUMBER			D/1C1.		ZIP CODE	E			10g. CITIZ	EN OF WH	AT COUNTRY?
FUNERAL	1322 DEANWOOD RO					212					U.S	
BY FU	11. MARITAL STATUS 1	. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 XNO	11	yes, spe	city Cuba		IIC ORIGIN? (S n, Puarto Rica: ::		or No—	Specify:	- American Indian, Whita, etc.
	15. DECEDENT'S EDUCATI (Specify only highest grade com		16a. DECEDENT'S (Give kind of	USUAL OC	CUPATIO	N t of workin	00	16b. KIN	D OF BU	SINESS/IND		
COMPLETED	Elementary/Secondary (0-12) C	ollege (1-4 or 5+)	IIIa. Do NOT us	se retired.)	anny moo	o vona		ľ	OWN	HOME		
DW	NA 17. FATHER'S NAME (First, Middle, Last)	NA	HOMEM	AKER		18. MOTI	HER'S NA	ME (First, Midd				-
BE C	RICHARD CARMINE						MA	RY WIC	K			
10 B	19a. INFORMANT'S NAME (Type/Print)	(DAHGUMED)						Route Number, (-			2.4
-	JACQUELINE SCRUGGS		PLACE OF DISPO					BALTI		CATION —		
	1 A Burial 2 Cremation 3 Removal 4 Donation 5 Other (Specify)	from State	other place) ORELAND									ARYLAND
	21. BIGNATURE OF FUNDRAL SERVICE LICENS			22.1	NAME AN	D ADDRE	SS OF FA	CILITY ERAL H				
	1 Juin Os	4-3								*		21213
CERTIFICATION	shock, or heart failure. List IMMEDIATE CAUSE (Fine) disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	OUE TO (OR AS A)F):	di	a d						Interval Between Onset and Death
CAL CE	PART II. Other significant conditions of	A .		In the un	darlylng) Cause	given in		a. WAS AN PERFOI		01	VERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE
PHYSICIAN: MEDI		1						_ '				F DEATH?
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	QSPITAL:		OTHER		ACE OF D	DEATH (Ch	eck only one)				
IXSI	1 YES 2 NO	Inpatient 2 ER/Outp	attient 3 DOA	4 🗆 Nun			esidence	6 Other (S		IN IHEY OO	NIDEA	
	Natural 5 Pending	(Month, Day, Year)	IN	JURY M	WO	RK? /ES 2 [NO		DE HOW	-	JONEO	
TED BY	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, etc. (Spec	— At home, farm,	street, fact	ory, office	•		281. LOCATION City or 1	ON (Street bwn, State		or Rural Ro	ute Number,
COMPLETED	ann)	N: To the best of my know										and manner as stated.
BE C	296. SIGNATURE AND TITLE OF CERTIFIER						ENSE NU			29d. DAT	E SIGNED (Month, Day, Year)
TO B	30. NAME AND ADDRESS OF PERSON WHO C	OMPLETED CAUSE OF DE	ATH (ITEM 27) (Typ	e, Print)		1)	37	243	-		(2)	90
	Mark Stromberg. M	D 120 SIS	STER PIE	RRE I	DRIV	E, S	UITE	201,	BALT	IMORI	E, MD	. 21204
	DEC 7 1990	Lulia Tainds		٤								
		U										DHMH-16 Rev 1/89



TO BE COMPLETED BY FUNERAL DIRECTOR

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-mours after death. Page 100 THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-mours after death. Page 100 THE HOSPITAL OR ATTENDING PHYSICIAN.	TO THE PUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral of the funeral of the funeral of the funeral of the funeral comparison or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examine
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	FOR 1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM CERTIFIC			MENTAL HYGII		50			
,	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH			3. TIME OF DEATN		
	GEORGE BUETTNE	R:				12/4/C	DAY	YEAR	2300 "		
- 1	4. SOCIAL SECURITY NUMBER			UNDER 1 YEAR	IF UNDER 24 HRS.	7 DATE OF BIRTH		8. BIRTI	IPLACE (State or Foreign		
	213-05-6563 Se. FACILITY NAME (If not institution, give s	1 M 2 F	/ 4 YRS.	CITY, TOWN O	HOURS MIN.	(Month, Day, Yoar, 12/13/		UNTY OF D	aryland		
æ	CHURCH HOSPITA	•			MORE CI		-				
5	RESIDENCE OF DECEDENT										
DIRECTOR	MD .	'		OWN OR LOCAT					10d. INSIDE CITY LIMITS?		
	10e, STREET AND NUMBER		DALT	IMORE	ZIP CODE		1 400 0	TIZEN OF I	1 🔀 YES 2 🗌 NO WHAT COUNTRY?		
FUNERAL	306 S. EAST AV	Æ.		100	21224		U.	S.A.	WHAT COUNTRY?		
2	11. MARITAL STATUS	12. WAS DECEDENT EVER II	N U.S. ARMED			IIC ORIGIN? (Specify	Yea or No-	14. RAC	E — American Indian,		
	1 Never Married 2 Married	FORCES? 1 YES	22 NO	If yes, spe		n, Puarto Rican, atc.)		Blac	k, White, stc.		
В∀	3 Widowed 4XXDIvorced			<u> </u>					, MILLOC		
빌	15. DECEDENT'S EDU (Specify only highest grade		18a. DECEDENT'S USI	done during mo.	N it of working	16b. KIND OF	BUSINESS/IN	NDUSTRY			
٣	Elementary/Secondary (0-12) 8th	College (1-4 or 5+)	Meat cu	tter		I.	ieat p	acke	r		
M	17. FATHER'S NAME (First, Middle, Last)				18 MOTHER'S NA	ME (First, Middle, Mail	for Sumama)				
ŏ	Philip Buettner				Mary Sch	huler	en comento,				
TO BE COMPLETED	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING AD	DRESS (Street a	nd Number or Rural F	Route Number, City or	Town, State, 2	Zip Code)	1		
¥.	Mrs. Mary K. Zaf	eres	3413 E.	Pratt	Street,	Baltimon	e, Md	1. 21	224		
20	20a. METHOD OF DISPOSITION 1 Buriai 2 Cremation 3 Rem	201 noval from State	. PLACE OF DISPOSITH	ON (Name of cen	netery, cremetory or	20c.	LOCATION -	- City or To	own, State		
D"	4 Donation 5 Other (Specify)	I	105 to Holy				ltimo	ore,	Ma.		
	21. SIGNATURE OF FUNERAL SERVICE LI		7	Matth	ews Fune:	rai Home		37	1 01001		
	Gun S.	matthe				Ave., Bal			a. 21224		
ı	23. PART I. Enter the diseases, or shock, or heart feilure.	complications that cause List only one cause on a		enter the mo	da of dying, suci	h as cardlec or re	spiratory s	rrest,	Approximate interval Batween		
	IMMEDIATE CAUSE (Final disease or condition	0.0110	-						Onset and Dasth		
- 1	resulting in death)	B. DUE TO (OR AS	ONUL						week		
-	DUE TO (OR AS A CONSEQUENCE OF):										
ě	Sequentially list conditions, If any, leading to immediate										
S	cause. Enter UNDERLYING CAUSE (Disease or injury	c									
	that initiated events	DUE TO (OR AS /	CONSEQUENCE OF):								
CERTIFICATION		d									
	PART II. Other significant condition	ne contributing to death t	y not resulting in t	he underlying		Part I. 24a. WAS	AN AUTOPS'	Y 24	. WERE AUTOPSY FINDINGS		
DIC.	cold, CH	F / conges	tive heart				2 E-NO		COMPLETION DF CAUSE DF 0EATN?		
MEDICAL	L) chronic	obstructive	pulnona	14 de	rease	_			1 YES 2 NO		
PHYSICIAN:			1	/							
IC.	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	0	Z8. PL	ACE OF DEATH (Ch	eck only one)					
ΥŞ	1 TYES 2 DAG	1 Dipatient 2 ER/Out 28s. DATE OF INJURY	28b. TIME O			8 Other (Specify) 28d. DESCRIBE HC	W INJURY O	CCUBED			
	1 Pending	(Month, Day, Year)	INJUR	/ WO	RK? /ES 2 NO	200. 5290.1152 110					
ВУ	2 Accident Investigation 3 Suicide 8 Could not be		f — At home, ferm, stre	et, factory, offic		28t. LOCATION (Str		ber or Rural	Route Number,		
Ä	4 Homicide detarmined	building, etc. (Spe	city)			City or Town, S	inte)				
PLE	29a. CERTIFIER (Check only	SICIAN: To the best of my know	riedge, death occurred a	t the time, date	and place, and due	to the cause(s) and	manner as s	tated.			
COMPLETED	one)	ER: On the basis of examination	on and/or investigation, i	n my opinion, d	eath occured at the	time, data and place	, and dua to	the cause	a) and manner as stated.		
BE C	29b. SIGNATURE AND TITLE OF CERTIFIE	*	11)		29c LICENSE NUI	WBER	29d. D	ATE SIGNE	D (Month, Olar War)		
TO B	(white)	100,10	U.		1124	034_	•	12	14/96		
F	30. NAME AND ADDRESS OF PERSON WE	To COMPLETED CAUSE OF DI	EATH (ITEM 27) (Type, Pri	Chas	ch A	ospeta	/		()		
	31. DATE FILED (Month, Day, Year)	32 DEGISTRAR'S CICH	NATURE			7					
	MEG 1 1000	1									



nit. Pages 1, 2, 3 should

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within "Frours after death. Page 6 may be retained by the hospital or attending physician and completely filted in by the funeral director, page 5 should be detached for use as the be filed within 72 hours after death with the State Dept. of Heatth and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: It item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

31. DATE FILED (Month, Day, Year)

1990

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

	for 1 - STATE REGISTRAR	STATE OF MARY		MENT OF I		MENTAL HYGIE	NE	0 33486	
	1. DECEDENT'S NAME (First, Middle, Last) ANIL	- M.	Bust	bon		2. DATE OF DEATH MONTH	DAY VE	3. TIME OF DEATH	
	4. SOCIAL SECURITY NUMBER 214-18-3318	1 M 2 X XF	(In yrs. lest birthday) 84 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 3 - 24 -	06	BIRTNPLACE (State or Foreign VA.	
TOR	9a. FACILITY NAME (If high institution, give a Delact, LO WALLS) RESIDENCE OF DECEDENT	treet and number) 6 /16 /	Belgie Rd.	BAL,	OR LOCATION OF D	EATH .	9c. COUNTY	OF DEATH	
DIRECTOR	10e. STATE 10b. COUNTY	1		TOWN OR LOCA	E, CITY	1		10d. INSIDE CITY LIMITS? 1 X XES 2 NO	
FUNERAL	1102 DRUID HIL			10	21217			OF WHAT COUNTRY?	
BY FUI	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES IF YES, GIVE WAR OR	IN U.S. ARMEO 2 [X] NO DATES	If yes, s		NIC ORIGIN? (Specify on, Puerto Rican, etc.) #y:	Yea or No- 14.	RACE — American Indien, Black, White, etc. Specify: BLACK	
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementery/Secondary (0-12)	CATION completed) College (1-4 or 8+)		ork done during m retired.)	ost of working	16b. KIND OF I	BUSINESS/INDUST	RY	
MP	3 r d 17. FATHER'S NAME (First, Middle, Last)		SALES	PERSO	1				
	LEE WILLIAMS				EMMA	AME (First, Middle, Maid	en Sumame)		
BE	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADORESS (Street		Route Number, City or 1	Fawn State Zin Cou	101	
10	JULIA R. MARC	Н				TOWSON.			
	20s. METHOD OF DISPOSITION 1X_Neurial 2 □ Cramation 3 □ Rem 4 □ Donation 5 □ Other (Specify)	20	b. PLACE OF DISPOSI	TION (Name of ce		20c.	LOCATION — City		
	21. SIGNATURE OF FUNERAL SERVICE LIC	Cana	od the deeth Do n	WM.C		1 F.H. 1		NORTH AVE.	
	shock, or heart feilure. iMMEDIATE CAUSE (Finel disease or condition resulting in deeth)	List only one cause on	aech tine.	or annor the m	oue of dying, ed	on as caldiac of te	spiratory errest	interval Between Onset and Death	
NO	Sequentially list conditions,	DUE TO (OR AS	allaher	Tel's	Disin			year	
CERTIFICATION	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events recuiting in daeth) LAST		A CONSEQUENCE OF					0	
: MEDICAL	PART II. Other significant condition Revened Remain	s contributing to death Wingy Tr	but not resuring in	eti	ng cause given in		ORMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
YSICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 AD	HOSPITAL:	tperient 3 DOA	OTHER: 4 Auraing Hor	TACE OF OEATN (C	8 Other (Specify)			
BY PHY	1 Netural 5 Pending 2 Accident Investigation	2 Accident Investigation " 1 YES 2 NO							
ETED	3 Suicide 8 Could not be 4 Nomicide determined	building, atc. (Sp	tY — At home, farm, at scily)	reet, ractory, offi	ce	281. LOCATION (Sine City or Town, Sti		rural Houte Number,	
COMPLETED		CIAN: To the best of my kno						euse(e) and manner as stated.	
BE	296. SIGNATURE AND TITLE OF CERTIFIE	me			D DO 4		29d. DATE BI	29/90	
10	30. NAME AND ADDRESS OF PERSON WH	OMPLETEO CAUSE OF D	EATN (ITEM 27) (Type,	Print)				11	

32. REGISTRAR'S SIGNATURE Julia Davidson-Amdall

DHMN-18 Rev 1/89

= 1/2 = 19

TO BE COMPLETED BY FUNERAL DIRECTOR

REGISTRAR		CER	TIFICATI	E OF	DEATI	1	REG. NO		1	
OECEDENT'S NAME (First, Middle, Les Ch:	ristopher	D Bl	imline				2. OATE OF DEATH DO 12-4-9		EAR	:34PM
SOCIAL SECURITY NUMBER 217-84-7360	5. SEX	6. AGE (In yrs. last birth	MONTHS	R 1 YEAR	IF UNDER 24	HRS.	7. DATE OF BIRTH (Month, Day, Year)		Country)	E (State or Foreign
. FACILITY NAME (If not institution, give	4.	10	2541	TOWN (OR LOCATION	OF DE	DEC. 2,19		MARYI Y OF DEATH	
Sinai Hospital	alred end number		90. GIV		ltimo					
ESIDENCE OF DECEDENT		lu.					-	1		
1ARYLAND 10b. COUN	BALTIMORE	10	E CITY, TOWN BAI	LT IM						INSIDE CITY LIMITS? YES 2 [X] NO
e. STREET AND NUMBER 4605 BALLYGAR R	OAD			101	2123	36			S. A	
. MARITAL STATUS XNever Married 2 Married Widowed 4 Divorced		TEVER IN U.S. ARMED YES AND NO DATES	13.	If yes, se	CENDENT OF Healty Cuben,	HISPAN Mexica Specify	IIC ORIGIN? (Specify Yea n, Puerto Rican, etc.)	or No—	Black, Wh	mericen indien, ite, etc.
15. OECEDENT'S ET (Specify only highest grant properties) Elementary/Secondery (0-12) NA		(Give ki	ENT'S USUAL Cond of work done WOT use retired.) EPENDEN	during mo	ON ost of working		16b. KINO OF BU	SINESS/INOU	STRY	
FATHER'S NAME (First, Middle, Last) DENNIS BLIMLINE				9			ME (First, Middle, Melden ANN GUTER)		Z.	
o. INFORMANT'S NAME (Type/Print) MARY ANN BLIMLIN	E (MOTHER)						Route Number, City or Town			
le. METHOD OF DISPOSITION	moval from State	PARKWOO				tory or		cation — ci		
SIGNATURE OF PHIERAL SERVICE	LICENSEIL						ROAD, BALT			21236
3. PART I. Enter the diseases, p ahock, or heart failure MMEDIATE CAUSE (Final lisease or condition seaulting in death)	CARDIAC	se on each line.	A DURI		·		h as cardiec or resp /E SURGERY	,		Approximate interval Between Onset and Death SIS
equentially list conditions, any, leading to immediate ause. Enter UNDERLYING AUSE (Disease or injury nat initiated events sesulting in death) LAST	DUE TO	OD CELL DE CONSEQUENCE (DR AS A CONSEQUENCE)	ICE OF):	N						
PART II. Other aignificant condition MUSCULAR DYSTRO		death but not resu	iting in the u	nderlyln	ng ceuse gi	ven in	Part I. 24s. WAS AF PERFO	RMED?	AMA COI OF	RE AUTOPSY FINDINGS ILABLE PRIOR TO IPLETION OF CAUSE DEATH? YES 2 NO
5. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:	KŽŽL/Outpatient 3 □ [OTHE 4 Nu	R:	LACE OF DE		eck only one) 6 Other (Specify)			
7. MANNER OF OEATH 1 Netural 5 Pending 2 Accident Investigatio		ny, Year) /90	b. TIME OF INJURY M	ı 🗆	2.22	NO	28d. DESCRIBE HOW DEVELOPED C ELECTIVE SU	ARDIAC .		MIA DURING
3 Suicide 6 Could not to determined	building,	FINJURY — At home, etc. (Specify) [HOSPITAI		ctory, offi	ce		26f. LOCATION (Street City or Town, State BALTIMORE C		FRE, & (Number, GREENSPRING
90. CERTIFIER 1 CERTIFYING PH	SICIAN: To the best of	my knowledge, death	occurred at the	time, dat	e end place,	end du	to the cause(e) end ma	nner as atate	d,	
cool only				-		et at the	time, date end place, e			d manner on mint-d

111/

Penn Street, baltimore, MD 21201

TO THE FUNEPAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for fise as the burial-transit per be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2.4 nouns after death, Page 6 may be retained by the hospital or attending physician. BALTIMORE, MARYLAND 21203-3146

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

31. DATE FILED (Month, Day, Year)

MARIO F. GOLLE



JR.,MD

DHMH-16 Rev 1/89



OR ATTENDING PHYSICIAN:

TO THE HOSPITAL O TO THE FUNERAL DI De filed within 72 ho IMPORTANT: If 14

31. DATE THED (MORTH! Day, Year)
THE C. 7 1990

Pages 1, 2, 3 should

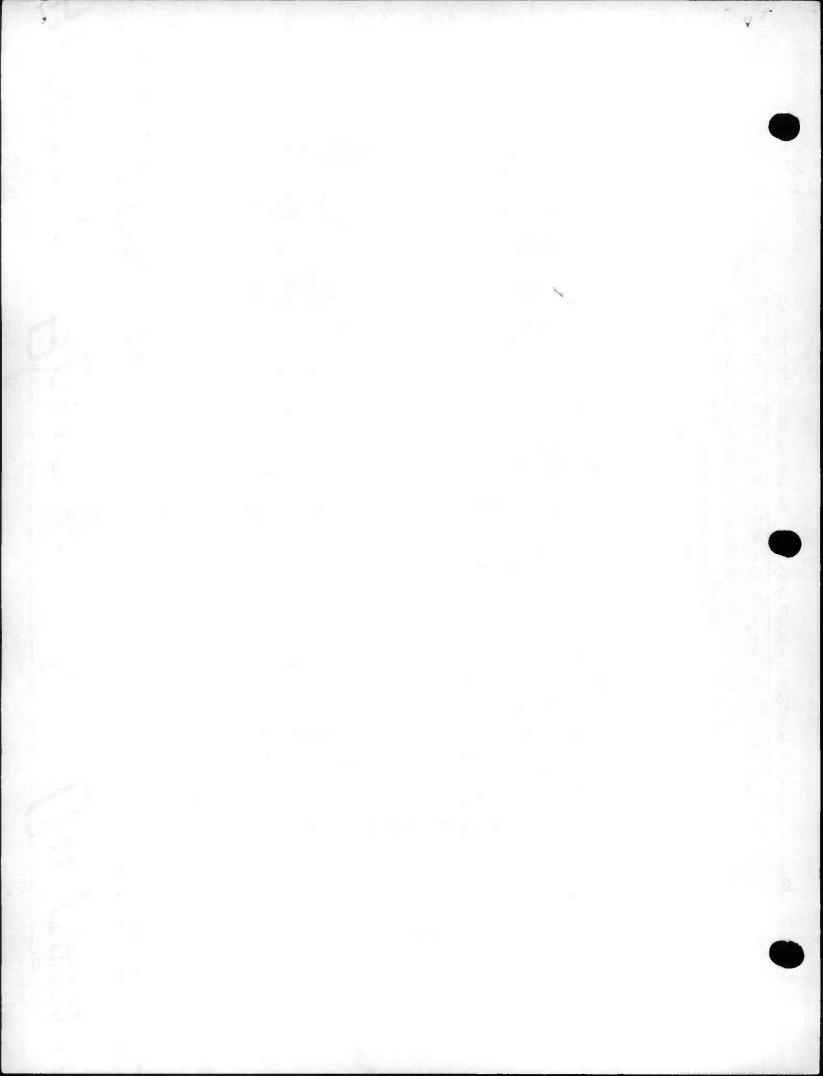
must examiner filled in by the figon, or removal. medical 6 completely filled rial, cremation, c the event. and com traumatic prior to other attending phy ental Hygiene 6 Mental injury, signed by the a Health and Men BMY shows : has been of h 23 this certificate h tem 6 marked, L DIRECTOR: After the hours after death v ... 28 Item

notified at

2

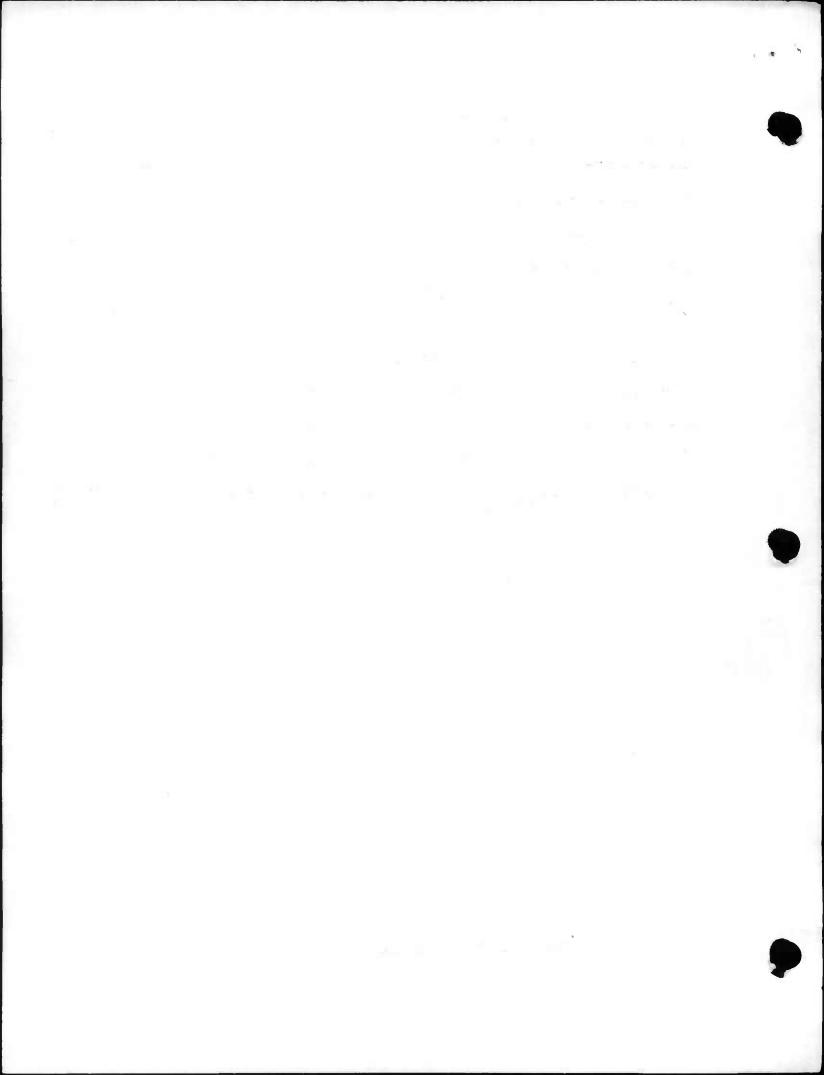
FOR STATE REGISTRAR 90 33488 STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 1, DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 12-05-90 ELIZABETH CHESTER Κ. 7. DATE OF BIRTH (Month, Day, Year) 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign DAYS 1 - M 2 V 217-14-6574 2-27-18 9e. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR JOHNS HOPKINS HOSPITAL BALTIMORE. MD RESIDENCE OF DECEDENT IG. CITY, TOWN OR LOCATION 10d. INSIDE CITY
LIMITS?
1 YES 2 NO 10e STATE 10h, COUNTY BALTIMORE, CITY MD 10a. STREET AND NUMBER FUNERAL 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 1623 E. FEDERAL 21213 USA 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 \(\subseteq \text{YES} \) 2 \(\subseteq \text{NO} \) NO IF YES, GIVE WAR OR DATES WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or Noif yes, specify Cuben, Mexican, Puerto Rican, etc.)
 T YES 2 NO Specify: 11. MARITAL STATUS 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Married 3 Widowed 4 Divorced Specify: BLACK BY ETED 18e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16b. KIND OF BUSINESS/INDUSTRY MD. State College (1-4 or 5+) COMPL ASSISTANT SUPERVISOR SOCIAL SECURITY 17. FATHER'S NAME (First, Middle, Last) FRANK JORDAN WILLIE A. HEADLY BE 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 MAMIE CHERRY 1905 N. WOLFE ST.-BALTIMORE. MD. 21213 20s. METHOD OF DISPOSITION
1 Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | D 20b. PLACE OF DISPOSITION (Name of cemetery, cremetory or OLDFIELD CAMBRIDGE CEMETERY MD. 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY WM.C. MARCH F.H. 1101 E.

23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart fellure. List only one cause on each line. WM.C. MARCH F.H. 1101 E. NORTH AVE. Interval Between Onset end Death IMMEDIATE CAUSE (Finei Recurrent Polyinson Funboli disease or condition resulting in death) Weeks DUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): It any, leading to immediate cause. Enter UNDERLYING prelimereschy CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF) that initiated events resulting in death) LAST evere nejeritive + PART II. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS MEDICAL MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? Joycens Jyndrome 1 | YES 2 | NO sick I ihas lyndrine 1 | YES 2 | NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER?
1 YES 2 4 HO 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER:
4 | Nursing Home 5 | Residence 6 | Other (Specify) 1 Inpatient 2 ER/Outpatient 3 DOA 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending 1 YES 2 NO BY 2 Accident 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Sulcide 28s. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 6 Could not be COMPLETED 4 Homicide 1 ECERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(a) and manner se stated. 296. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE 122031 ▶ 12-6 -90 mo 2 HESE OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)



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perior and completely filled in by the funeral director, page 5 should be detached		er traumatic event, the medical examiner must be notified at once.
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	FOR STATE REGISTRAR	STATE OF MARYLA		MENT OF H		MENTAL HYGIEN	_	
	1. DECEDENT'S NAME (First, Middle, Last)	MARGARET A.				2. DATE OF DEATH		3. TIME OF DEATH
)	MARGARET E.						6 9ª	0 0140 AM
	4. SOCIAL SECURITY NUMBER 215 68 3432		yrs. lest birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)		BIRTHPLACE (State or Foreign Country) TARYLAN ()
	9a. FACILITY NAME (If not institution, give str			9b. CITY, TOWN O	R LOCATION OF DE		9c. COUNTY	
DIRECTOR	ST JOSEPH HOS	PITAL		Towso	N, MAR	YLAND	BAL	TIMORE
REC	10e. STATE 10b. COUNTY			TOWN OR LOCAT				10d. INSIDE CITY LIMITS?
- 1	1110	MORE		CHEYSVI				1 TYES 2 THO
FUNERAL	100. STREET AND NUMBER 18 FLANDERS RI	DGE COURT	•	101.	ZIP CODE Z1030)		S.A.
2	11. MARITAL STATUS	12. WAS DECEDENT EVER IN FORCES? 1 YES	U.S. ARMED			IIC ORIGIN? (Specify Yen, Puerto Rican, atc.)	e or No- 14.	RACE — American Indian, Black, White, atc.
BY	1 Never Merried 2 Merried 3 Widowed 4 Divorced	IF YES, GIVE WAR OR DA			2 NO Specify			Specify: WHITE
	15. DECEDENT'S EDUC (Specify only highest grade	CATION	16a. DECEDENT'S L	SUAL OCCUPATION	DN at all weekless	16b. KIND OF BU	ISINESS/INDUST	TRY
Ē	Elementary/Secondary (0-12)	College (1-4 or 5+)		ork done during mo- retired.) EWIFE		AT	Home	2
COMPLETED	12 YEARS 17. FATHER'S NAME (First, Middle, Last)		77-42	EWIFE		ME (First, Middle, Malde	0	
BE CC	HERBERT		BALOW	IN			COONES	7
10 B	190. INFORMANT'S NAME (Type/Print) MARGARET KOTO	SKI	196. MAILING	ADDRESS (Street o	nd Number or Rural I	Route Number, City or To	wn, State, Zip Coo	nD. 21030
	20a. METHOD OF DISPOSITION		PLACE OF DISPOSI				DCATION — City	
	1 De Buriel 2 Cremetion 3 Remo	oval from State	other place) ARK WOOD	CEMET	ERY			MARYLAND
	21. SIGNATURE OF FUNERAL SERVICE LIC			22. NAME AN	ID ADDRESS OF FA			,
	· Marting	Deppelg		DIPPEL	PLINERAL	HOME 711	BELAII	R. RO. BALTO. M.D. 21206
	23. PART I. Enter the diseases, or canonical shock, or heart feliure.	complications that caused List only one cause on ea		ot enter the mo	de of dying, auc	h as cerdlec or res	piratory arrest	, Approximata Interval Between
		. ACUTE		ARDIA	H. IN	FARCTI	0~	Onset and Death
	reaulting in death)		CONSEQUENCE DF					
z		h	OUTOLIGE DI	,.				į
TIO	Sequentially tist conditions, if any, leading to immediate	DUE TO (OR AS A	CONSEQUENCE OF):				
	CAUSE (Disease or Injury	c. DUE TO (OR AS A	CONSEQUENCE OF	1:				
CERTIFICATION	that initieted events resulting in deeth) LAST	d	•	<i>r</i> -				ŀ
	PART II. Other algnificent condition	e contribution to death b	ut not resulting i	n the underlyin	o cause given in	Part I 24a WAS A	N AUTOPSY	24b. WERE AUTOPSY FINDINGS
PHYSICIAN: MEDICAL	TAIL III OUT SIGNIOUS CONDITION	_ continuently to additi	or not resoluting in	ir tha onderlying	g cadae given in	PERFO	RMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE
ED			_			1 YES	2X NO	OF OEATH?
 ≥								
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HQSPITAL:		26. PI	LACE OF DEATH (Ch	eck only one)		
IXSI	1 - YES 2 NO	1 Inpatient 2 - ER/Outp	etlent 3 DOA	4 - Nursing Hon		8 Other (Specify)	IN NEW COOLE	en.
	Natural 5 Pending	28a. DATE DF INJURY (Month, Day, Year)	INJ	URY WO	PRK?	288, DESCRIBE HOW	INJURY OCCUR	leo .
) BY	2 Accident Investigation 3 Suicide 8 Could not be	28e. PLACE OF INJURY building, etc. (Spec	— At home, ferm, a			28t. LOCATION (Stree		Rural Route Number,
TE	4 Homicide determined	building, etc. (Spec				City or Town, Stell	•)	
COMPLETED	Torroom only	ICIAN: To the best of my knowl ER: On the basic of examination						ause(e) end manner as stated.
	29b. SIGNATURE AND TITLE OF CERTIFIES	R			29c. LICENSE NU	and the second state of the second		IGNED (Month, Day, Year)
) BE			STAFF	mp	D:	30263		-6-90
5	30. NAME AND ADDRESS OF PERSON WHE	D COMPLETED CAUSE OF DE	ST- JOS	EPH H	OSPITA			
	31. DATE FILED (Month, Day, Yeld)	32. REGISTRAR'S SIGN	ATURE	***				
	DEC 7 19	ion de K	:1 30	. 66 7				



TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 4- nours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bunial, cremation, or removal.

IMPORTANT: If them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

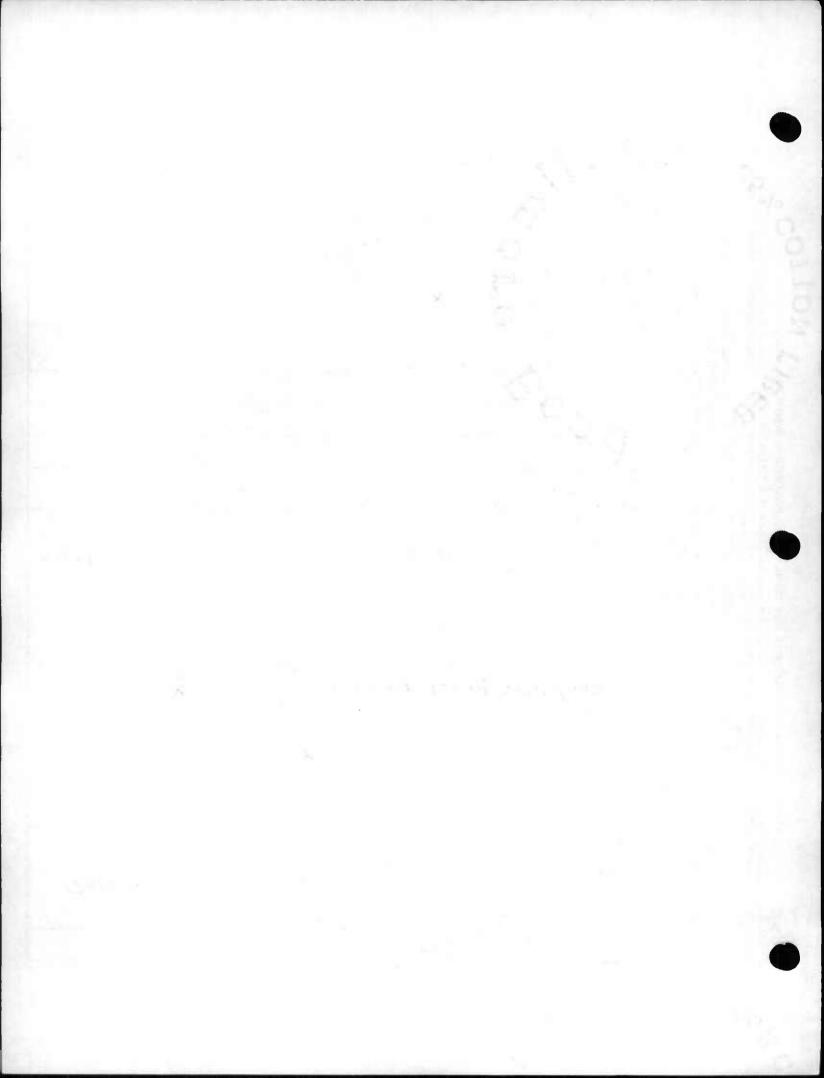
	FOR
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1	STATE
•	REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CERTIFIC	CATE OF	DEATH	R	EG. NO.		
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF C	EATH		3. TIME OF OEATH
	Vincent S. Catalano]	Dec. 4	199	O	3:30 P M
	4. SOCIAL SECURITY NUMBER S. SEX	& AGE (In II	rs. last birthday)	F UNDER 1 YEAR		7. DATE OF B			IRTHPLACE (Stere or roreign
			144	ONTHS DAYS	HOLIDS MIN	(Month, De	(Year)	C	ountry)
	215-01-6296 1X M 2 🗆	F 80	YRS.			May 3.	1, 191	10	MD
	9e. FACILITY NAME (If not institution, give street end number))	9	b. CITY, TOWN	OR LOCATION OF DEA	TH	9	c. COUNTY C	OF DEATH
Œ	502 Overcrest Road			Towson	1			Baltin	more
6	RESIDENCE OF DECEDENT			1011201					
DIRECTOR	10e. STATE 10b. COUNTY		10c. CITY,	TOWN OR LOCAT	TION				10d. INSIDE CITY
<u>E</u>	MD Baltimore		m _e						1 YES 2 X NO
			10	owson					4.6
₹	10e. STREET AND NUMBER			101	I. ZIP CODE		2	0g. CITIZEN	OF WHAT COUNTRY?
FUNERAL	502 Overcrest Road				21204				USA
3	11. MARITAL STATUS 12. WAS DECE	DENT EVER IN U	S. ABMED		ENDENT OF HISPANI			No- 14. F	RACE — American Indien, Black, White, atc.
	I Meader metting T metting	1 YES		if yes, sp	ecify Cuben, Mexican, 2 2 NO Specify:	, Puerto Ricar	i, atc.)		Black, While, atc. Specify:
B	3 Widowed 4 Divorced	VE WAN ON DAIL		1 '0''	2 ZICHO Specity.			Ι,	White
	15. OECEDENT'S EDUCATION	14	6a. OECEOENT'S US	SULAL COCCUIDATIO	ON	18b KIN	D OF BUSIN	ESS/INOUSTI	
밑	(Specify only highest grade completed)		(Give kind of wor	rk done during mo retired.)	ast of working	Tour rule	D OI BOOM	200/11/0001/	
۳ ا	Elementary/Secondary (0-12) College (1-4 c	or 5 +)						_	
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COMPLETED	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NAM	AE (First, Middl	e, Meiden Sur	meme)	
	Stephen Catalano				Mary	Ciri	110		
H	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING A	DORESS (Street)	and Number or Rural Re			State. Zip Cod)
2	Anita Falcone			THE CAME STATE	e. Perry			21236	-/
						narr,			
	20e. METHOD OF DISPOSITION 1 ☑ Burlel 2 ☐ Cremation 3 ☐ Removal from State	20b. P	LACE OF DISPOSIT	TION (Name of ce	metery, crematory or				or Town, State
	4 Donation T Other (Specify)	M	ther place) lost Holy	Redee	mer		Balt	:O., M	D
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE			22. NAME A	ND ADDRESS OF FAC	HLITY			
- 8	1: 981	/		John	son Fune	eral	Home	Ba	lto., MD
	Mud. Chang	0		8521	Loch Ra	aven	B1vd	. 2	21204
	23. PART I. Enter the diseases, or complications	that caused t	he death. Do no						Approximate
- 1	shock, or heart fellure. List only one	cause on eac	h lina.						Interval Between
									Onnat and Death
	IMMEDIATE CAUSE (Final	1		1150					Onset and Death
	IMMEDIATE CAUSE (Final disease or condition resulting in death)	4	ealle	MTA	•			<u> </u>	Onset and Death
	disease or condition aa								Onset and Death LE Mos
z	disease or condition resulting in death)		ealle						Onset and Death
NOI	disease or condition resulting in death) Sequentially list conditions,	E TO (OR AS A C	ealle	:					Onset and Death LE Mos
ATION	disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	E TO (OR AS A C	CU (CE)	:					Onset and Death LE Mos
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ERTIFICATION	disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	E TO (OR AS A C	CALCE CONSEQUENCE OF):						Onset and Death LE MOS
L CERTIFICATION	disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	E TO (OR AS A C	CU (CC) CONSEQUENCE OF): CONSEQUENCE OF):			Part I. 24	D. WAS AN AL		LS MOS 24b. WERE AUTOPSY FINDINGS
	disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other aignificant conditions contribution	E TO (OR AS A C E TO (OR AS A C	CONSEQUENCE OF):	the underlylr	ng cause given in i		PERFORM	E0?	LS MOS 24b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO
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	disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other aignificant conditions contribution CON G STUNE 25. WAS CASE REFERRED TO MEDICAL	E TO (OR AS A C E TO (OR AS A C	CONSEQUENCE OF):	the underlylr	ng cause given in i	1	PERFORM	E0?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death cartificate be executed within 24 mours after death. Page 6 may be interned by the	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be different to the funeral director, page 5 should be different to the funeral director.		IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once,
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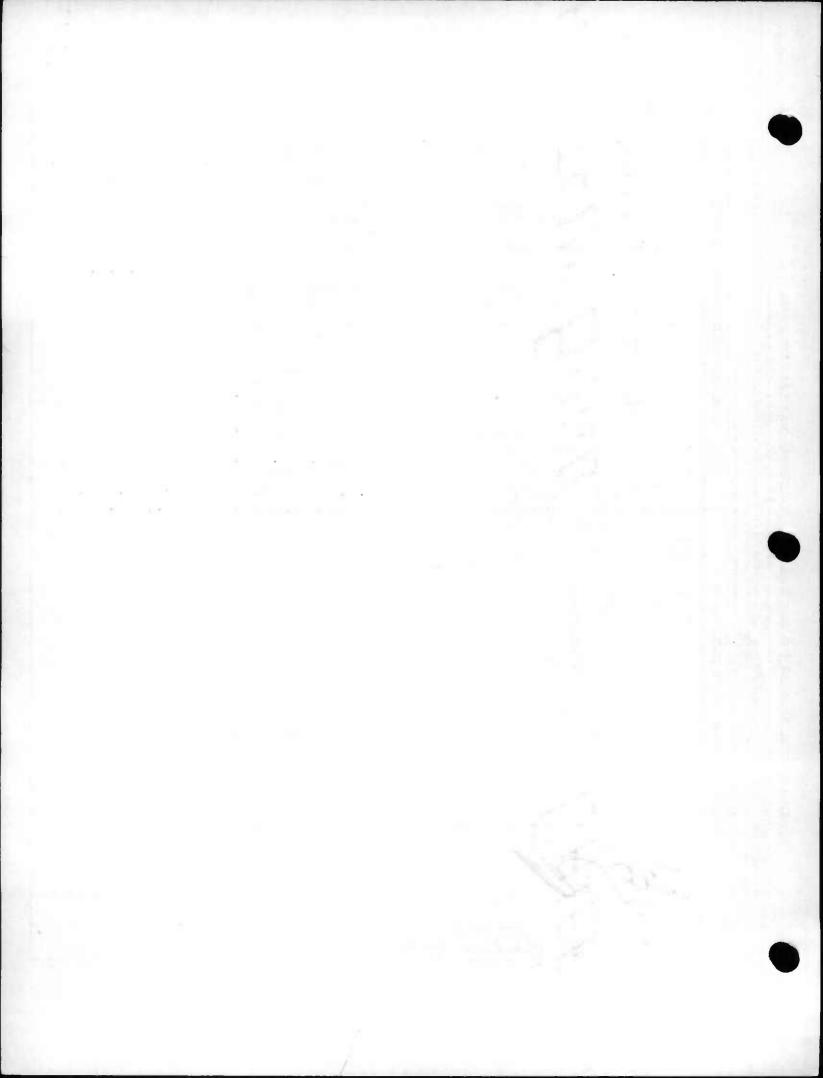
1 - STATE REGISTRAR		CERTIFICA	ATE OF	DEATH	REG. NO		
1. DECEDENT'S NAME (First, Middle, Las			******		2. DATE OF DEATH	AW WEA	3. TIME OF DEATH
WIALTER	PAUL	DINS	MOD	?E	MONTH 29	199	1:40 PM
4. SOCIAL SECURITY NUMBER 189-09-5026	5. SEX 6. AGE		UNDER 1 YEAR	IF UNDER 24 HRS. HOURE MIN.	7. DATE OF BIRTH (Month, Day, Year) NOV . 20 , 1	915 P	RTHPLACE (State or Foreign unitry)
9a. FACILITY NAME (If not institution, give			CITY, TOWN O	R LOCATION OF DE		9c. COUNTY C	
Western Maryland	Center,1500	Pa. Ave.	Hagers	town, Ma	ryland	Washir	ngton
Western Maryland RESIDENCE OF DECEDENT 10a. STATE 10b. COU Penna. Fr	anklin		Loudo				10d. INSIDE CITY LIMITS? 1 YES 2 NO
10e. STREET AND NUMBER P . O . BOX. 11. MARITAL STATUS 1 Never Married 2 79/Married	143		101.	ZIP CODE 17224		10g. CITIZEN O	OF WHAT COUNTRY?
11. MARITAL STATUS 1 Never Married 2 Merried 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 XYES IF YES, GIVE WAR OR I	2 NO	If yes, spe		IIC ORIGIN? (Specify Yen, Puerto Rican, etc.)		ACE — American Indian, Black, Whita, atc. pecify: White
15. DECEDENT'S E (Specify only highest or Elementary/Secondary (0-12) 12 17. FATHER'S NAME (First, Middle, Last)	DUCATION ade completed) Cotlege (1-4 or 5+)	16e. DECEDENT'S USU (Give kind of work life. Do NOT use rel	done during mos tired.)	N t of working	166. KIND OF BU	siness/industri	Y
	omas Dinsmo			Doi	ME (First, Middle, Maider cothy Am	sley	
19e. INFORMANT'S NAME (Type/Print) R. Gary Dinsn	nore				Rd., Ft.L		Pa.17224
20e_METHOD OF OISPOSITION 1	emoval from State	St. Place of oisposition	N (Name of cent	etery, crematory or	30c. LC	Thoma cankli	S TWP •
21. SIGNATURE OF FUNERAL SERVICE	M. Lin	inser	22. NAME AN Lin 47 N	naooness of FA	ries Fu	neral	Home rg, Pa.17236
23. PART I. Enter the diseases, a shock, or heart failured in the factor of the factor	a. P P DUE TO (OR AS b. P A B C T DUE TO (OR AS	A CONSEQUENCE OF): A CONSEQUENCE OF): A CONSEQUENCE OF):	FA	1LUI Rosc	RE LEROS		Approximate Interval Between Onset and Dasth MONTH HORTH YEARS
PART II. Other algoriticant conditions HYPERTE	NSIVE			g cause given in	Part I. 24a. WAS AI PERFO	RMED?	24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 6 Pending	HOSPITAL: 1 Inpatient 2 = ER/Ou 28a. DATE OF INJURY (Month, Day, Year)	tpatient 3 DOA 4	THER: Nursing Hom F 28c. INJ		a Other (Specify) 28d. DESCRIBE HOW	INJURY OCCURE	D
2 Accident Investigati 3 Suicide 6 Could not 4 Homicide determine	28e. PLACE OF INJUR building, atc. (Sp	NY — At home, ferm, atre-	et, factory, offic	•	261. LOCATION (Street City or Town, State		ural Route Number,
onel —	IYSICIAN: To the best of my kno						use(a) and menner as stated.
296. SIGNATURE AND TITLE OF CERT	Pecora	M.D	•	29c. LICENSE NU	MBER 90	29d. DATE SIG	2990
^	WHO COMPLETED CAUSE OF CORP. OR A 7. OR 32/REGISTRAR'S SIG	D.		SOO	PENI ERS TOW	VSYL	VANIA AVE

---- BALTIMORE, MARYLAND 21203-3146 DIVISION OF VITAL RECORDS, P.O. BOX 13146,

		FOR	
1	-	STATE	
•		REGISTRAR	

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG NO.

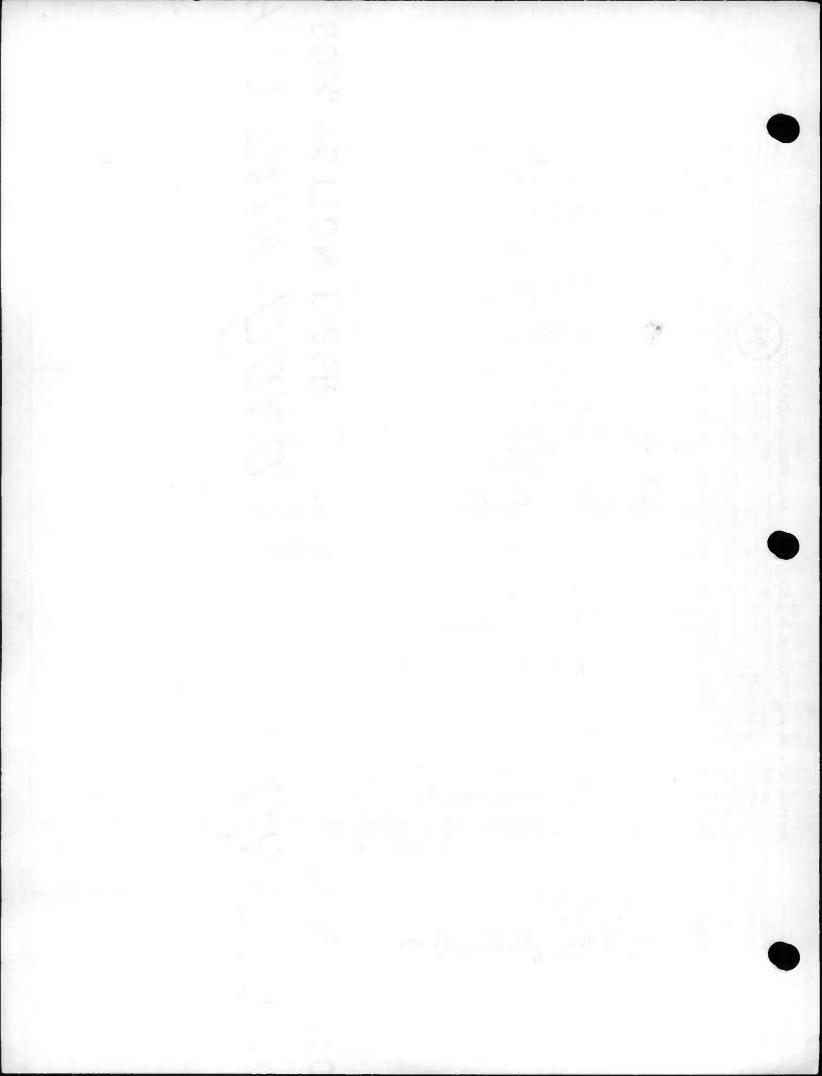
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	1. DECEDENT'S NAME (First,		Eton	1	Daws	on,	Jr.			2. DATE OF DEAT MONTH 12-4-9	ODAY	YEAR	3. TIME OF DEATH 3:06AM M
	4. SOCIAL SECURITY NUMB		5. SEX	6. AGE (In yrs. less	birthday) YRS.	IF UNDER	DAYS	# UNDE	MIN.	7. DATE OF BIRTH	-"55	6. BIRTI	rginia
	9a. FACILITY NAME (If not in	stitution, give si	treet and number)			9b. CITY	, TOWN E	R LOCATI	ON OF DE			UNTY OF I	
PQ.	University	Hospit					Bal	timo	re C	ity			
<u> </u>	10a, STATE	10b. COUNTY	1		10c. CIT	Y, TOWN	OR LOCAT	TON					10d. INSIDE CITY
E DIE	MD.					lti	mor	е					LIMITS?
₹	100. STREET AND NUMBER						101	ZIP COD			10g. CI		WHAT COUNTRY?
<u> </u>	2021 N.	Fult	on Aven	ue				21	L217			U.	S.A.
BY FUNERAL DIRECTOR	11. MARITAL STATUS 1 Never Married 2 2 3 Widowed 4 Divo			T,EVER IN U.S. AR YES 2 N WAR DR DATES A 1 Y	0		If yee, sp	ecify Cubi		NC DRIGIN? (Specifin, Puerto Rican, etc.)			E-American Indian, k, White, etc.
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S I	17. FATHER'S NAME (First, M.	iddle, Last)					-	18. MOT	HER'S NA	ME (First, Middle, Ma			
BEC			son Sr.							a M. Lo			
2	Joan Power									Acute Number, City of ava, V:			
	20a. METHOD OF DISPOSITI	DN		20b. PLACE	OF DISPO						LOCATION -		own, State
	12 Burial 2 ☐ Cremation 4 ☐ Donation 5 ☐ Other	(Specify)		R1	cevi						Virg	inia	
	21. SIGNATURE OF FUNERA		ENSEE	-	#281				SS OF FA		1721	0 7 N	Manuas
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RIFICATION	Sequentially list condition and leading to immediate. Enter UNDERLY! CAUSE (Disease or injuit that initiated events resulting in death) LAS	dieta NG ry	с	(OR AS A CONSEC									
I: MEDICAL CERTIFICATION	PART II. Other significa	nt condition	s contributing to	death but not r	esulting	in the u	ndertyln	g cause	given in	PE	AN AUTOPS' RFORMED? ES 2 NO		b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
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S	EXAMINER?		HOSPITAL:	ER/Outpetient 3	□ DOA	OTHE		10 5 ∏ R	lealdence	6 Other (Specify	1		
PHYSICIAN:	27. MANNER OF DEATH	Pending	28a. DATE OF	F INJURY	28b. TIN	ME OF	28c. IN.	URY AT		28d, DESCRIBE H	IOW INJURY O	CCURED	
_ II		Investigation	12-4-			22AM			X ND	Subject			
BY				rive, imilit,	c, farm, street, factory, office			281. LOCATION (Street and Number or Parel Route Number, City or Town, State) Baker St. & Pennsylvania Ave.					
		Could not be determined	building	, etc. (Specify)		Stre	et			Baker St	. & Pe	ennsy	lvania Ave.
	29a. CERTIFIER (Check only	determined	CIAN: To the best o	, etc. (Specify) I my knowledge, de	ath occur	red at the	time, date			Baker St	& Pe	Ma. Ma	ryland
COMPLETED	29a. CERTIFIER (Check only	determined TFYING PHYSI ICAL EXAMINE	CIAN: To the best o	, etc. (Specify) I my knowledge, de	ath occur	red at the	time, date	jeath occ. 29c. LIC	ared at the	Baker St Baltimor no nic course, and time, date and place	e CITS d manner as	the cause	ryland a) and manner se stated. D (Month, Day, Year)
	29a. CERTIFIER (Check only one)	TIFYING PHYSI ICAL EXAMINE OF CENTIFIE FPERSON WH	building ICIAN: To the best of (etc. (Specify) I my knowledge, de examination and/or	ath occur investigation	red at the on, in my	time, date	29c, LIC	CENSE NUI	Baker St Baltimor no nic course, and time, date and place	mentior at a ce, and due to	the cause ATE SIGNE 12-4	ryland a) and manner se stated. D (Month, Day, Year)



DIVISION OF VITAL RECORDS, P.O. BOX 13146, I. OR ATTENDING PHYSICIAN: The Average for the death certificate be executed within a continued to the control of

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	TO THE FUNERAL DIRECTOR: After this certificate Las been signed by the attending physician and completely filled in by the funeral director, page 5 should be detailed	TO THE FUNERAL DIRECTOR: After this certificate less been squeed by the attending physician and completely filled in by the funeral director, page 5 should be deserbed filled within 72 hours after death with the State Beat, of Health and Mental Hygiene prior to burial, cremation, or removal.

LECONOMY MANUEL PROPERTY SUCKNOWN AND COUNTY OF BATH STATE AND NUMBER 3.5 S. Vincent St. MANUEL MANUEL PROPERTY SUCKNOWN AND COUNTY OF BATH Baltimore, MD. 21223 Se. COUNTY OF BATH Se. CTY, TOWN ON LOCATION OF DEATH Se. STREET AND NUMBER 3.5 S. Vincent St. MANUEL PROPERTY SUCKNOWN AND COUNTY OF BATH Se. CTY, TOWN ON LOCATION OF TRAIN SE. STREET AND NUMBER 3.5 S. Vincent St. MANUEL PROPERTY SUCKNOWN AND COUNTY OF BATH Se. CTY, TOWN ON LOCATION OF TRAIN SE. STREET AND NUMBER 3.5 S. Vincent St. MANUEL PROPERTY SUCKNOWN AND COUNTY OF BATH SE. MANUEL STREET AND NUMBER 3.6 D.CCEDETT SUCKNOWN AND COUNTY OF BATH SE. WAS SECTION OF DESCRIPTION OF THE SET OF THE SE	1. DECEDENT'S NAME (First, Middle, Li	Diggs	-	TIFICATI				2. DATE OF DEA MONTH	TH Day	YEAR 3.	TIME OF DEATH
BARCHT NAME (Fire Advanced per Service and Author) 31.5 S. VINCENT St. Baltimore, MD. 21223 Sec. COUNTY OF DEATH Baltimore, MD. 21223 Sec. COUNTY OF DEATH BASING Sec. COUNTY OF DEATH Baltimore Sec. COUNTY OF DEATH Baltimore Sec. COUNTY OF DEATH Baltimore Sec. COUNTY OF DEATH Baltimore Sec. COUNTY OF DEATH Baltimore Sec. COUNTY OF DEATH Baltimore Sec. COUNTY OF DEATH Baltimore Sec. COUNTY OF DEATH Baltimore Sec. COUNTY OF DEATH Baltimore Sec. COUNTY OF DEATH Baltimore Sec. COUNTY OF DEATH Baltimore Sec. COUNTY OF DEATH Baltimore Sec. COUNTY OF WARD COUNTY Baltimore Sec. COUNTY OF WARD COUNTY Baltimore Sec. COUNTY OF WARD COUNTY Baltimore Sec. COUNTY OF WARD COUNTY Baltimore Sec. COUNTY OF WARD COUNTY Baltimore Sec. COUNTY OF WARD COUNTY Baltimore Sec. COUNTY OF WARD COUNTY Baltimore Sec. COUNTY OF WARD COUNTY Baltimore Sec. COUNTY OF WARD COUNTY Baltimore Sec. COUNTY OF WARD COUNTY Baltimore Sec. COUNTY	4. SOCIAL SECURITY NUMBER	6. SEX		hday) IF UNDE	R 1 YEAR	IF UNDER	24 HRS.	7. DATE OF BIRT	н		ACE (State or Foreign
Baltimore, MD. 21223 Mod. PRINTER Mod. COUNTY Not. CITY, TOWN ON LOCATION Mod. PRINTER Mod. COUNTY Not. CITY, TOWN ON LOCATION Mod. PRINTER Mod. COUNTY Not. CITY, TOWN ON LOCATION Mod. PRINTER Mod. COUNTY Not. CITY, TOWN ON LOCATION Mod. PRINTER Mod. COUNTY Not. CITY, TOWN ON LOCATION Mod. PRINTER Mod. COUNTY Not. CITY, TOWN ON LOCATION Mod. PRINTER Mod. COUNTY Not. CITY, TOWN ON LOCATION Mod. PRINTER Mod. COUNTY Not. CITY, TOWN ON LOCATION Mod. PRINTER Mod. COUNTY Not. CITY, TOWN ON LOCATION Mod. PRINTER Mod. COUNTY Not. CITY, TOWN ON LOCATION Mod. PRINTER Mod. COUNTY Not. COUNTY Not. COUNTY Mod. PRINTER Mod. COUNTY Not. COUNTY Mod. PRINTER Mod. Printer Mod	219-12-7179	10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	80 ,	'RS. MONTHS	DAYS	HOURS	MIN.	8 - 29 -	10	Country)	HD VA.
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Hiriam Williams Juliann Diggs	(Specify only highest g	rade completed)	(Give ki life. Do i	ind of work done NOT use retired.)	during me	DN pal of worldi	ng	16b. KIND C	PF BUSINESS/INC	VATRY	
Melvina Lewis 308 S. Vincent, Baltimore, MD. 21223 289, METHOD OF DEPOSITION	Hiriam Willi					Jul	ianı	n Diggs	5		
Catonsville, MD Catonsvill	Melvina Lewi	S	30	8 S.	Vind	ent	, В	altimo	ce, MD	. 212	
23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on sech line. IMMEDIATE CAUSE (Final diseases or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): CAUSE (Disease or injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): CAUSE (Disease or injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): CAUSE (Disease or injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): CAUSE (Disease or injury that initiated events resulting in death) LAST CAUSE (Disease or injury that initiated events resulting in death) LAST CAUSE (Disease or injury that initiated events resulting in death) LAST CAUSE (Disease or injury that initiated events resulting in death) LAST CAUSE (Disease or injury that initiated events resulting in death) LAST CAUSE (Disease or injury that initiated events resulting in the underlying cause given in Part I. 24e. WAS ANAITOPSY PINA ANAILER PROON TO CONFERTION OF CAUSE (Check only one) 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 26. PLACE OF DEATH (Check only one) 27. MANNER OF DEATH 28. PLACE OF DEATH (Check only one) 28. PLACE OF DEATH (Check only one) 28. PLACE OF DEATH (Check only one) 28. PLACE OF DEATH (Check only one) 28. PLACE OF DEATH (Check only one) 28. PLACE OF DEATH (Check only one) 28. PLACE OF DEATH (Check only one) 28. PLACE OF DEATH (Check only one) 28. PLACE OF DEATH (Check only one) 28. PLACE OF DEATH (Check only one) 28. PLACE OF DEATH (Check only one) 28. PLACE OF DEATH (Check only one) 28. PLACE OF DEATH (Check only one) 28. PLACE OF DEATH (Check only one) 28. PLACE OF DEATH (Check only one) 28. PLACE OF DEATH (Check only one) 28. PLACE OF DEATH (Check only one) 28. PLACE OF DEATH (Check onl	1- ¹ Burial 2 ☐ Cremation 3 ☐ 1 4 ☐ Donation 6 ☐ Other (Specify) _		other place)	n Sta	r C	emet	ery	С			
AND THE ALTOPSY FIND THE LOCATION CONTRIBUTION AND ALL CONTRIBUTION AND	21. SIGNATURE OF FUNERAL SERVICE	ne D.	Brown	J 1	ose 913	oh H	Bal	cury rown Ji timore	St. B	alto.	21223
DUE TO (OR AS A CONSEQUENCE OF): d	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	a. DUE TO	TUMN CONSEQUENT OR AS A CONSEQUENT	NCE OF):	in	nfar	dis	COME,			Onset and D
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EXAMINER? 1 YES 2 NO 1 Inpetient 2 ER/Outpetient 3 DOA 4 Nursing Home 5 Residence 6 Other (Specify) 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 6 Could not be determined 28e. PLACE OF INJURY — At home, farm, etreet, factory, office 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(e) and manner as stated. 29e. SIGNATURE AND TITLE OF CERTIFIER 29e. DATE SIGNED (Month, Day, Year) 29e. LICENSE NUMBER 29e. LICENSE NUMBER 29e. LICENSE NUMBER 29e. DATE SIGNED (Month, Day, Year) 29e. DATE SIGNED (Month, Day, Year) 29e. DATE SIGNED (Month, Day, Year)	PART II. Other algnificent condi	tions contributing to	death but not reau	iting in the u	ndertyin	g ceuse	given in	P	ERFORMED?	AA CX	MILABLE PRIOR TO DMPLETION OF CAUS F DEATH?
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3 Suicide 4 Homicide 5 Could not be determined 28e. PLACE OF INJURY — At home, farm, etreet, factory, office 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(e) and manner as stated. 29e. SIGNATURE AND TITLE OF CERTIFIER 29e. SIGNATURE AND TITLE OF CERTIFIER 29e. SIGNATURE AND TITLE OF CERTIFIER 29e. LICENSE NUMBER 29e. LICENSE NUMBER 29e. LICENSE NUMBER 29e. LICENSE NUMBER 29e. LICENSE NUMBER 29e. DATE SIGNED (Month, Day, Year)	1 Natural 5 Pending	(Month, E	Day, Year)	INJURY	W	DRK?	□ NO	zou. Describe	now insont oc	CONED	
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Jupilà Zaprini, 40 Family physician D18455 12-06-90	1 I Homeson activities	nervolven and the same	my knowledge, death	occurred at the	time, dat	and place					
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31. DATE FILED (Month, Day, Year)

OF C 7 1990

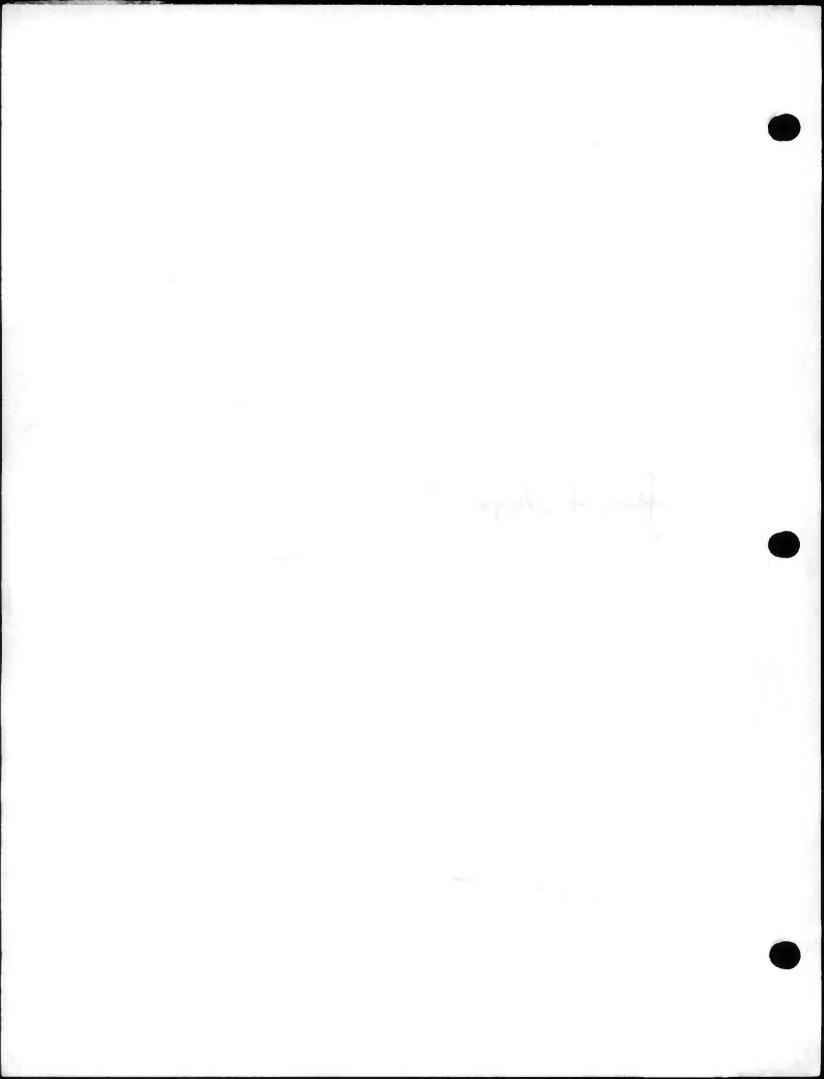
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		1 - STATE REGISTRAR	STATE OF MARYLA				IF HEALIH AND OF DEATH	MENIA	REG. NO.	XC	234 03 791	
Γ		1. DECEDENT'S NAME (First, Middle, Last)	-	_		-		2. DAT	E OF DEATH	v v	3. TIME OF DEATH	
		FRED DAVIS, JR							EMBER 4			M
	}		S. SEX B. AGE (II	n yrs. lest	birthday)	IF UNDER 1 Y	EAR IF UNDER 24 HRS AYB HOURS MIN.	(3100	OF BIRTH	8.	BIRTHPLACE (State or Foreign Country)	
		210 40 /100	M 2 □ F	44	YRS.			1-1	11-46		ARYLAND	
	~	9a. FACILITY NAME (If not institution, give stree	it and number)				OWN OR LOCATION OF	DEATH		9c. COUNTY		
	DIRECTOR	VA MEDICAL CENTER FORT HOWARD BALTI									IMORE	_
	<u>ي</u>	10a. STATE 10b. COUNTY			10c. CITY	, TOWN OR	LOCATION				10d. INSIDE CITY LIMITS?	
	ā	MARYLAND			BAL	TIMOR1	Ξ				1XXYES 2 NO	
	¥	10e. STREET AND NUMBER					10f. ZIP CODE			10g. CITIZEN	OF WHAT COUNTRY?	
- 1	ÉB.	1701 E. NORTH AVE	NUE				21213			U.S.A	١.	
	FUN	11. MARITAL STATUS 1 1 Never Married 2 Married	2. WAS DECEDENT EVER IN FORCES? 1 X YES	U.S. ARM	MED		S DECENDENT OF HISI ea, specify Cuben, Max			or No- 14	RACE — American Indian, Black, White, atc.	
	à	3 Widowed 4 Divorced	IF YES, GIVE WAR OR DA	TES		1 ½	YES 2 NO Spe	elfy:		1	Specify: BLACK	
	8	15, DECEDENT'S EDUCAT	TION			USUAL OCC		16	b. KIND OF BUS			\dashv
		(Specify only highest grade co. Elementary/Secondary (0-12)	College (1-4 or 5+)	(Gh	ve kind of w Do NOT us	vork done dun e retired.)	ng most of working					
ai	MPL	10th										
Ouc	COMPL	17. FATHER'S NAME (First, Middle, Last)					18. MOTHER'S	NAME (First,	Middle, Malden	Surname)		
at at	H	FRED DAVIS, Sr							AE (FAGG			
otille	<u>P</u>	19a. INFORMANT'S NAME (Type/Print) Mary McKinney		19b	1049	W. Le	treel and Number or Ru Exington S	treet	Balti	n, State, Zip Co	Md RYLAND 21052	
De n		CLINICAL RECORDS.					of cemetery, cremetory					
ust		1 🖄 Burial 2 🗆 Cremation 3 🗆 Remove 4 🗆 Donation 5 🗆 Other (Specify)	al from Stata	other pla	ice)		est Veter				or Town, State	
ner 1		21. SIGNATURE OF FUNERAL SERVICE LICEN	VSEE	dui	11130	22. NA	ME AND ADDRESS OF	FACILITY	JIII OW	mys r	11115, 110	_
Kami		Ca . A	h home	-	5	N	larch F/H					
ca e		23. PART I. Enter the diseases, or cor	molications that caused	the de	ath Do n	ot enter th			venue	ratory arres	t, Approximate	_
medical examiner must be notified at once.		Jahock, or heart fallure. Lis	st only one cause on ea	ach line.			a mode or dying, a	0011 00 00	Talad of Toop!	ratory arrow	Interval Betwe	
		IMMEDIATE CAUSE (Final disease or condition	SUDDEN DEATH	н	PROB.	ART.Y	ACUTE MYOU	ARDT	AT. TNFA	RCTTO		#(#1
other traumatic event, the		resulting in death) a	OUE TO (OR AS A				10011 11100	711110 11	III IIIII	1101101	•	
ic e	z	C 6.										
ma	RTIFICATION	Sequantially list conditions, if any, leading to immediate	DUE TO (OR AS A	CONSEC	OUENCE OF	F):						
er tr	5	CAUSE (Disease or Injury	DUE TO (OR AS A	CONSEC	NIENCE OF	n.						
-	Ē	that initiated events resulting in death) LAST	502 10 (011 NO X	CONOLO	OLIVOE O	,					İ	
2	E	d.,									,	
any in	CAE	PART II. Other significant conditions OLD BRAIN STE			esulting i	in the unde	orlying cause given	In Part I.	24a. WAS AN PERFOR		24b. WERE AUTOPSY FINDING AMILABLE PRIOR TO	_
	MEDIC								1 - YES 2	₩ NO	OF DEATH?	E
-		INSULIN_DEPEN	DENT_DIABET	ES_M	ELLI	TUS					1 TYES 2 NO	
23	AN	25. WAS CASE REFERRED TO MEDICAL					28. PLACE OF DEATH	(Check not)	000)			
item 23	SICIAN:	EXAMINER?	HOSPITAL:	atlant 3	□ 004	OTHER:		OUT EVENT	en annual			
d, 0	РНУ	27. MANNER OF DEATH	28s. DATE OF INJURY		28b, TIM	E OF 2	Bc. INJURY AT	be 8 Other (Specify) 28d. DE\$CRIBE HOW INJURY OCCURED				
marked,	ВУ Р	Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)		INJ	M	WORK? 1 YES 2 NO					
.00		3 Suicide a Could not be	28e. PLACE OF INJURY building, etc. (Spec	— At ho	me, farm,	street, factor	, offica		CATION (Street of ty or Town, State)		Rural Route Number,	
m 28	EE	4 Homicide determined										
If Item	7		AN: To the best of my knowl									
ANT	COM	2 MEDICAL EXAMINER:	On the basis of examination	n and/or I	investigatio	on, in my opi			rta and place, ar	_	cause(a) and manner as stated	I.
IMPORTANT:	BE	296. SIGNATURE AND HTTLE OF CHISTIFIER	- New	-	_		29c. LICENSE	NUMBER		10000000	HIGNED (Month, Day, Marc)	2
E	0	1001								DEC	EMBER 4, 1990	0

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

C.V.J., VERGHESE, M.D. 9600 NORTH POINT ROAD FORT HOWARD, MARYLAND

32 REGISTRAR'S SIGNATURE
Julia Davidson-R

21052



TO BE COMPLETED BY FUNERAL DIRECTOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

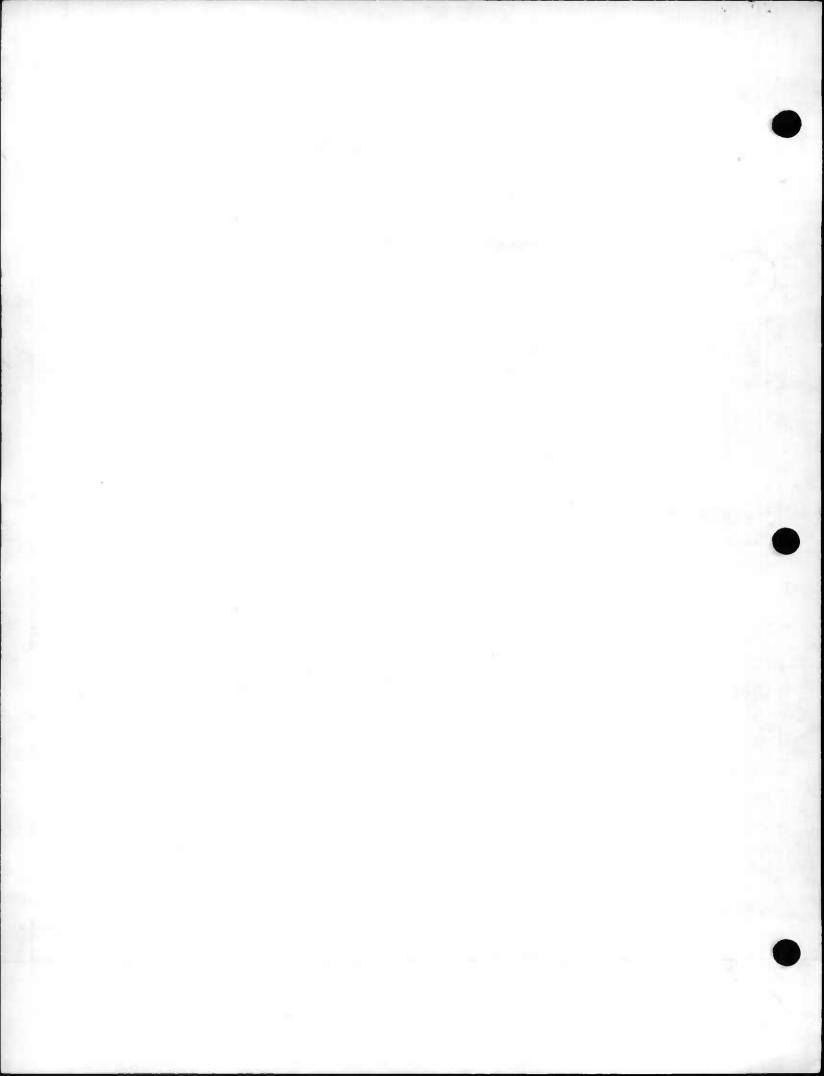
REGISTRAR		CERTIF	ICATE OF	DEATH		REG. NO.			
1. DECEDENT'S NAME (First, Middle, Last)					2. DATE	OF DEATH			3. TIME OF DEATH
Eq. d	Douglas	Dr	uTa)		HONT	4		YEAR	0200 Au
4. SOCIAL SECURITY NUMBER 5		E (In yrs. lest birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	_	OF BIRTH		_	Di ACC (Dans ou Comico
	200		MONTHS DAYS	HOURS MIN.		Day, Year)	1.	Country	PLACE (State or Foreign
241-40-37/6	AM 2 F	59 YRS.			01	15 3			N.C.
9e. FACILITY NAME (If not institution, give stree	t end number)		9b. CITY, TOWN	OR LOCATION OF DI	EATH		9c. COUNT	Y OF D	EATH
Charac Marulan	tionet w	711	Brot.		al a O		Book	10-19	ر جسن
RESIDENCE OF DECEDEND	W I POPI I	0	cecon	more	Nu		2041	MU	
10s. STATE N.T 10b. COUNTY	INTON	10c. CIT	Y, TOWN OR LOCA	TION I.TI	NDEN				10d, INSIDE CITY
AN Ban	División	2	. —	4 1	LALVERA				LIMITS?
Dar-	110006		ACT V						1 YES 2 NO
100. STREET AND NUMBER 559	E ELIZABET	TH AVENUE	10	r. ZIP CODE	7036		10g. CITIZE		VHAT COUNTRY?
45 Ellamo	sat st.			21229		- 1	0	S.	A
11. MARITAL STATUS 1	2. WAS DECEDENT EVE	R IN U.S. ARMED	13. WAS DEC	CENDENT OF HISPAI	NIC ORIGIN	17 (Specify Yea	or No- 1	4. RACE	- American Indien,
1 Never Married 2 Merried	FORCES? 1 X YE		If yes, sp	pecify Cuban, Mexico	in, Puerto I			Black	c, White, etc.
3 Wildowed 4 Divorced	IF YES, GIVE WAR OR	ARmy	1 1 768	S 2 X NO Specif	у:			Speci	"BLACK
15. DECEDENT'S EDUCAT	I I I	The proportion	USUAL OCCUPATI		1000	W010 00 0110			011
(Specify only highest grade co	mpleted)	(Give kind of s	work done during me	ost of working	160	. KIND OF BUS	INESS/INDU	SIRY	
Elementary/Secondary (0-12)	College (1-4 or 5+)	Me. Do NOT us	111						
10 Th		D15A.	bled						
17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME (First, I	Middle, Meiden S	Surneme)		
Lee DAVIS				1110	V	20 /2	001.	. 1_	
19a. INFORMANT'S NAME (Type/Print)		Development .		LOIA		ARbo		n	
198. INFOHMANT S NAME (Type/Print)	111	19b, MAILING	ADDRESS (Street	and Number or Rural	Houte Num	ber, City or lown	i, Stelle, Zip U	(OO(e)	
MAXINE O. E	sattle	14 5.	ELLAMO	N+3+	-BA	4/41m0	Re, I	nd	21229
209. METHOD OF DISPOSITION		20h. PLACE OF DISPOS	SITION (Name of ce	metery, cremetory or	0	20c. LOC	CATION - CI	ty or To	rwn, State
1 X Burlel 2 Cremetion 3 Remove 4 Donetion 5 Other (Specify)	al from State	ARBUTUS	Mem	1010/ F	Ark	AR	hule	15	md
21. SIGNATURE OF FUNERAL SERVICE LICEN	ISEE	11,000	7.10111	ND ADDRESS OF FA	VOIL ITY	C 1717C	DUTY	10,	1110.
1 0 0	1000		22. NAME A	ADDRESS OF FA	/				
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23. PART I. Enter the disasses, or cor	mollostlans that saw			TIMELA	1/11		0.	YUK	TH HULL
		ead the death Do	and anter the m	ada of dulas aus	h ac acc	dlan an mank	mtan, ama	-0	Approvious
shock, or heart failure. Lie			not enter the me	ods of dying, suc	ch as care	diac or reapi	ratory arres	st,	Approximata Interval Between
			not enter the mo	ods of dying, suc	ch as card	diac or reapi	ratory arres	st,	Approximata Interval Between Onset and Death
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DIVISION OF VITAL RECORDS, P.O. BOX 13146,

BALTIMORE, MARYLAND 21203-3146

MPORTANT: It liem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

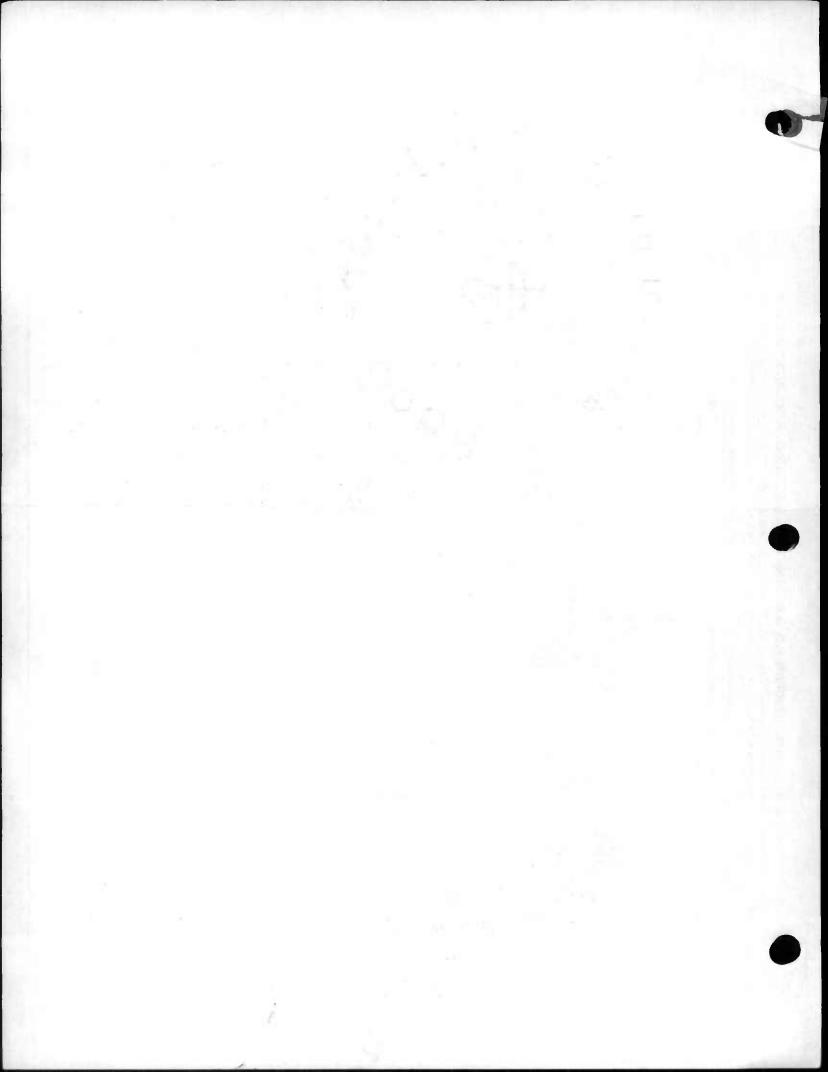
TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION



ITEMS:23 thru 28f per ME G-672 2/8/91 cm

REGISTRAR		CERTIFIC	AIE OF	DEATH	REG. NO).		
1. DECEDENT'S NAME (First, Middle, Last)	STEVEN	DANT	701			DAY YE		
ROBERT 4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE	DANI:	UNDER 1 YEAR	IF UNDER 24 HRS.	11 30		2:00 P	
299 44 4059	1 M 2 D F		NTHS DAYS	HOURS MIN.	(Month, Day, Year) Oct.23,	C	hio	
9a. FACILITY NAME (If not institution, give	street and number)	9	. CITY, TOWN C	R LOCATION OF DI		9c. COUNTY		
Edwards Ferry W	(found) Potomac Rive:	r				Monto	gomery	
RESIDENCE OF DECEDENT 10e. STATE 10b. COUNT	v	I soo CITY I	OWN OR LOCAT	ION		-	10d. INSIDE CITY	
	gomery	1000	kvill				LIMITS?	
10e. STREET AND NUMBER	. gomer j	1 100		ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?	
4313 Joplin Dr	ive		2	0853		USA		
11, MARITAL STATUS	12. WAS DECEDENT EYER				NIC ORIGIN? (Specify Y	se or No- 14.1	RACE — American Indian, Black, White, etc.	
1 Never Merried 2 Merried 3 Wildowed 4 Divorced	FORCES? 1 🔯 YES			2 NO Specif	n, Puerto Rican, atc.) y:		Specify:	
15. DECEDENT'S EDI	ICATION	16a, DECEDENT'S US	HAL OCCUPATION	NI	Test KIND OF B	JSINESS/INDUST	White	
(Specify only highest grad	completed)	(Give kind of wor	done during mo			an-Wa		
Elamentary/Secondary (0-12)	College (1-4 or 5+) 4	Maintena	ince	Directo		lation	rver	
17. FATHER'S NAME (First, Middle, Last)			1 41		ME (First, Middle, Maide			
Robert Danison		- 8		Eileen	Clouse			
19a. INFORMANT'S NAME (Type/Print)	-	19b. MAILING AI	DRESS (Street a	nd Number or Rural	Route Number, City or To	wn, State, Zip Cod	le)	
Eileen Danison		123 Ma	lta A	ve., Ba	llston S	Spa, NY	Y 12020	
20e. METHOD OF DISPOSITION 1 ☐ Burlal 2 ☑ Cremation 3 ☐ Ren	noval from State	other place)				OCATION — City	at - Italian to the control of the c	
4 Donation 5 Other (Specify)	M.e	etropolit				lexand	ria,Va.	
21. SIGNATURE OF FUNERAL SERVICE L		11		Dearso	n Funera	1 Home	2 6	
Hunea	Auten	new			VA 2220		- D	
IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. DROWN ING CO		G BRAIN	TUMOR			Interval Between Onset and De	
Sequentielly list conditions, if any, isseling to immediate	b. DUE TO (OR AS	A CONSEQUENCE OF):						
cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST	DUE TO (OR AS	A CONSEQUENCE OF):						
PART II. Other significent condition	no contributing to death	hut ant annulting in	No consideration		D-11 01 110	N AUTOPSY	24b. WERE AUTOPSY FINDIN	
TESTING FOR ACC							AMAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH?	
25. WAS CASE REFERRED TO MEDICAL EXAMINER?				LACE OF DEATH (C	heck only one)			
1 PYES 2 NO	HOSPITAL: 1 Inpetient 2 ER/Ou		THER:	ne 5 🗆 Residenca	8 (XOther (Specify)	scene		
27. MANNER OF DEATH	28a. DATE OF INJURY	28b. TIME	OF 28c. IN.	JURY AT	28d. DESCRIBE NOV			
1 Netural 5 Pending 2 Accident Investigation	11/28/90		am 10		SUBJECT	DROWNE	ZD .	
3 Suicide 8 Could not be 4 Homicide determined	28a. PLACE OF INJUI building, etc. (S	RY — At home, ferm, str becily MUD BY RIV		•	281. LOCATION (Street City or Town, Sta POTOMAC RIV	R, MNIG	MERY CO., MARY	
anal anal	SICIAN: To the best of my kno IER: On the bests of axaminst						suse(s) and manner as state	
296, SIGNATURE AND TITLE OF DEPTIFE	EN . \/			29c. LICENSE NU	MBER	29d. DATE SI	GNEO (Month, Day, Year)	
Molynte In	eyru				OCME	12-	-1-90	
Margarita A. 31. DATE FILED (Month, Day, Year)			Penn :	Street	Baltin	nore, MI	21201	
							1 / 1 / 1 / 1	





BALTIMORE, MARYLAND 21203-3146

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO THE MOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within conversation death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTION: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

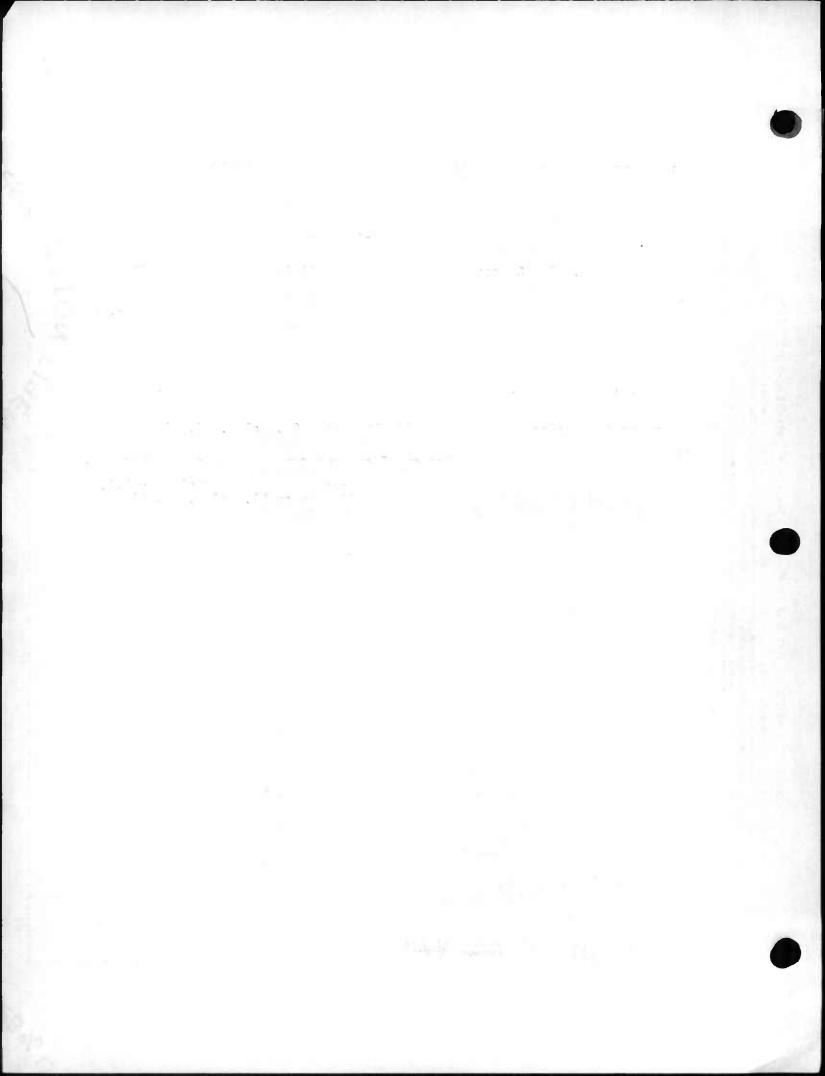
IMPORTANT: If them 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

TO BE COMPLETED BY FUNERAL DIRECTOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

REGISTRAR		CERTIFIC	AILO	F DEATH		REG. NO.		
I. DECEDENT'S NAME (First, Middle, Last)	Carlton	1	Edward	ds	2. DATE O	29-90	Y	3. TIME OF DEATH 11:05AM
SOCIAL SECURITY NUMBER		MI MI	F UNDER 1 YEAR	-	7. DATE O (Month,	F BIRTH Day, Year) L3/49	8.	BIRTHPLACE (State or Foreign Country)
214-54-5505	li u	41 YAS.		20000		13/49		Md.
a. FACILITY NAME (If not institution, give		9		N OR LOCATION OF DE			9c. COUNTY	OF DEATH
825 E. 30th Sta	reet		Ba	altimore C	ity			
Da. STATE 10b. COUN	ry	10c. CITY,	TOWN OR LO	CATION				10d. INSIDE CITY
Md.			Balti	imore				LIMITS?
De. STREET AND NUMBER				101. ZIP CODE			10g. CITIZE	N OF WHAT COUNTRY?
825 E. 3	30th Street			21218			US	SA
1. MARITAL STATUS	12. WAS DECEDENT EVE	IN U.S. ARMED		ECENDENT OF HISPAI			or No 14	. RACE — American Indian, Black, White, atc.
Never Married 2 Married Widowed 4 Divorced	FORCES? 1 TYE			specify Cuban, Mexica 'ES 2 NO Specif		can, etc.)		Specify: Black
15. DECEDENT'S ED	UCATION	16a. DECEDENT'S US	SUAL OCCUPA	ATION	16b.	KIND OF BUSI	NESS/INDUS	
(Specify only highest grace Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind of wor life. Do NOT use i	rk done during retired.)	most of working				
FATHER'S NAME (First, Middle, Last)				16, MOTHER'S NA	ME (First, M	ddle. Maiden S	umame)	
Carlton	Edwards				rothy		Edward	ds
9a. INFORMANT'S NAME (Type/Print)		19b. MAILING A	DDRESS (Stra	et and Number or Rural			State. Zin Co	nde)
Marguerite Ja	ames	405		nurst St.				
0. METHOD OF DISPOSITION		20b. PLACE OF DISPOSIT			2420	-		y or Town, Stata
☐ Burlal 2 ☐ Cremation 3 ☐ Red ☐ Donetion 6 ☐ Other (Specify)	moval from Stata	Western				1		lle, Md.
I. SIGNATURE OF FUNERAL SERVICE L			22 NAME	AND ADDRESS OF FA	CILITY			
· Teal	aster	2	E 3	step Broth 300 Eutaw	ers E	unera Balto.	1 Home	e P.A. 21217
Sequentielly liet conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	bDUE TO (OR A	S A CONSEQUENCE OF): S A CONSEQUENCE OF):						
reaulting in death) LAST	d							
PART II. Other algorificant condition	one contributing to deat	n but not resulting in	the underl	ying cause given in		24e. WAS AN A PERFORM	MED?	24b. WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? YES 2 \(\text{N} \) NO
5. WAS CASE REFERRED TO MEDICAL				DI ACE DE DESTRI (CI				<u></u>
EXAMINER?	HOSPITAL:	45-10	OTHER:	PLACE OF OEATH (C)				
7. MANNER OF DEATH	1 Inpatient 2 I ER/C			forme 5- Residence		(Specify)	TINBA OCCII	RED
Natural 5 Pending	(Month, Day, Yea		RY	WORK?	Lou. DES	THE HOTEL		
2 Accident Investigation 3 Suicide 6 Could not b detarmined	28a PLACE OF INJI	JRY — At home, farm, str (pecify)	eet, factory, o	office		TION (Street a r Town, State)	nd Number or	Rural Route Number,
(Original Orin)	SICIAN: To the best of my kr							i. cause(a) and manner as stated.
. SIGNATURE AND TITLE OF GERTIF				29c. LICENSE NU				SIGNED (Month, Day, Year)
Mayne Une	Mull			OCME				-29-90
0. NAME AND ADDRESS OF PERSON V	THO COMPLETED CAUSE OF	DEATH (ITEM 27) (Type, F	Print)					
MARGARITA A. KO	RELL.MD		11	.1 Penn St	reet	bal+ir	ore.N	ID 21201
1. DATE FILED (Month, Day, Year)	32. REGISTRAR'S S	GNATURE						
DEA 7 1000	Sulia Nainds	- Handelle						



FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

											3. TIME OF DEATH				
•	maria						MONTH DAY YEAR				2:27 M				
			5. SEX			MONTHS		AR IF UNDER 24 HRS. //S HOURS MIN.		7. DATE OF BIRTH (Month, Day, Year)			6. BIRTHPLACE (State or Foreign Country)		
				86	86 YRS.		DATO	noons	anire.	2-28		4.	mari	iland .	
	90. FACILITY NAME (If not in					9b. CITY,	TOWN (R LOCATI	ON OF DE	ATH			NTY OF DE	ATH	
DIRECTOR	PleaSant VI	ew 1	Porsing	Hom.	e	MT.	AI	KY				Cai	rroll		
EC	10e. STATE	10b. COUNTY			10c. CITY	TOWN O	R LOCAT	ION						10d. INSIDE CITY	
E I	Maryland	Carr	011		El	der	shu	ra						LIMITS?	
	10s. STREET AND NUMBER	Cull	011			acr.		. ZIP COD	F			10a CIT		AT COUNTRY?	
FUNERAL	4500 Cher	ru Tr	oo Tano						784				5.A.		
N.	11. MARITAL STATUS	T Y T T		IT EVER IN U.S.	MEO	40.1	20050			IC ORIGIN? (Spe					
F	1 Never Merried 2	Married	FORCES? 1	YES 2 PA	IO IO	l N	yes, sp	ocity,Cubi	in, Mexicar	n, Puerto Rican,		or No	Black,	— American Indian, White, etc.	
BY	3 🔀 Widowed 4 🗌 Divo	rced	IF YES, GIVE V	WAR OR DATES		1	☐ YES	2 🐴 NO	Specify	•			Specify	White	
COMPLETED	15. DEC	EDENT'S EDUC	CATION	16a. DE	CEDENT'S L	SUAL OC	CUPATIO	ON		16b. KIND	OF BUS	INESS/INI	DUSTRY		
H	Elementary/Secondary (0	y highest grade	College (1-4 or 5	Ma	ive kind of w Do NOT use	retired.)	luring mo	st of world	ng					- 1	
4	Unknown		The state of the s	_ S	eams	tre	SS			SE	wing	g Fa	acto	cy	
0	17. FATHER'S NAME (First, M	liddle, Last)						16. MOT	HER'S NAM	ME (First, Middle,	Maiden S	Surname)			
BE C	Joseph S	ilwic	k					Mid	chal	ena	(Un)	knov	vn)		
	19a. INFORMANT'S NAME (7	ype/Print)								loute Number, Cit					
2	Norman H	. Fro	elich		4500	Ch	err	y Ti	ree	Lane,	Elo	ders	sbur	MD 21784	
	20a METHOD OF DISPOSIT	ION	auml danum Otata	20b. PLACE	OF DISPOSI	TION (Na	ne of cer	netery, crea	matory or		20c. LOC	ATION —	- City or Town, State		
	4 Donation		oval from State	_ ME.	Zio	n C	eme	ter	У	Freeland, MD					
	21. SIGNATURE OF FUNERA	L SERVICE LIC	ENSE	1		22.1	NAME A	ND ADDRE	SS OF FAC	CILITY .	1/ -			T	
	· A	×10	rens	ain	J.J. Hartenstein Mortuary, Inc. 24 Second St., New Freedom, PA								DA 173/10		
	22 PART Butes the d	4 1			oth Don	_		_							
	23. PART I. Unter the d shock, or h	aart failure.	List only one car	use on each line	l.	Jt aritar	tna mo	da oi dy	ning, aucr	1 aa cardiac C	or reapir	atory ar	rest,	Approximata interval Between	
	IMMEDIATE/CAUSE (Final disease or condition								Table Tabl					Onset and Death	
resulting in death) B. DUE TO (OR AS A CONSEQUENCE OF):									a					alters	
_			002 10	50	A LA	,								Done	
CERTIFICATION	Sequentially list condit	BEOUENCE OF):								Olany					
YA	If any, leading to imme cause. Enter UNDERLY														
Ē	CAUSE (Disease or injury that initiated events DUE TO (OR AS A CONSEQUENCE OF):														
R	resulting in death) LAST														
	DARK II ON THE STATE														
MEDICAL	PART II. Other algnifica		a contributing to	4	resulting is	the un	dariyin	g cause	given in	Part I. 24a.	WAS AN A			WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO	
8	ASC	(no)	Hy	TERTO	M-BS	1	44	TW	46	UN 1 □ YES 2 □ NO				COMPLETION OF CAUSE OF DEATH?	
ME									1	_				1 YES 2 NO	
ä															
PHYSICIAN:	25. WAS CASE REFERRED T EXAMINER?	O MEDICAL	HOSPITAL:			OTILE		LACE OF E	DEATH (Che	ock only one)					
KSI	1 TES 2 NO			ER/Outpatient 3	□ DOA	OTHER 4 Num	r: Ing Hon	10 5 R	esidence	6 🗆 Other (Spe	ictly)				
H	27. MANNER OF DEATH	400000	28e. DATE OF (Month, L		26b. TIME INJU			URY AT		28d. DESCRIB	E HOW IN	JURY OC	CURED		
BY		Pending Investigation				M		YES 2 [□ NO	w i.					
		Could not be	28e. PLACE (building	OF INJURY At he etc. (Specify)	ome, ferm, s	reet, fact	ory, offic		:	281. LOCATION		nd Numbe	or Runal Re	oute Number,	
	4 Homicide	determined													
PLI	29e. CERTIFIER (Check only CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, end due to the cause(a) and manner as stated.														
COMPLETED	one) 2 MED	ICAL EXAMINE	R: On the hasis of e	examination and/or	Investigation	i, in my o	pinian, d	leath occu	red at the	time, date end p	place, end	due to t	the ceuse(e)	end manner sa stated.	
	296. SIGNATURE AND ATLE	OF CENTIFIER		1				29G_LIC	ENSE NUN	IBER		29d. DA	TE SIGNED	(Month, Qay, Year)	
) BE	Wexi	IN	een	oul	7)			0	061	178	3	•	11/2	8190	
2	30. NAME AND ADDRESS O	PERSON WA	O COMPLETED CAU	ISE OF DEATH (ITE	M 27) (Type,			4	AI				-	1.4	
	JUEWIN DATE BULED MARCHE DOWN	LOV	Yen ?	2000	CE	2U	171	ry	4	AZa	4	2/1	mb	110 400	
31. DATE FLERMAND DOLL TOWN DOLL TOWN DAVID SIGNATURE SI									-1.04						

Ē.	z	
HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 🚓 nours after death. Page 6 may be retained by	FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filed in by the funeral director, page 5 second by	
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HOSP	FUNE	within

DONALD WRIGHT, MD

Julia Dividas grande no see

31. DATE FILED (Moretty Day, Year)

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

BALTIMORE, MARYLAND

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 2. DATE OF OEATH 1. DECEDENT'S NAME (First, Middle, Last) 3. TIME OF GEATH 12-1-90 Terry Lee Flowers 4:16AM 7. OATE OF BIRTH 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) 8. BIRTHPLACE (State or Foreign IF UNDER 1 YEAR IF UNDER 24 HRS. 1 M 2 F May 8, 236-88-1313 West Virginia 9a. FACILITY NAME (If not institution, give street and number) 9c. COUNTY OF GEATH 9b. CITY TOWN OR LOCATION OF OFATH Anne Arundel County General Hospital Annapolis Anne Arundel County DIRECTOR RESIDENCE OF DECEDENT 10h COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? 10a. STATE Maryland Anne Arundel 1 X YES 2 NO Severna Park FUNERAL 10g, CITIZEN OF WHAT COUNTRY? 10e. STREET AND NUMBER 10f. ZIP CODE 723 Brighton Place 21146 U.S.A. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMEO FORCES? 1 Y YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No—
If yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. RACE — American Indian, Black, White, etc. 1 Never Merried YES 2 ND Specify Specify BY 3 Widowed 4 Divorced White Army/Unknown COMPLETED 16s. OECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 15. DECEDENT'S EDUCATION (Specify only highest grade complete 18b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) 12 Maintenance Condominium notified et once. 17, FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surneme) Kenneth Flowers Faye Murray BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Naomi M. Martin 522 Water St., Bridgeport, WV pe 20s. METHOD OF DISPOSITION
1 Suriel 2 Cremation 3X Removal from State 20b. PLACE OF DISPOSITION (Name of cemetery, cremetory or 20c. LOCATION - City or Town, State must Shinnston Masonic Cemetery Shinnston, WV 4 Donation 5 Other (Specify) 21. SIGNATURE OR FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY ROBERT C. ALTENBURG FUNERAL HOME, INC. mean uane 6009 Harford Rd., Baltimore medical 23. PART I. Enter the diseases, of complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, Approximate shock, or heart fallure. List only one cause on each line. Interval Between Onset and Death IMMEDIATE CAUSE (Final the disease or condition Cardiac Hypertrophy resulting in death) event, OUE TO (OR AS A CONSEQUENCE OF): traumatic CERTIFICATION Sequentially list conditions, OUE TO (OR AS A CONSEQUENCE OF)if any, leading to immediate . Enter UNDERLYING CAUSE (Disease or injury other t DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST 9 Injury, 24b. WERE AUTOPSY FINDINGS PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? MEDICAL AMAILABLE PRIOR TO COMPLETION OF CAUSE OF OEATH? amy YES 2 ND Shows XX YES 2 NO PHYSICIAN: 23 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) Item OTHER: YES 2 NO 1 ☐ Inpetient 2 ☐ FR/Outpetient 3 ☐ DOA ng Home 5 - Residence 8 - Other (Specify) 4 Nursi 6 28a. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED marked, XXXXXIIIII 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — At home, ferm, street, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 6 Could not be determined 60 COMPLETED 4 Homicide Item 28 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) and manner ee stated. MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occured at the time, date and piace, and due to the cause(a) and manner as stated. IMPORTANT: 296. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNEO (Month, Day, Year) TO THE P BE **OCME** 12-3-90 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

111 Penn Street, Baltimore, MD 21201

DHMH-16 Rev 1/89



	REGISTRAR		CERTIF	ICALE	: Ur	DEAL	п	REG. N	O.				
,	John Michael Frederick								2. DATE OF DEATH MONTH 3 TIME OF DEATH 12 3 DAY 90 AR 1455				
	4. SOCIAL/SECURITY NUMBER 217-32-8632		n yrs. lest birthday)	IF UNDER	1 YEAR DAYS	IF UNDER		DATE OF BIRTH	00	a. BIRTHP Country)	LACE (State or Foreign y land		
	9e. FACILITY NAME (If not institution, give a	, ,	0	9h CITY	TOWN C	OR LOCATIO							
TOR	St. Agnes Hosp				9b. CITY, TOWN OR LOCATION OF GEATH Baltimore 9c. COUNTY OF DEATH								
JIREC	10a. STATE 10b. COUNTY		10c. CIT	Balt	R LOCAT	re		-			IOd. INSIDE CITY LIMITS? KIX YES 2 \(\square\) NO		
7	10e. STREET AND NUMBER				101	. ZIP CODE			10a. Cr		IAT COUNTRY?		
NERA	724 Nottingham					21	229		USA				
BY FUNERAL DIRECTOR	11. MARITAL STATUS 1 Never Married 2/12 Married 3 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 00	If yes, specify Cuban, Me			, Mexican, P	ORIGIN? (Specify Puerto Rican, etc.)	fes or No—	14. RACE Black, Specify	American Indian, White, etc. White		
COMPLETED	16. DECEDENT'S EDU (Specify only highest grade	completed)	16a. DECEDENT'S (Give kind of Ille. Do NOT u	work done	CCUPATIE during mo	ON all of working	g	16b. KIND OF I	JUSINESS/IN				
PLE	Elementary/Secondary (0-12) unknow	College (1-4 or 8+)	execu	tive				plumb	ine	COMD	anv		
NO	17. FATHER'S NAME (First, Middle, Last)	/11	CACCU	0110		16. MOTH	ER'S NAME	(First, Middle, Maid			arry		
	Charles H. Fre	derick				F1-	zaho	th Sch	neid	er			
BE	19a. INFORMANT'S NAME (Type/Print)	dellok	19b. MAILINI	D ADDRESS	S (Street a			te Number, City or 1					
2	Erma K. Freder	ick	724	Nott	ing	ham	Road	1/Balto	. MD	212	29		
	20a. METHOD OF DISPOSITION XX Buriel 2 Cremation 3 Rem	206	PLACE DF DISPO	the c	me of con	netery, crem	atory or	v Ba	200 LOCATION - Cloudy Town State				
	XX Burisi 2 Cremetion 3 Removal from State 4 Donation 5 Other (Specify) 21. SIGNATULE OF FUNERAL SERVICE LICENSE 22. NAME AND ADDRESS OF FACILITY												
	Holand PX	Harle J.	5	Sterling Ashton Fune: 736 Edmondson Ave/Ba									
z	IMMEDIATE CAUSE /Final	a. ME AS A	ach line.	BI	ou:	u	Tun	nor.		rreet,	Approximate interval Between Onset and Death		
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): R LOWER LOBER PREVIOUS. PREVIOUS. PREVIOUS. PREVIOUS. PREVIOUS. PREVIOUS. PREVIOUS. OUE TO (OR AS A CONSEQUENCE OF): OUE TO (OR AS A CONSEQUENCE OF): d.												
٦	PART II. Other aignificent condition	a contributing to deeth b	ut not reaulting	in the u	nderlyin	g cause g	iven in Pa		AN AUTOPS		WERE AUTOPSY FINDINGS		
MEDICAL						1753	FORMED?		AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO				
AN	25. WAS CASE REFERRED TO MEDICAL				A0 A	ACE OF S	EATH (Check	anti anni					
Sic	EXAMINER?	MOSPITAL:		OTHE	R:								
PHYSICIAN:	27. MANNER OF DEATH 1 Netural 5 Pending	26a. DATE OF INJURY (Month, Day, Year)	28b, TI	-	28c. IN.	JURY AT ORK?	20		Other (Specify) d. DESCRIBE HOW INJURY OCCURED				
TED BY	2 Accident Investigation 3 Suicide a Could not be determined	28e. PLACE OF INJURY building, etc. (Spec	— At home, farm,	street, fac	tory, offic	>0	21	81. LOCATION (Street, St. City or Town, St.		per or Flural Ro	oute Number,		
COMPLETED		ICIAN: To the best of my know									and manner as stated.		
TO BE C	296. SIGNATURE AND TITLE OF CERTIFIE Mydi	cal Reside	ant.			29c. LICE	NSE NUMBE	ER	29d. D/	ATE SIGNED	(Month, Day, Year)		
	30. NAME AND ADDRESS OF PERSON WI	03-90.	UNEYO	1	wy	2;	900	Caton	SV.	Baltu	21229.		
	DEC 7 1990	32 JEGSTRANS 8192	ATKRE Jandal	L	/								

